DAYCARE:

Did you pay for Dependent Care? For of Were you reimbursed by your employer file Even though your reimbursement equaled	or childcare? Yes / No It your childcare expenses, y	you are required t	to show this infor	mation on the tax return.	
*NOTE: For 2021, in order to get the cre Providers Names	Address: Box, Street, City, St, Zi	Social Se	wing jrom your a curity Number al ID Number	Amount Paid in 2021	
1.	2011, 201000, 210, 21, 21,	9 9110401	WI ID I (WIII) VI	\$	
2.				\$	
	EDUCATION E	XPENSE:			
> <u>COLLEGE</u>	00 0 1-4-21- 11-212		U)		
Tuition and Fees: (Please provide 109 Student's Name	_		_	Amount	
Student's Name					
Student 8 Name			Level	_ Amount	
Student Loans: (Please provide 1098	-E for interest paid)				
Name of Institution	Original Loan Balance		ncipal in 2021	Interest Paid in 2021	
Institution	Loan Barance	1 alu	111 2021	1 ald III 2021	
> 529 PLAN SUBTRACTION (If no	w plan, Beneficiary's So	ocial Security #_			
Account		Account Number			
Amount		Beneficiary			
MINNESOTA V 12 EDUCATION	CUDTDACTION/CDED	AT (SEE EAC)	r CHEET)		
> MINNESOTA K-12 EDUCATION SUBTRACTION/CE Student's Name Grade				Grade	
Instructor Class		structor	Class		
Student's Name G	rade Si	tudent's Name_		Grade	
Student's Name G Instructor Class		tudent's Name_	Class		