EY TaxChat 2018 Child and Dependent Care Instructions

Please provide any dependent care expenses you incurred for 2018. We prefer that you fill out the form below, however you can also provide us with receipts from the qualifying care provider.

If you paid a daycare center, babysitter, summer camp, or other care provider to care for a qualifying child under age 13 or a disabled dependent of any age, you may qualify for a tax credit.

Even if you do not have any dependent care expenses, we will need confirmation of the Social Security Numbers and Dates of Birth of your dependents. You can either provide us with that information or enter it directly in the profile section of your account.

Further information on dependent care deductions can be found here https://www.irs.gov/credits-deductions/individuals/child-and-dependent-care-information

Please note that not all mobile phones support fillable .pdf forms. You can also access these forms at www.tax.chat .



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

Mare you as your appropriate full times at value to a second and the second					Γ		
Were you or your spouse a full time student or disabled? Did you pay an individual for services performed in your home?						Yes Yes	
bid you pay an individual for services performed in your i	nome:					163	
Expenses incurred in 2017 but paid in 2018					[
Employer-provided dependent care benefits that were for	rfeited in 201	8					
2017 carryover used in grace period					L		
nild/Dependent Care Providers:							
Provider 1:							
Name							
Street address							
City, state, ZIP or postal code, and country							
Social security number OR							
Employer identification number							
Telephone number (California only)							
		2018 Amount	20	17 Amount			
Expenses incurred and paid in 2018							
Expenses incurred and paid in 2018	• • •		_				
Expenses incurred and not paid in 2016							
Provider 2:							
Name							
Street address							
City, state, ZIP or postal code, and country							
Social security number OR							
Employer identification number							
Telephone number (California only)				_			
		2018 Amount	20	17 Amount			
Expenses incurred and paid in 2018							
Expenses incurred and not paid in 2018							
Exponded induited and not paid in 2010							
ualifying Persons for Child/Dependent Care	Expenses	:					
First Name and Initial Last Name		Social Security Number		2018 Expenses Incurred		201 Expenses I	
		Nullib	<u> </u>	Expenses inc	Juli C U	Exhelises	iicuf

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2018 Qualified Expenses