Schedule 2 (Form 1040A)

Department of the Treasury-Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers

(99) **2006**

OMB No. 1545-0074

					()						
Name(s) shown on Form	1040	Α						Your socia	l security number		
Before you beg Dependent of		You need to under	rstand the fo	ollowing terr • Qualifyir			on page 1 c		arate instruction		
Part I	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)		
Persons or organizations who provided the care											
You must complete this part.		(If you need more space, use the bottom of page 2.)									
		Did you dependent ca		No → Comple its? Yes → Comple			•	plete only Part II below. plete Part III on the back next.			
		Caution. If the care was provided in your home, you may owe employment taxes. If you do, you must use Form 1040. See Schedule H and its instructions for details.									
Part II	2	Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.									
Credit for child and dependent care expenses		(a) Qu First	alifying persor	n's name Last		(b) Qualifying person's social security number			(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)		
	3	Add the amount \$3,000 for one of the state o	3								
		Enter your earne						4			
	5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4.									
		Enter the smalle	est of line 3	3, 4, or 5.				6			
		Enter the amour				7					
	8	B Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is:									
		But not	Decima	al	If line 7 is	: But not	Decimal				
		Over over	amoun	nt is	Over	over	amount	is —			
		\$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000 27,000—29,000	.35 .34 .33 .32 .31 .30 .29		\$29,000— 31,000— 33,000— 35,000— 37,000— 41,000—	33,000 35,000 37,000 39,000 41,000 43,000	.27 .26 .25 .24 .23 .22 .21	8	×		
	9	27,000—29,000 .28 43,000—No limit .20 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions.						9			
	10	Enter the amour	nt from Forr	m 1040A. lir	ne 28.			10			
		Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040A, line 29.					ne smaller	11			

Part III Dependent

care benefits

12	Enter the total amount of dependent care benefits you received for 2006. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2.	12	
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See the instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2007. See the instructions.	14 ()
15	Combine lines 12 through 14. See the instructions.	15	
16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s).	_	
17	Enter the smaller of line 15 or 16.	_	
18	Enter your earned income . See the instructions. 18	_	
19	Enter the amount shown below that applies to you.		
	 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). 		
	 If married filing separately, see the instructions for the amount to enter. 		
	• All others, enter the amount from line 18.	_	
20	Enter the smallest of line 17, 18, or 19.		
21	 Excluded benefits. Enter here the smaller of the following: The amount from line 20, or \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). 	21	
22	Taxable benefits. Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	22	
	To claim the child and dependent care credit, complete lines 23-27 below.		
23	Enter \$3,000 (\$6,000 if two or more qualifying persons).	23	
24	Enter the amount from line 21.	24	
25	Subtract line 24 from line 23. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9.	25	_
26	Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.	26	
27	Enter the smaller of line 25 or 26. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.	27	