

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How much was withdrawn for each child?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

IRS Video

[IRS Information](#)

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

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) _____