

Form 2441 Line 1 and 2	Additional Form 2441 Information Statement ▶ Attach to return (after all IRS forms)	2013
Name(s) shown on return		Your social security number

Additional Persons or Organizations Who Provided Care

(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP Code)	(c) Identifying number (SSN above or EIN below)	(d) Amount paid (see instructions)
First	Address		
Last or Business	City	State	ZIP
First	Address		
Last or Business	City	State	ZIP
First	Address		
Last or Business	City	State	ZIP
First	Address		
Last or Business	City	State	ZIP
First	Address		
Last or Business	City	State	ZIP
First	Address		
Last or Business	City	State	ZIP
Total. Enter on an available line on Form 2441 line 1.			

Additional Qualifying Persons and Expenses

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
Total. Enter on an available line on Form 2441 line 2.			