Form 2441 Line 1 and 2	**Additional Form 2441 Information Statement** ► Attach to return (after all IRS forms)	**2013**
Name(s) shown on return		**Your social security number**

Additional Persons or Organizations Who Provided Care

(a) Care provider's name	**(b)** Address (number, street, apt. no., city, state, and ZIP Code)	**(c)** Identifying number (SSN above or EIN below)	**(d)** Amount paid (see instructions)
First	Address		
Last or Business	City State AL ZIP		
First	Address		
Last or Business	City State AL ZIP		
First	Address		
Last or Business	City State AL ZIP		
First	Address		
Last or Business	City State AL ZIP		
First	Address		
Last or Business	City State AL ZIP		
First	Address		
Last or Business	City State AK ZIP		

Total. Enter on an available line on Form 2441 line 1. . . . . .

Additional Qualifying Persons and Expenses

(a) Qualifying person's name First	Last	**(b)** Qualifying person's social security number	**(c) Qualified expenses** you incurred and paid in 2013 for the person listed in column (a)

Total. Enter on an available line on Form 2441 line 2. . . . . .