

2100510001

Enter name(s) as shown on Form 740 or 740-NP, page 1.

Your Social Security Number

Grid for Social Security Number

Part I—Persons or Organizations Who Provided the Care—You must complete this part. (see Federal instructions for Form 2441 if you have more than two care providers) **You must attach the federal Form 2441.**

Table with 4 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Amount Paid

Did you receive dependent care benefits? No/Yes arrows pointing to instructions for Part II and Part III

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 federal instructions for Form 2441.

Table with 3 columns: (a) Qualifying person's name, (b) Qualifying person's social security number, (c) Qualified expenses

Form for Part II calculations, including lines 3-12 and a table for Line 7 decimal amounts

Part III—Dependent Care Benefits

Table with 3 columns: Line number, Description, and Input field. Rows 13-29 cover dependent care benefits calculations including federal form amounts, qualified expenses, earned income, and deductible/excluded benefits.

To claim the child and dependent care credit, complete lines 30 through 34

Table with 3 columns: Line number, Description, and Input field. Rows 30-34 cover the calculation of the dependent care credit, including the \$3,000/\$6,000 limit and the final credit amount.