



2021 Schedule M1CD, Child and Dependent Care Credit

If you received dependent care benefits, you must complete Parts 1 through 4. If you did not receive dependent care benefits, complete only Parts 1 and 2. You cannot claim child and dependent care expenses if your filing status is married filing separately, unless you meet the requirements listed in the instructions under "Married Persons Filing Separately."

YOUR FIRST NAME, INITXXXX YOUR LAST NAMEXXXXXXXXXXXXXXXXX 999999999
 Your First Name and Initial Your Last Name Your Social Security Number

- Place an X in this box if you meet the requirements to claim the credit under "Married Persons Filing Separately" in the instructions.
- Place an X in this if you operate a licensed family daycare home and are claiming the credit for your own child(ren).
 Enter your day care license number: 123456789123456789
- Place an X in this box if you are a married couple filing jointly and claiming the credit for your child born in 2021.

Part 1 — Table 1. Persons or organizations providing the care (if more than two care providers, see instructions):

(a) Care Provider Name	(b) Address	(c) ID Number (SSN or FEIN)	(d) Amount Paid
NAME OF CAREGIVERX	ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	12345
NAME OF CAREGIVERX	ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	12345

Part 2 — Table 2. Credit for dependent care expenses: Information about qualifying persons
 (If more than two qualifying persons, see instructions.)

(a) Qualifying Person Name	(b) Date of Birth (MM/DD/YYYY)	(c) ID Number (SSN)	(d) Qualifying Expenses
QUALIFYING PERSONX	11223333	999999999	12345
QUALIFYING PERSONX	11223333	999999999	12345

Round amounts to the nearest whole dollar.

- 1 Add the amounts in column d of Table 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two more more qualifying persons. If you completed Part 4, enter the amount from line 35. 1 ■ 12345678
- 2 Enter your earned income (see instructions) 2 ■ 12345678
- 3 If married filing jointly, enter your spouse's earned income.
 If your spouse was a student or was disabled, see instructions. All others, enter the amount from line 2 3 ■ 12345678
- 4 Enter the smallest of 1, 2, or 3. 4 ■ 12345678
- 5 Adjusted gross income (see instructions) 5 ■ 12345678
- 6 Enter the decimal amount shown in Table 3 of the instructions that applies to the amount from line 5. 6 ■ 12345678
- 7 Multiply line 6 by line 4. If you paid 2020 expenses in 2021, see the instructions 7 ■ 12345678
- 8 If line 5 is \$53,630 or less, skip line 8 and enter the amount from line 7 on line 9. If line 5 is greater than \$53,630, enter the amount from step 10 of the Worksheet for Line 8 8 ■ 12345678
- 9 Enter the amount from line 7 or line 8, whichever is less
Full-year residents, enter the result here and on line 1 of Schedule M1REF.
 Enter the number of qualifying persons on line 1a of Schedule M1REF 9 ■ 12345678
- Part-Year Residents, Nonresidents, and American Indians Living on a Reservation**
- 10 If you are married, add lines 2 and 3. If you are single, enter the amount from line 2 10 ■ 12345678
- 11 Amount of income on line 10 taxable to Minnesota 11 ■ 12345678
- 12 Divide line 10 by line 11. Enter the result as a decimal (carry to five decimal places) 12 12345678
- 13 Multiply line 9 by line 12. Enter the result here and on line 1 of Schedule M1REF.
 Enter the number of qualifying persons on line 1a of Schedule M1REF. 13 12345678

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Part 3 — Dependent Care Benefits

Table with 3 columns: Line number, Description, and Amount. Lines 14-30 cover dependent care benefits, including amounts received, carried over, forfeited, and qualified expenses.

Part 4 — Complete lines 31 through 35 to claim the child and dependent care credit in Part 2

Table with 3 columns: Line number, Description, and Amount. Lines 31-35 cover the child and dependent care credit, including the amount claimed and the total of column d on line 34.

Include this schedule with your Form M1.