

**INDIVIDUAL TAX ORGANIZER (1040)**

**CHILD CARE EXPENSES/HOME CARE EXPENSES**

Did you pay an individual or an organization to perform services in the care of a dependent under 13 years old in order to enable you to work or attend school on a full time basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following information:

Name and relationship of the dependents for whom services were rendered

\_\_\_\_\_

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name and Address	ID#	Amount	If Under 18

If payments of \$1,400 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL EXPENSES**

Did you or any other member of your family pay any educational expenses this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes complete the following and provide Form 1098T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_