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Par	III Dependent Care Benefits				-
12	Enter the total amount of <b>dependent care benefits</b> your received as an employee should be shown in box 10 of y amounts reported as wages in box 1 of Form(s) W-2. If y partner, include amounts you received under a depender your sole proprietorship or partnership	12	0		
13	Enter the amount, if any, you carried over from 2010 and period. See instructions	13			
14	Enter the amount, if any, you forfeited or carried forward	to 2012	. See instructions	14	( 0 )
15	Combine lines 12 through 14. See instructions			15	0
16	Enter the total amount of <b>qualified expenses</b> incurred in 2011 for the care of the <b>qualifying person(s)</b>	16	1,800		
17	Enter the <b>smaller</b> of line 15 or 16	17	0		
18	Enter your <b>earned income.</b> See instructions				
19	Enter the amount shown below that applies to you.				
	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).	19	45,000		
	<ul> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>				
20	Enter the <b>smallest</b> of line 17, 18, or 19	20	0		
21	Enter \$5,000 (\$2,500 if married filing separately and				
	you were required to enter your spouse's earned	21	5,000		
22	income on line 19)				
	Yes. Enter the amount here			22	0
23	Subtract line 22 from line 15				
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, of the appropriate line(s) of your return. See instructions .	24	0		
25	Excluded benefits. Form 1040 and 1040NR filers: If yo the smaller of line 20 or 21. Otherwise, subtract line 24 fr 21. If zero or less, enter -0 Form 1040A filers: Enter the	25	0		
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtr less, enter -0 Also, include this amount on Form 1040, I the dotted line next to Form 1040, line 7; or Form 1040NI <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, ir line 7. In the space to the left of line 7, enter "DCB"	26	0		
	To claim the child credit, complete		ependent care 7 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)			27	3,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form line 25	28	0		
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You ca <b>Exception.</b> If you paid 2010 expenses in 2011, see the i	29	3,000		
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in on line 28 above. Then, add the amounts in column (c) a	30	1,800		
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amour and complete lines 4 through 11	31	1,800		

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