

DEPENDENT CARE BENEFITS & EDUCATION CREDITS

PEOPLE OR ORGANIZATIONS WHO CARED FOR YOUR DEPENDENTS AND CHILDREN

NAME & ADDRESS	SOCIAL SECURITY # or	EMPLOYER ID #	AMOUNT PAID	DEPENDENT NAME

EDUCATION CREDITS

ENROLLED IN A POST-SECONDARY EDUCATIONAL INSTITUTION?

YES ___ NO ___

ENROLLED IN A CERTIFICATE OR A DEGREE PROGRAM?

YES ___ NO ___

HOW MANY YEARS OF POST-SECONDARY EDUCATION HAVE BEEN COMPLETED AS OF THE END OF TAX YEAR? _____

HAS AT LEAST HALF OF A NORMAL FULL-TIME COURSE LOAD BEEN TAKEN ON DURING ONE ACADEMIC PERIOD OF THE TAX YEAR?

YES ___ NO ___

EVER BEEN CONVICTED OF A FELONY FOR CONTROLLED SUBSTANCES?

YES ___ NO ___

NAME OF STUDENT(S)	NAME & ADDRESS OF SCHOOL	AMOUNT OF FEES & TUITION PAID IN TAX YEAR