Schedule 2 (Form 1040A)	Ch	ild and	ne Treasury—Inter Depende for Form	ent Car	е	(99)	2003			OMB No. 15	45-0085		
Name(s) shown on Forn	n 1040	A							Your socia	I security number			
Before you be • Dependent (on page 1 • Earned		arate instructio	ons.		
Part I	_1	(a) Care provider's (b) name			(b) Address (number, street, apt. no., city, state, and ZIP code) n			(c) Iden number (SS	tifying SN or EIN)	(d) Amount paid (see instructions)			
Persons or organizations who provided the care													
You must complete this part.			Did you rece ndent care b	eive	e the bott	om of pag – No –– – Yes ––		Complete or Complete Pa		oelow. e back next.			
		Caution. If the care was provided in your home, you may owe employment taxes. If you do, you must use Form 1040. See Schedule H and its instructions for details.											
Part II	2	Information	ation about y ructions.	our qual	ifying per	son(s). If	you have	more than	two qualii	fying persons,			
Credit for child and dependent care expenses		(a) Qualifying p First			erson's name Last			(b) Qualifying person's social security number		(c) Qualified expenses you incurred and paid in 2003 for the person listed in column (a)			
	3	Add the amounts in column (c) of line 2. Do not enter more than\$3,000 for one qualifying person or \$6,000 for two or more persons.If you completed Part III, enter the amount from line 26.3											
	4	Enter your earned income.											
	5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4.							5				
	6	Enter the smallest of line 3, 4, or 5.							6				
		 Enter the amount from Form 1040A, line 22. Enter on line 8 the decimal amount shown below that applies to the amount on line 7. 											
		If line 7 Over		Decima amount		If line 7 Over	is: But not over	Decimal amount					
		\$0	-19,000 -21,000 -23,000 -25,000 -27,000	.35 .34 .33 .32 .31 .30 .29 .28	_	31,000 33,000 35,000 37,000 39,000 41,000	31,000 33,000 35,000 37,000 39,000 41,000 43,000 No limit	.27 .26 .25 .24 .23 .22 .21 .20	- 8	×			
	9	Multiply	/ line 6 by th es in 2003, s	ne decim		on line 8			9				
		Enter the amount from Form 1040A, line 28.						10					
	11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040A, line 29.						11					

Part III	12	Enter the total amount of dependent care benefits you received for 2003. This amount should be shown in box 10 of your W-2									
Dependent care benefits		form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2.	12								
	13	Enter the amount forfeited, if any. See the instructions.	13								
	14	Subtract line 13 from line 12.	14								
	15	Enter the total amount of qualified expenses incurred in 2003 for the care of the qualifying person(s). 15									
	16	Enter the smaller of line 14 or 15. 16									
	17	Enter your earned income . 17									
	18	Enter the amount shown below that applies to you.									
		 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). 									
		• If married filing separately, see the instructions for the amount to enter.									
		All others, enter the amount from line 17. 18									
	19	Enter the smallest of line 16, 17, or 18.									
	20	 Excluded benefits. Enter here the smaller of the following: The amount from line 19 or \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18). 	20								
	21	Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	21								
	To claim the child and dependent care credit, complete lines 22–26 below.										
	22	Enter \$3,000 (\$6,000 if two or more qualifying persons).	22								
	23	Enter the amount from line 20.	23								
	24	Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2002 expenses in 2003, see the instructions for line 9.	24								
	25	Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here.	25								
	26	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.	26								

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