

ADOPTION

Please enter all pertinent amounts.

ELIGIBLE CHILD

Full name _____
SSN, ATIN, or ITIN _____
Date of birth _____

Disabled Special needs Foreign child Adoption not final in 2009

Employer has qualified adoption assistance program

Qualified Adoption Expenses Paid

Amount

2008 for adoption not finalized in 2009 _____
1997-2001 for adoption of foreign child finalized in 2009 _____
2008 and 2009 for adoption finalized in 2009 _____
2009 for adoption finalized before 2009 _____

Prior year information

Limited qualified adoption expense _____
Limited employer provided benefits _____
Employer provided benefits for foreign adoption not finalized in prior year (1997-2001) _____
Employer provided benefits for foreign adoption not finalized in prior year (2002-2008) _____
Employer provided adoption benefits received in 2009 _____