Form **244**1

Child and Dependent Care Expenses

Caution: ● If you have a child who was born in 1992 and the amount on Form 1040, line 32, is less than \$22,370, see A Change

► Attach to Form 1040.

► See separate instructions.

OMB No. 1545-0068

1992
Attachment
Sequence No. 21

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

See separate instructions.

Sequence No. 2

Your social security number

	TO NOTE OF Page	e i di the instructions be	erore completing this form.		
	 If you paid cash must file an emp 	wages of \$50 or more in Moloyment tax return. Get	n a calendar quarter to an individ Form 942 for details.	ual for services perfo	rmed in your home, yo
Pa		ganizations Who Proves space, use the bott	vided the Care—You must co	omplete this part.	(See the instructions
1	(a) Care provider's name		o) Address no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
2		mployer-provided deper Part III on the back now		2	
Pa	rt II Credit for Child	d and Dependent Car	e Expenses		
3			or in 1992. See the instructions t thave shared the same home wi		
4	to find out which expens	ses qualify. Caution: <i>If yo</i>	red and actually paid in 1992. See u completed Part III on page 2, do	not include on	
5	· ·				
6	If you completed Part II	I on page 2, enter the ex	cluded benefits,		
7					
8 9					
10	If you are filing a joint return, you must enter your spouse's earned income. If your spouse was a student or disabled, see the instructions for the amount to enter				
11	 If you are filing a joint smallest of the three 	return, look at lines 8, 9, amounts here.	and 10. Enter the	11	
	 All other filers, look a two amounts here. 	at lines 8 and 9. Enter th	J		
12	Enter the amount from	Form 1040, line 32 .	12		
13	Enter the decimal amou	unt shown below that ap	oplies to the amount on line 12	13	X
	If line 12 is:	Decimal amount is:	If line 12 is: Decimal amo	unt is:	
	Over— But i over		Over— But not over—		
	\$0—10,00 10,000—12,00		\$20,000—22,000 .24 22,000—24,000 .23		
	12,000—14,00	.28	24,000—26,000 .22		
	14,000—16,00 16,000—18,00 18,000—20,00	.26	26,000—28,000 .21 28,000—No limit .20		
14		by the decimal amount of	on line 13		
15	Multiply any qualified of	expenses for 1991 that	you paid in 1992 by the decima		
		•	40, line 32, or Form 1040A, line		
16			ne instructions ne amount of credit you can clair		
			.		1

Form 2441 (1992) Page **2**

Part III Employer-Provided Dependent Care Benefits—Complete this part only if you received employer-provided dependent care benefits. Enter the total amount of employer-provided dependent care benefits you received for 1992. 17 This amount should be shown in box 22 of your W-2 form(s). Do not include amounts that 17 were reported to you as wages in box 10 of Form(s) W-2 18 Enter the amount forfeited, if any. Caution: See the instructions . 18 19 19 Enter the total amount of **qualified** expenses incurred in 1992 20 20 for the care of a qualifying person. See the instructions . . . 21 21 Look at lines 19 and 20. Enter the smaller of the two amounts here 22 You must enter your earned income. See the instructions for 22 lines 9 and 10 for the definition of earned income **Note**: If you are not filing a joint return, go to "All other filers" on line 24 now. If you are filing a joint return, you must enter your spouse's earned income. If your spouse was a student or disabled, see the instructions for lines 9 and 10 for the amount to enter 23 • If you are filing a joint return, look at lines 22 and 23. 24 Enter the **smaller** of the two amounts here. • All other filers, enter the amount from line 22 here. **Excluded benefits.** Enter here the **smallest** of the following: • The amount from line 21, or 25 • The amount from line 24, or • \$5,000 (\$2,500 if married filing a separate return). Taxable benefits. Subtract line 25 from line 19. Enter the result, but not less than zero. Also, include this amount in the total on Form 1040, line 7. On the dotted line next to line 7, write Next: If you are also claiming the child and dependent care credit, fill in Form 1040 through line 40. Then, complete Part II

of this form.