

Datos para el formulario 2441 Cuidado de Niños y Dependientes

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you have more than two care providers, see the instructions.)

| (a) Care provider's name | Che... | (b) Address | (c) Identifying ... | (d) Amount paid |
|--|--------------------------|--|---|------------------------------------|
| <input type="text" value="Teresa Rios"/> | <input type="checkbox"/> | <input type="checkbox"/> Street (US Address) <input type="text" value="777 Mexico St"/> Zip-Code <input type="text" value="90806"/> City <input type="text" value="Long Beach"/> State <input type="text" value="CA"/> | EIN <input type="text" value="56-4487812"/> | <input type="text" value="1,600"/> |

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 the instructions

| (a) Qualifying Person's name(FirstName) | (a) Qualifying Person's n... | (b) Qualifying person soc... | (c) Qualified expenses y... |
|---|---------------------------------------|--|------------------------------------|
| <input type="text" value="Eveliano"/> | <input type="text" value="Practica"/> | <input type="text" value="555-55-0023"/> | <input type="text" value="1,600"/> |