

# Child and Dependent Care Expenses

▶ Attach to Form 1040.  
 ▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

**Before you begin:** You need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
 (If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?

— **No** —————▶ Complete only Part II below.

— **Yes** —————▶ Complete Part III on the back next.

**Caution.** If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2005 for the person listed in column (a)
First	Last		

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 32 . . . . .	<b>3</b>																																																													
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>																																																													
<b>5</b> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>																																																													
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>																																																													
<b>7</b> Enter the amount from Form 1040, line 38 . . . . . <b>7</b>																																																														
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th style="border-bottom: 1px solid black;">Over</th> <th style="border-bottom: 1px solid black;">But not over</th> <th style="border-bottom: 1px solid black;">Decimal amount is</th> <th style="border-bottom: 1px solid black;">Over</th> <th style="border-bottom: 1px solid black;">But not over</th> <th style="border-bottom: 1px solid black;">Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0—15,000</td> <td></td> <td style="text-align: center;">.35</td> <td>\$29,000—31,000</td> <td></td> <td style="text-align: center;">.27</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td style="text-align: center;">.34</td> <td>31,000—33,000</td> <td></td> <td style="text-align: center;">.26</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td style="text-align: center;">.33</td> <td>33,000—35,000</td> <td></td> <td style="text-align: center;">.25</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td style="text-align: center;">.32</td> <td>35,000—37,000</td> <td></td> <td style="text-align: center;">.24</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td style="text-align: center;">.31</td> <td>37,000—39,000</td> <td></td> <td style="text-align: center;">.23</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td style="text-align: center;">.30</td> <td>39,000—41,000</td> <td></td> <td style="text-align: center;">.22</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td style="text-align: center;">.29</td> <td>41,000—43,000</td> <td></td> <td style="text-align: center;">.21</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td style="text-align: center;">.28</td> <td>43,000—No limit</td> <td></td> <td style="text-align: center;">.20</td> </tr> </tbody> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$29,000—31,000		.27	15,000—17,000		.34	31,000—33,000		.26	17,000—19,000		.33	33,000—35,000		.25	19,000—21,000		.32	35,000—37,000		.24	21,000—23,000		.31	37,000—39,000		.23	23,000—25,000		.30	39,000—41,000		.22	25,000—27,000		.29	41,000—43,000		.21	27,000—29,000		.28	43,000—No limit		.20	<b>8</b>	X .
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2004 expenses in 2005, see the instructions . . . . .	<b>9</b>																																																													
<b>10</b> Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47 . . . . .	<b>10</b>																																																													
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48 . . . . .	<b>11</b>																																																													

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2005. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>		
<b>13</b>	Enter the amount forfeited or carried forward to 2006, if any (see the instructions) . . . . .	<b>13</b>		
<b>14</b>	Subtract line 13 from line 12 . . . . .	<b>14</b>		
<b>15</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2005 for the care of the <b>qualifying person(s)</b> . . . . .	<b>15</b>		
<b>16</b>	Enter the <b>smaller</b> of line 14 or 15 . . . . .	<b>16</b>		
<b>17</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>17</b>		
<b>18</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see the instructions for the amount to enter.</li> <li>• All others, enter the amount from line 17.</li> </ul>	<b>18</b>		
<b>19</b>	Enter the <b>smallest</b> of line 16, 17, or 18 . . . . .	<b>19</b>		
<b>20</b>	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- . . . . .	<b>20</b>		
<b>21</b>	Subtract line 20 from line 14 . . . . .	<b>21</b>		
<b>22</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 18) . . . . .	<b>22</b>		
<b>23</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 19, 20, or 22. Also, include this amount on the appropriate line(s) of your return (see the instructions) . . . . .	<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of line 19 or 22 . . . . .	<b>24</b>		
<b>25</b>	Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b>	<b>Excluded benefits.</b> Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	<b>Taxable benefits.</b> Subtract line 26 from line 21. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB" . . . . .	<b>27</b>		

To claim the child and dependent care credit, complete lines 28-32 below.

<b>28</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>28</b>		
<b>29</b>	Add lines 23 and 26 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2004 expenses in 2005, see the instructions for line 9 . . . . .	<b>30</b>		
<b>31</b>	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 29 above. Then, add the amounts in column (c) and enter the total here . . . . .	<b>31</b>		
<b>32</b>	Enter the <b>smaller</b> of line 30 or 31. Also, enter this amount on line 3 on the front of this form and complete lines 4-11 . . . . .	<b>32</b>		