



Nebraska Child and Dependent Care Expenses

FORM 2441N
2009

- File Form 2441N ONLY if you do not file Federal Form 2441 or Form 1040A, Schedule 2
- File ONLY if your federal adjusted gross income is \$29,000 or less
- Complete reverse side if receiving dependent care benefits
- Attach to Form 1040N

Name as Shown on Form 1040N

Your Social Security Number

BEFORE YOU BEGIN: Please see [Federal Form 2441](#) page 1 instructions for definitions of the following terms:

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**

PART I — Persons or Organizations Who Provide the Care

• You must complete this part. (Paper filers please attach a schedule if you need more space.)

1	(A) Care Provider's Name	(B) Address (Number, Street, Apt. No., City, State, and Zip Code)	(C) Identifying Number (SSN or EIN)	(D) Amount Paid (See Federal Form 2441 Instructions)
	-----	-----		
	-----	-----		
	-----	-----		

Did you receive
dependent care benefits?

_____ No _____ Complete only Part II below.

_____ Yes _____ Complete Part III on the back first, and then complete Part II.

CAUTION: If the care was provided in your home, you may owe employment taxes. See Federal Form 1040 instructions, line 57.

PART II — Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, paper filers please attach a schedule.

	(A) Qualifying Person's Name		(B) Qualifying Person's Social Security Number	(C) Qualified Expenses You Incurred and Paid in 2009 for the Person(s) Listed in Column (A)
	First	Last		

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 34.

4 Enter your **earned income**. See Federal Form 2441 instructions

5 If married, filing jointly, enter your spouse's earned income. (If your spouse was a student or was disabled, see Federal Form 2441 instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Nebraska Form 1040N, line 5. (If line 7 is over \$29,000, do not file this form; instead see instructions for line 24, Form 1040N, and use Federal Form 2441.)

8 Enter on line 8 the federal decimal amount shown below that applies to the dollar amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Federal decimal amount is	Over	But not over	Federal decimal amount is
\$ 0	– 15,000	.35	\$21,000	– 23,000	.31
15,000	– 17,000	.34	23,000	– 25,000	.30
17,000	– 19,000	.33	25,000	– 27,000	.29
19,000	– 21,000	.32	27,000	– 29,000	.28

9 Enter the state decimal amount below that applies to the dollar amount on line 7.

AGI			AGI		
Over	But not over	State decimal amount is	Over	But not over	State decimal amount is
\$0 or less	– 22,000	1.00	\$25,000	– 26,000	.60
22,000	– 23,000	.90	26,000	– 27,000	.50
23,000	– 24,000	.80	27,000	– 28,000	.40
24,000	– 25,000	.70	28,000	– 29,000	.30

10 Multiply line 6 by the decimal amount on line 8 and enter result. If you paid 2008 expenses in 2009, see Federal Form 2441 instructions

11 Multiply line 10 by line 9. Residents enter result here and on line 32, Form 1040N

12 Part year residents multiply line 11 by ratio from Schedule III, line 69, _____ enter this result here and on line 32, Form 1040N

13 Part III, Dependent care benefits, continued on next page

Name as Shown on Form 1040N

Social Security Number

PART III — Dependent Care Benefits

14 Enter the total amount of dependent care benefits you received in 2009. Amounts you received as an employee should be shown in box 10 of your Federal Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.				14		
15 Enter the amount forfeited or carried forward to 2010, if any (see Federal Form 2441 instructions) . . .				15		
16 Subtract line 15 from line 14.				16		
17 Enter the total amount of qualified expenses incurred in 2009 for the care of the qualifying person(s)	17					
18 Enter the smaller of line 16 or 17	18					
19 Enter your earned income (see Federal Form 2441 instructions).	19					
20 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 Federal Form 2441 instructions, line 5); • If married, filing separately, see Federal Form 2441 instructions for the amount to enter; or • All others, enter the amount from line 19.	20					
21 Enter the smallest of line 18, 19, or 20	21					
22 Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-				22		
23 Subtract line 22 from line 16.	23					
24 Enter \$5,000 (\$2,500 if married, filing separately and you were required to enter your spouse's earned income on line 20)				24		
25 Deductible benefits. Enter the smallest of line 21, 22, or 24.				25		
26 Enter the smaller of line 21 or 24.	26					
27 Enter the amount from line 25.	27					
28 Excluded benefits. Subtract line 27 from line 26. If zero or less, enter -0-				28		
29 Taxable benefits. Subtract line 28 from line 23. If zero or less, enter -0-.				29		
To claim the child and dependent care credit, complete lines 30-34 below.						
30 Enter \$3,000 (\$6,000 if two or more qualifying persons)				30		
31 Add lines 25 and 28				31		
32 Subtract line 31 from line 30. If zero or less, stop . You cannot take the credit. Exception: If you paid 2008 expenses in 2009, see Federal Form 2441 instructions, line 9				32		
33 Complete line 2 on the front of this form. Do not include in Column (C) any benefits shown on line 31 above. Then, add the amounts in Column (C) and enter the total here.				33		
34 Enter the smaller of line 32 or 33. Also, enter this amount on line 3 on the front of this form and complete lines 4-12.				34		