

#### **2021 Child and Dependent Care Expense Deductions**

Form 2441-M V1 6/2021

15-30-2131, MCA

			Socia	ocial Security Numbers						
Your First Name and Initial		Last Name		]-[		]-[	$\prod$			
Spouse's First Name and Initial		Last Name		]-[		]-[		Ι		
				,	,					
1.	Enter the number of qualifyin	g individuals you cared for in 2021		1.						
2.	Enter the lesser of your actual amount of dependent care expenses paid in 2021, or the amount listed below  • \$2,400 for one qualifying individual  • \$3,600 for two qualifying individuals  • \$4,800 for three or more qualifying individuals			2.						
3.	<ul> <li>Add the amounts in columns A and B, line 14 of Form 2</li> <li>If line 3 above is \$18,000 or less, stop here and enter the amount from line 2 above on Form 2, Itemized Deductions Schedule, line 14. (If you are married filing separately on the same form, enter one-half of the amount from line 2 in columns A and B.) </li> <li>If line 3 is \$18,001 or greater, complete lines 4 through 7 below.</li> </ul>			3.						
4.	Your Montana adjusted gross income base amount is entered here		4.		\$	18,0	000	0		
5.	Subtract line 4 from line 3		5.							
6.	Multiply line 5 by 50% (0.50)			6.						
7.	<ul> <li>If your result is greater that Form 2, Itemized Deduction (If you are married filing sometimes of the amount from line 7 in</li> </ul>	eparately on the same form, enter one-ha	ve on	7.						

#### Form 2441-M Instructions

### Am I eligible to claim the child and dependent care expense deduction?

You are eligible to take this deduction if you paid expenses for household and dependent care services necessary for gainful employment in order to maintain a household that includes, as a member of the household, one or more qualifying individuals.

A qualified individual is a:

- dependent under the age of 15 that you may claim as a dependent on your income tax return; or
- dependent who, regardless of age, is unable to care for himself or herself because of a physical or mental illness; or
- spouse who is unable to care for himself or herself because of a physical or mental illness.

**Important:** You cannot claim this deduction for payments made to:

- individuals that you claim as dependents on your Montana income tax return in the same tax year; or
- 2. your child, if the child hasn't turned 19 years old by the end of the tax year.

### How do I determine if I maintain a household that entitles me to claim this deduction?

If you furnish over half the cost to maintain the household for the tax year, you qualify as maintaining a household. If you are married, both you and your spouse are required to provide over half the cost to maintain the household.

The cost to maintain a household includes, but is not limited to, expenses paid for property taxes, property insurance, mortgage interest, rent, utilities, upkeep, repairs and food consumed on the premises. Expenses do not include such costs as clothing, education, medical treatment, vacations, life insurance or transportation.

## If I care for my own child in my licensed daycare do I qualify for this deduction?

You qualify for this deduction if you are a licensed and registered daycare provider who operates a family daycare home or a group daycare home and care for your own child and at least one unrelated child. The amount of dependent care expenses that you can claim for your own child cannot be greater than the amount you charge for the care of an unrelated child. Your expenses are equal to the expenses that you charge for a child of the same age and for the same number of hours of care regardless of whether you actually paid these expenses for the care of your child or not.

# What if the expense qualifies as both an employment-related expense and a medical expense?

You may treat it as either an employment-related expense or a medical expense as long as you do not deduct it twice.

If you treat the deduction as a medical expense, the part of that expense that is not deductible because of the medical itemized deduction limitation cannot be used as part of your employment-related expenses.

Administrative Rules of Montana: 42.15.427

**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.