

# Child and Dependent Care Expenses

ORG35

Enter below the persons or organizations who provided the child and dependent care.

Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		

Description	2008	2009
1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2009 but not incurred in 2009 .....		
3 Total expenses incurred in 2009 but not paid in 2009 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

Description	2008	2009
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions: <b>a</b> Enter the number of months that taxpayer/spouse <b>did not</b> work and was a full-time student or disabled .....		
<b>b</b> Enter earned income if the taxpayer/spouse who was a student or disabled did work .....		