

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2004.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2004 Amts	2003 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

DEPENDENT CARE BENEFITS INFORMATION	2004 Amounts	2003 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.		
Number of months taxpayer was a student or disabled, if applicable		
Number of months spouse was a student or disabled, if applicable		
Total employer- provided dependent care benefits		
Forfeited amount of employer- provided dependent care benefits		
Amount of 2003 expenses being paid in 2004		

Name _____ SSN _____

Expenses paid for: _____

Explanation of expenses: _____