

**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 2010

Employer has qualified adoption assistance program

**Qualified Adoption Expenses Paid**

**Amount**

2010 for adoption not finalized in 2011 \_\_\_\_\_  
1997-2001 for adoption of foreign child finalized in 2011 \_\_\_\_\_  
2010 and 2011 for adoption finalized in 2010 \_\_\_\_\_  
2011 for adoption finalized before 2011 \_\_\_\_\_

**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 (2002-2010) \_\_\_\_\_  
Employer provided adoption benefits received in 2011 \_\_\_\_\_