



CHILD AND DEPENDENT CARE EXPENSES (Enter expenses paid for each dependent in Dependent's section)

Care provider name	Address	SSN or EIN	Amount paid during year

HIGHER EDUCATION EXPENSES (Please enclose all copies of Form 1098-T)

Student name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition and Fees

FEDERAL AND STATE ESTIMATED TAX PAYMENTS

Federal estimated payments	Date paid	Amount paid
Applied from prior year overpayment		
1st Quarter payment		
2nd Quarter payment		
3rd Quarter payment		
4th Quarter payment		

State estimated payments	Date paid		Amount paid		Date paid		Amount paid	
Applied from prior year overpayment								
1st Quarter payment								
2nd Quarter payment								
3rd Quarter payment								
4th Quarter payment								