Note: The draft you are looking for begins on the next page.



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Almost every form and publication also has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <u>IRS.gov/Form1040</u>; the Pub. 501 page is at <u>IRS.gov/Pub501</u>; the Form W-4 page is at <u>IRS.gov/W4</u>; and the Schedule A (Form 1040) page is at <u>IRS.gov/ScheduleA</u>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

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Form **2441**

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form2441 for instructions and the latest information.



OMB No. 1545-0074

Attachment Sequence No. **21**

Your social security number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

equir				e expenses if your filing				
Part					ly." If you meet these real I must complete this p	-		
an			e than two care provid			an.		
1	(a) Care provider's name	s		b) Address no., city, state, and ZIP code) (c) Identifying (SSN or El		(d) Amount paid (see instructions)	
5								
			Did you receive	No	Complete only Pa			
	-		dent care benefits?	Yes		complete Part III on the back next.		
			led in your home, you m a; or Form 1040-NR, lin		xes. For details, see the	instructions	s for Schedule 2	
			and Dependent Care			-		
2					o qualifying persons, see	e the instruc	ctions.	
	First	(a) Q	ualifying person's name	ast	(b) Qualifying person's social security number	incurred	alified expenses you and paid in 2019 for the on listed in column (a)	
	11130							
3) for one qualifying personal			
					amount from line 31 .			
4 5				ned income (if you or y	· · · · · · · · · · · · · · · · · · ·	. 4		
5					m line 4			
6		,						
		llest of lin				-		
7		ount from	ne 3, 4, or 5			. 6		
	1040-NR, line	ount from 35	ne 3, 4, or 5 Form 1040 or 1040-S	SR, line 8b; or Form	7	-		
	1040-NR, line Enter on line 8	ount from 35 3 the decir	ne 3, 4, or 5	SR, line 8b; or Form	7	-		
	1040-NR, line	ount from 35 3 the decir s:	ne 3, 4, or 5 Form 1040 or 1040-S 	SR, line 8b; or Form w that applies to the ar If line 7 is:	7 nount on line 7	-		
	1040-NR, line Enter on line 8 If line 7 is	ount from 35 3 the decir	ne 3, 4, or 5 Form 1040 or 1040-S	SR, line 8b; or Form	7 nount on line 7	-		
	1040-NR, line Enter on line 8 If line 7 is Over	ount from 35 3 the decir 3: But not over	ne 3, 4, or 5 Form 1040 or 1040-S 	SR, line 8b; or Form w that applies to the ar If line 7 is: But no Over over	7	-		
	1040-NR, line Enter on line 8 If line 7 is Over \$0-	ount from 35 3 the decir 3: But not over -15,000	ne 3, 4, or 5 Form 1040 or 1040-S nal amount shown belo Decimal	SR, line 8b; or Form w that applies to the ar If line 7 is: But no Over \$29,000-31,000		-	 X.	
	1040-NR, line Enter on line 8 If line 7 is <u>Over</u> \$0- 15,000-	ount from 35 3 the decir 5: But not over -15,000 -17,000	ne 3, 4, or 5 Form 1040 or 1040-S mal amount shown below Decimal amount is .35	SR, line 8b; or Form w that applies to the ar If line 7 is: But no Over over	7	6	Х.	
	1040-NR, line Enter on line 8 If line 7 is Over \$0- 15,000- 17,000-	ount from 35 3 the decir 5: But not over -15,000 -17,000 -19,000	ne 3, 4, or 5 Form 1040 or 1040-S mal amount shown belo Decimal amount is .35 .34 .33	SR, line 8b; or Form 	7	6	х.	
	1040-NR, line Enter on line 8 If line 7 is Over \$0- 15,000- 17,000- 19,000-	ount from 35 3 the decir 5: But not over -15,000 -17,000 -19,000 -21,000	ne 3, 4, or 5 Form 1040 or 1040-S mal amount shown below Decimal amount is .35 .34	SR, line 8b; or Form w that applies to the an If line 7 is: But no <u>Over over</u> \$29,000-31,000 31,000-33,000	7	6	х.	
	1040-NR, line Enter on line 8 If line 7 is Over \$0- 15,000- 17,000-	ount from 35 3 the decir 3: But not over 15,000 -17,000 -19,000 -21,000 -23,000	ne 3, 4, or 5 Form 1040 or 1040-S mal amount shown below Decimal amount is .35 .34 .33 .32	SR, line 8b; or Form 	7	6	X	
	1040-NR, line Enter on line & If line 7 is <u>Over</u> \$0- 15,000- 17,000- 21,000- 23,000-	ount from 35 3 the decir 3: But not over -15,000 -17,000 -19,000 -21,000 -23,000 -23,000	ne 3, 4, or 5 Form 1040 or 1040-S mal amount shown below Decimal amount is .35 .34 .33 .32 .31	SR, line 8b; or Form w that applies to the an If line 7 is: But no <u>Over over</u> \$29,000-31,000 31,000-33,000 33,000-35,000 35,000-37,000 39,000-41,000	7	6	X	
	1040-NR, line Enter on line 8 If line 7 is 0- 15,000- 17,000- 21,000- 23,000- 25,000-	ount from 35 3 the decir 3: But not over -15,000 -17,000 -19,000 -21,000 -23,000 -25,000 -27,000	ne 3, 4, or 5	SR, line 8b; or Form 	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21	6	X.	
8	1040-NR, line Enter on line 8 If line 7 is 0- 15,000- 17,000- 21,000- 23,000- 25,000- 27,000- Multiply line 6	ount from 35 3 the decir 5: But not over -15,000 -17,000 -17,000 -21,000 -23,000 -23,000 -27,000 -29,000 5 by the c	ne 3, 4, or 5	SR, line 8b; or Form 	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21 .22 .21 .20 expenses in 2019, see t	. 6 8	X	
8	1040-NR, line Enter on line 8 If line 7 is 0- 15,000- 17,000- 21,000- 23,000- 25,000- 27,000- Multiply line 6 instructions	ount from 35 3 the decir : But not over -15,000 -17,000 -19,000 -21,000 -23,000 -25,000 -27,000 -29,000 5 by the c	ne 3, 4, or 5	SR, line 8b; or Form w that applies to the an If line 7 is: But no 29,000-31,000 31,000-33,000 33,000-35,000 35,000-37,000 39,000-41,000 41,000-43,000 43,000-No lim 8. If you paid 2018 of	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21 .22 .21 .20 expenses in 2019, see t	8	X.	
7 8 9 10	1040-NR, line Enter on line 8 If line 7 is 0ver \$0- 15,000- 17,000- 21,000- 23,000- 25,000- 27,000- Multiply line 6 instructions Tax liability line	ount from 35 3 the decir But not over -15,000 -17,000 -17,000 -21,000 -23,000 -25,000 -25,000 -25,000 -29,000 5 by the c nit. Enter f	ne 3, 4, or 5	SR, line 8b; or Form 	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21 .20 expenses in 2019, see t	. 6 8	X	
8 9 0	1040-NR, line Enter on line & If line 7 is Over \$0- 15,000- 17,000- 21,000- 23,000- 25,000- 27,000- Multiply line & instructions Tax liability lin in the instruction	ount from 35 3 the decir But not over -15,000 -17,000 -17,000 -21,000 -23,000 -25,000 -27,000 -29,000 5 by the constant of the second -10,000 -21,000	ne 3, 4, or 5 . a Form 1040 or 1040-S mal amount shown below Decimal amount is .35 .34 .33 .32 .31 .30 .29 .28 decimal amount on line	SR, line 8b; or Form 	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21 .22 .21 .20 expenses in 2019, see t .10	8 8 9	X	
8	1040-NR, line Enter on line & If line 7 is Over \$0- 15,000- 17,000- 21,000- 23,000- 25,000- 27,000- Multiply line & instructions Tax liability lin in the instructi	ount from 35 3 the decir But not over -15,000 -17,000 -19,000 -21,000 -23,000 -25,000 -27,000 -29,000 -29,000 -20,	ne 3, 4, or 5 . a Form 1040 or 1040-S mal amount shown below Decimal amount is .35 .34 .33 .32 .31 .30 .29 .28 decimal amount on line	SR, line 8b; or Form w that applies to the ar If line 7 is: But no Over over \$29,000-31,000 31,000-33,000 33,000-35,000 35,000-37,000 37,000-39,000 39,000-41,000 43,000-No lim e 8. If you paid 2018 of redit Limit Worksheet ses. Enter the smaller of	7 7 nount on line 7 t Decimal amount is .27 .26 .25 .24 .23 .22 .21 .20 expenses in 2019, see t	. 6 8 8 9	X	

Form	2441 (2019)		Page 2
Pa	t III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't 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.	12	
13	Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. See instructions	13	
15	Enter the amount, if any, you forfeited or carried forward to 2020. See instructions	14 15)
	Enter the smaller of line 15 or 16. 17 Enter your earned income. See instructions 18 Enter the amount shown below that applies to you. 18		010
	• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).		U I J
	 If married filing separately, see instructions. All others, enter the amount from line 18. 		-
	Enter the smallest of line 17, 18, or 19		E .
22	Is any amount on line 12 from your sole proprietorship or partnership?	22	
	Subtract line 22 from line 15 23 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8, enter "DCB".	26	

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To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid		
	2018 expenses in 2019, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line		
	28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and		
	complete lines 4 through 11	31	

Form **2441** (2019)