

**CHILD AND DEPENDENT CARE EXPENSE**

primary purpose allows you to go to work or look for work and not for educational purposes

[Tax Topic 602](#)

**Child & dependent care:**

Child #1

Child #2

Child Name: \_\_\_\_\_

Amount Paid by child: \_\_\_\_\_

Child Care Provider #1 SSN # or EIN # \_\_\_\_\_

Name of provider \_\_\_\_\_

Address of provider \_\_\_\_\_

Amount Paid by child: \_\_\_\_\_

Child Care Provider #2 SSN # or EIN # \_\_\_\_\_

Name of provider \_\_\_\_\_

Address of provider \_\_\_\_\_

**529 Plan (TRowe Price - Maryland Plan)**

Administrative Release 32

Husband Account: 1

Wife Account: 2

Contribution Amount: Child 1 Name: \_\_\_\_\_

Contribution Amount: Child 2 Name: \_\_\_\_\_

Contribution Amount: Child 3 Name: \_\_\_\_\_

Contribution Amount: Child 4 Name: \_\_\_\_\_

Did you withdraw money from the 529 for tuition for a child in K thru 12 school? Y N

How much was withdrawn for each child? And from which account?

Withdrawl Amount: Child 1 Name: \_\_\_\_\_

Withdrawl Amount: Child 2 Name: \_\_\_\_\_

Withdrawl Amount: Child 3 Name: \_\_\_\_\_

Withdrawl Amount: Child 4 Name: \_\_\_\_\_

**EDUCATION CREDITS - (Vocational, Certificate, Degree)**

**Publication 970**

**\* Provide 1098-T for each School**

[IRS Video](#)

[IRS Information](#)

Student #1

Student #2

Student Name \_\_\_\_\_

Went at least half time of a normal full-time degree program Y N Y N

Enrolled in 1 or more courses Y N Y N

Pursuing a degree? Y N Y N

Amount of Tuition & Registration Fees Paid: \_\_\_\_\_

(no transportation, health insurance or room & board)

Amount paid course materials (books, supplies, & equipment) \_\_\_\_\_

Who paid for the Tuition and Fees? (Self, Parents, third party) \_\_\_\_\_

Was the student convicted of a felony for possession or distribution of a controlled substance? Y N Y N

Has the student claim an Education Credit in any prior years? Y N Y N

If yes, bring a copy of the tax return that the education credit was claimed if the tax return was not prepared by our office.

**ADOPTION EXPENSES**

[Tax Topic 607](#)

Is the child a US citizen or Foreign child? US Foreign

Child's Name \_\_\_\_\_

Child's Year of Birth \_\_\_\_\_

Child's ID Number \_\_\_\_\_

Is the child a special needs child? Y N

Was the child born before 1991 and disabled? Y N

Did your employer provided you with adoption benefits? Y N

Date the Adoption became final? \_\_\_\_\_

Adoption Expenses (Adoption Fee, Attorney, Court, and Travel while away from home) \_\_\_\_\_