

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Child and Dependent Care Expenses**

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2005 and paid in 2006 . . . . . **2** \_\_\_\_\_

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

**Non-Dependent Information and Qualifying Expenses**

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2006
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

**Persons or Organizations Who Provided the Care**

	Name	Address	SSN/EIN	Amount incurred and paid in 2006
6	First: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
	Last: _____			
	Business: _____			
7	First: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
	Last: _____			
	Business: _____			
8	First: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
	Last: _____			
	Business: _____			
9	First: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
	Last: _____			
	Business: _____			
10	First: _____	City: _____ State: _____ Zip: _____	SSN: _____ EIN: _____	
	Last: _____			
	Business: _____			