

*Sprint Tax, Inc.*  
*Form 2441 – Child Care Expenses*

**Complete a section for each childcare provider used.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax ID Number or Social Security Number: \_\_\_\_\_

Amount Paid to Provider During Tax Year: \_\_\_\_\_

What children did this provider care for? \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax ID Number or Social Security Number: \_\_\_\_\_

Amount Paid to Provider During Tax Year: \_\_\_\_\_

What children did this provider care for? \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tax ID Number or Social Security Number: \_\_\_\_\_

Amount Paid to Provider During Tax Year: \_\_\_\_\_

What children did this provider care for? \_\_\_\_\_  
\_\_\_\_\_