

Nebraska Child and Dependent Care Expenses

- File Form 2441N ONLY if your federal adjusted gross income (AGI) is \$29,000 or less, and you are claiming the Nebraska refundable child/dependent care credit.
- Complete the reverse side of this form if you received dependent care benefits.
- Attach this form to Form 1040N.

FORM 2441N

2025

Name on Form 1040N

Your Social Security Number

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

• **Dependent Care Benefits**

• **Qualifying Persons**

• **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 ☐ Yes

☐ Complete only Part II below.
☐ Complete Part III on the back first, and then complete Part II.

Part II — Credit for Child and Dependent Care Expenses

2 Information about your **qualifying persons**. (Paper filers, please attach a schedule if you have more than three qualifying persons.)

(A) Qualifying Person's Name		(B) Qualifying Person's Social Security Number	(C) Qualified Expenses You Incurred and Paid in 2025 for the Person 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 33

3

4 Enter your **earned income** (see Federal Form 2441 instructions).

4

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

5

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

6

7 Enter federal AGI from Nebraska Form 1040N, line 5. If the amount is over \$29,000, **do not** file this form, you are not eligible for the refundable child care tax credit.

7

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

If line 7 is:

Over	But not over	Federal decimal amount is
\$ 0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32

If line 7 is:

Over	But not over	Federal decimal amount is
\$21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28

8

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

If line 7 is:

Over	But not over	State decimal amount is
\$0 or less	22,000	1.00
22,000	23,000	.90
23,000	24,000	.80
24,000	25,000	.70

If line 7 is:

Over	But not over	State decimal amount is
\$25,000	26,000	.60
26,000	27,000	.50
27,000	28,000	.40
28,000	29,000	.30

9

10 Multiply line 6 by the decimal amount on line 8 and enter the result. If you paid 2024 expenses in 2025, see instructions on Federal Form 2441

10

11 Multiply line 10 by the decimal amount on line 9. Residents enter result here and on line 42, Form 1040N.

11

12 Partial-year residents multiply line 11 by the ratio from line 4, Schedule III: Enter this result here and on line 42, Form 1040N.

12

13 Part III, dependent care benefits, begins on the next page.

Dependent Care Benefits

FORM 2441N
2025

Name as Shown on Form 1040N

Your Social Security Number

Part III — Dependent Care Benefits

14	Enter the total amount of dependent care benefits you received in 2025. Amounts you received as an employee should be shown in box 10 of your Federal Form W-2, but do not include amounts reported as wages in box 1 of Form W-2. If you were self-employed or a partner in a partnership, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	14		
15	Enter the amount, if any, you carried over from 2024 and used in 2025. See instructions on Federal Form 2441.	15		
16	If you forfeited or carried over to 2026 any of the amounts reported on line 14 or 15, enter the amount (see instructions).	16		
17	Subtract line 16 from total of line 14 and line 15.	17		
18	Enter the total amount of qualified expenses incurred in 2025 for the care of the qualifying persons	18		
19	Enter the smaller of line 17 or 18	19		
20	Enter your earned income (see instructions)	20		
21	Enter the amount shown below that applies to you: • If married, filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see instructions); • If married, filing separately, see instructions for the amount to enter; or • All others, enter the amount from line 20	21		
22	Enter the smallest of line 19, 20, or 21	22		
23	Enter \$5,000 (or enter \$2,500 if married, filing separately, and you were required to enter your spouse's earned income on line 21). However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see federal instructions.	23		
24	Enter the amount from line 14 or 15 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-.	24		
25	Subtract line 24 from line 17	25		
26	Deductible benefits. Enter the smallest of line 22, 23, or 24.	26		
27	Excluded benefits. If line 24 is 0, enter the smaller of line 22 or line 23. Otherwise subtract line 26 from the smaller of line 22 or 23. If zero or less, enter -0-.	27		
28	Taxable benefits. Subtract line 27 from line 25. If zero or less, enter -0-.	28		
To claim the child and dependent care credit, complete lines 29-33 below.				
29	Enter \$3,000 (or enter \$6,000 if two or more qualifying persons)	29		
30	Add lines 26 and 27 and enter result here	30		
31	Subtract line 30 from line 29. If zero or less, stop . You cannot take the credit. Exception: If you paid 2024 expenses in 2025, see instructions on Federal Form 2441	31		
32	Complete line 2 on the front of this form. Do not include in Column (C) any benefits shown on line 30 above. Then, add the amounts in Column (C) and enter the total here	32		
33	Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this form and complete lines 4-12	33		

Instructions

Nebraska generally follows federal definitions. For additional information, see the instructions for Federal Form 2441.

Who May File. You may file Form 2441N to take the credit or the exclusion if **all six** of the following apply.

1. Your filing status is single, head of household, qualifying surviving spouse, or married, filing jointly. If your filing status is married, filing separately, see “Married Persons, Filing Separately” below.
2. The care was provided so you (and your spouse, if filing jointly) could work or look for work. However, if you did not find a job and have no earned income for the year, you cannot take the credit or the exclusion. If you or your spouse were a full-time student or disabled, see the instructions on the Federal Form 2441, lines 4 and 5.
3. The care must be for one or more qualifying persons.
4. The person who provided the care was not your spouse, the parent of your qualifying child, or a person whom you can claim as a dependent. If your child provided the care, he or she must have been age 19 or older by the end of 2025, and he or she cannot be your dependent.
5. You report the required information about the care provider on line 1, and if taking the credit, the information about the qualifying person on line 2.
6. Your federal AGI shown on your 1040N, line 5, is \$29,000 or less.

Married Persons, Filing Separately. Generally, married persons must file a married, filing jointly return to claim the credit. If your filing status is married, filing separately and all of the following apply, you are considered unmarried for purposes of claiming the credit or exclusion on Form 2441N.

- You lived apart from your spouse during the last 6 months of 2025.
- Your home was the qualifying person's main home for more than half of 2025.
- You paid more than half of the cost of keeping up that home for 2025.

If you meet all the requirements to be treated as unmarried, and meet items 2 through 6 under “Who May File,” you may take the credit or the exclusion. If you do not meet all the requirements to be treated as unmarried, you cannot take the credit; however, you may take the exclusion if you also meet items 2 through 6 under “Who May File.”

Line Instructions

Line 1. Complete columns (A) through (D) for each person or organization that provided the care.

You can use any of the following sources to get this information:

- Federal Form W-10, Dependent Care Provider's Identification and Certification;
- A copy of the provider's Social Security card or driver's license that includes his or her Social Security number (SSN);
- A recently printed letterhead or printed invoice that shows the provider's name, address, and Taxpayer ID Number (TIN); and
- A copy of the statement provided by your employer if you were covered by your employer's dependent care plan and your employer furnished the care (either at your workplace or by hiring a care provider).

If you do not give correct or complete information, your credit or exclusion will be disallowed.

If you have more than three care providers, attach a statement to your return with the required information for each provider. Be sure to put your name and SSN on the statement. Also, enter “See Attached” under line 1(A).

Columns (A) and (B). Enter the care provider's name and address.

Column (C). If the care provider is an individual, enter his or her SSN. Otherwise, enter the provider's employer ID number (EIN). If the provider is a tax-exempt organization, enter “Tax-Exempt” in column (C).

Column (D). Enter the total amount you actually paid to the care provider in 2025 and any amounts your employer paid to a third party on your behalf. It does not matter when the expenses were incurred. Do not reduce this amount by any reimbursement you received.

Line 2. Complete columns (A) through (C) for each qualifying person. If you have more than three qualifying persons, attach a statement to your return with the required information. Be sure to put your name and SSN on the statement. In column (C), enter the qualified expenses you incurred and paid in 2025 for the person listed in column (A). The amount entered in line 2 cannot exceed the amount actually paid to providers in line 1. Prepaid expenses are treated as paid in the year the care is provided.

Line 3. Add the amounts in line 2, column (C). Do not enter more than \$3,000 for one qualifying person, or \$6,000 for two or more qualifying persons. If you completed Part III, enter the amount from line 33.

Line 4. Enter your earned income as defined in the instructions for Federal Form 2441. If you are filing a married, filing jointly return, calculate the earned income of you and your spouse separately and enter your spouse's earned income on line 5. See **Note** if you were a student or disabled.

Line 5. Enter your spouse's earned income as defined in the instructions for Federal Form 2441. See **Note** if your spouse was a student or disabled.

Note: If, in the same month, **both** you and your spouse were either full-time students or disabled, **only one of you can be treated as having earned income in that month.**

If you or your spouse was a full-time student or disabled, calculate that person's earned income on a monthly basis. For purposes of this calculation:

- A person would be considered a full-time student if he or she was enrolled as a full-time student at a school for some part of each of five calendar months during 2025. The months do not need to be consecutive. A school does not include an on-the-job training course, a correspondence school, or a school offering courses only through the Internet.
- A person would be considered disabled if he or she was not physically or mentally capable of self-care.

For each month (or part of a month) that you or your spouse was a full-time student or disabled, that person is considered to have worked and earned income. That person's earned income for each month is considered to be at least \$250 (\$500 if more than one qualifying person was cared for in 2025). If you or your spouse also worked during that month, use the higher of \$250 (or \$500) or that person's actual earned income for that month. For any month that you or your spouse were not a full-time student or disabled, use that person's actual earned income if that person worked during the month.

Line 6. Enter the smallest of lines 3, 4, or 5.

Line 7. Enter the amount from line 5, Form 1040N. If the amount is more than \$29,000, you are not eligible for the refundable child care tax credit. Do not complete this form, instead, see the nonrefundable tax credit instructions for line 23, Form 1040N, and use Federal Form 2441.

Line 10. Multiply the amount on line 6 by the decimal amount on line 8 and enter the result.

If you had qualified expenses for 2024 that you did not pay until 2025, you may be able to increase the amount of credit you can take in 2025.

Use the Worksheet A in the Federal Form 2441 instructions, to determine if you can claim prior year expenses. If you can take a credit for prior year expenses (CPYE), add the additional amount of credit to the calculated line 10 amount, and write "CPYE" on the dotted line next to line 10. Also, attach a copy of the federal worksheet to your return. Taxpayers who e-file and claim a credit for prior year expenses on Form 2441N should include this documentation as a binary attachment.

Line 11. Multiply line 10 by the decimal amount on line 9. Nebraska residents enter this result on line 11, Form 2441N, and on line 42, Form 1040N.

Line 12. Partial-year residents multiply line 11 by the ratio on line 4, Nebraska Schedule III, Form 1040N. Enter the result here and on line 42, Form 1040N.

Line 14. Enter the total amount of dependent care benefits you received in 2025. Amounts you received as an employee are shown in box 10 of your Federal Form W-2. If you were self-employed or a partner in a partnership, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.

Line 15. If you had an employer-provided dependent care plan, your employer may have permitted you to carry forward any unused amount from 2024 to use during a grace period in 2025. Enter on line 15 the amount you carried forward and used in 2025 during the grace period.

Line 16. If you had an employer-provided dependent care plan, enter the total of the following amounts included on line 14:

- Any amount you forfeited (if you did not receive it because you did not incur the expense). Do not include amounts you expect to receive at a future date; and
- Any amount you did not receive but are permitted by your employer to carry forward and use in the following year during a grace period.

Example. Under your employer's dependent care plan, you chose to have your employer set aside \$5,000 to cover your 2025 dependent care expenses. The \$5,000 is shown on your Form W-2, in box 10. In 2025, you incurred and were reimbursed for \$4,950 of qualified expenses. Enter \$5,000 on line 14, and \$50, the amount forfeited, on line 16. Also, enter \$50 on line 16 if, instead of forfeiting the amount, your employer permitted you to carry the \$50 forward to use during the grace period in 2026.

Line 18. Enter the total of all qualified expenses incurred in 2025 for the care of your qualifying persons. It does not matter when the expenses were paid.

Example. You received \$2,000 in cash under your employer's dependent care plan for this tax year. The \$2,000 is shown on your Form W-2 in box 10. Only \$900 of qualified expenses were incurred in this tax year for the care of your 5-year-old dependent child. Enter \$2,000 on line 14 and \$900 on line 18.

Line 20. Enter your earned income as defined in the federal instructions for Federal Form 2441. If you are filing a married, filing jointly return, calculate the earned income of you and your spouse separately and enter your spouse's earned income on line 5. See **Note** if you were a student or disabled.

Line 21. Enter your spouse's earned income as defined in the federal instructions for Federal Form 2441. See **Note** if your spouse was a student or disabled.

Note: If, in the same month, **both** you and your spouse were either full-time students or disabled, **only one of you can be treated as having earned income in that month.**

If you or your spouse was a full-time student or disabled, calculate that person's earned income on a monthly basis.

For purposes of this calculation:

- A person would be considered a full-time student if he or she was enrolled as a full-time student at a school for some part of each of five calendar months during 2025. The months do not need to be consecutive. A school does not include an on-the-job training course, a correspondence school, or a school offering courses only through the Internet.
- A person would be considered disabled if he or she was not physically or mentally capable of self-care.