

Child and Dependent Care Expenses

**Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2021	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2021		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2021 + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2021 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2021 + _____

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Amount paid to care provider in 2021 + _____

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Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2021 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Advanced Child Tax Credit Payments**Please provide copies of all IRS Letter 6419**

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at <https://www.irs.gov/credits-deductions/child-tax-credit-update-portal>.

	Taxpayer/Joint	Spouse
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:		
July	+ _____ [1]	+ _____ [2]
August	+ _____ [3]	+ _____ [4]
September	+ _____ [5]	+ _____ [6]
October	+ _____ [7]	+ _____ [8]
November	+ _____ [9]	+ _____ [10]
December	+ _____ [11]	+ _____ [12]
Number of qualifying children used to determine Adv CTC Payments rec'd (Letter 6419)	_____ [13]	_____ [14]

NOTES/QUESTIONS:

Complete this form if you are self-employed and received paid sick or family leave in 2021 due to COVID-19
Please provide all copies of Form W-2 or other statement reporting paid sick or family leave pay from your employer

Taxpayer/Spouse (T, S)

____ [1]

Part 1: Sick Leave for Self-Employed Individuals 1/1-3/31

Number of days unable to perform self-employment activities due to COVID-19 _____ [2]

2021 Dates sick leave taken (Enter MM/DD): _____ [3]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another _____ [4]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): _____ [5]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + _____ [6]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + _____ [7]

2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 _____ [8]

2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 _____ [9]

2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit + _____ [10]

2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit + _____ [11]

2020 Form 7202 Line 7 or Line 26: Net self-employment income + _____ [12]

Part 2: Family Leave for Self-Employed Individuals 1/1-3/31

Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter _____ [13]

Family leave wages received + _____ [14]

2020 Form 7202 Line 25: Number of family leave days claimed in 2020 _____ [15]

2020 Form 7202 Line 31: Family leave wages received in 2020 + _____ [16]

Part 3: Sick Leave for Self-Employed Individuals 4/1-9/30

Number of days unable to perform self-employment activities due to COVID-19 _____ [17]

2021 Dates sick leave taken (Enter MM/DD): _____ [18]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another _____ [19]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): _____ [20]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + _____ [21]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + _____ [22]

Part 4: Family Leave for Self-Employed Individuals 4/1-9/30

Number of days unable to perform self-employment activities due to COVID-19 care you required or for another _____ [23]

Family leave wages received + _____ [24]

NOTES/QUESTIONS:

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2021, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2021	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2021	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS: