

## Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
EXPENSES		2009	2008
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 .....			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did <b>not</b> work and was a full-time student or disabled .....			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work .....			