2025

부모님을 위한 Summer Camp 세금혜택 가이드

@GraceOfWealth

방학에도 현명한 부모의 선택

Summer Day Camp 비용, 세금에서 돌려받으세요

방학 중 자녀의 돌봄을 위해 보내는 다양한 캠프 비용, 이제는 단순한 지출로만 끝내지 마세요. 연방세법상 일정 조건을 만족하면 Day Camp 비용은 '자녀 및 부양가족 돌봄 세액공제(Child and Dependent Care Credit)'의 대상이 됩니다.

1. 무슨 혜택인가요?

- 적용 공제: Child and Dependent Care Credit
- 공제 한도: 자녀 1명당 최대 $3,000, 두 명 이상이라면 최대 $6,000까지 인정
- 공제율: 소득에 따라 최대 35%까지 직접 세금 차감
- (예: AGI $15,000 이하 → 35%, $43,000 이상 → 20%)

2. 공제가 가능한 Day Camp 기준

- Day Camp: 하루 일정으로 운영되며 숙박이 포함되지 않는 캠프
  - (예: 시에서 운영하는 스포츠 캠프, 미술 캠프, STEM 캠프 등)
- Overnight Camp: 숙박 포함 캠프는 보육 목적이 아닌 여가로 간주되어 공제 불가
  - 핵심 조건: 부모가 근로 중이거나 구직 중이어야 하며, 돌봄 목적이 있어야 함

3. 공제 조건 — 현실적인 궁금증

Q. 부모가 맞벌이나 구직 중이라는 걸 어떻게 증명하나요?

- 근로: W-2, 급여명세서, 자영업 소득신고서(Schedule C) 등으로 증빙
- 구직: 실업수당 신청 기록, 구직사이트 등록증, 면접 일정 등
- IRS는 필요 시 추가 자료를 요구할 수 있으므로 최소 3년간 보관

Q. 내가 사는 시에서 운영한 캠프도 공제가 되나요?

- 네, 시·공공기관이 운영하는 Day Camp도 공제 대상입니다.
- 단, Form 2441 작성 시 해당 기관의 이름과 고유 식별번호(EIN) 가 반드시 필요합니다. 없으면 시청 또는 웹사이트에서 확인 가능.

Q. '공제(Deduction)' 인가요, '세액공제(Credit)' 인가요?

- 정확히는 'Child and Dependent Care Credit'.
- 공제(Deduction)가 아닌 세액공제(Credit) 로, 세금 자체를 줄여줍니다.

Q. 자녀 나이 제한은요?

- 일반적으로 만 12세 이하 (또는 장애가 있는 경우 예외 적용)

4.실제 사례

여름방학 DAY CAMP 사례

- 세라 엄마는 남편과 함께 맞벌이 부부이며, 초등학교 4학년 딸 세라(10세) 를 키우고 있습니다.
- 부부의 총 소득(AGI)은 $120,000 로, 두 사람 모두 연중 풀타임 근무 중입니다.
- 여름방학 동안 세라는 주 5일 종일반 Day Camp에 다녔고, 캠프 비용으로 총 $3,500 을 지출했습니다.
- 직장에서 제공받은 Dependent Care Benefit은 없음.

항목	금액
Day Camp 비용	$3,500
IRS Dollar Limit (자녀 1명 기준)	$3,000
공제 가능한 최대금액 (둘 중 작은 값)	$3,000
AGI $120,000에 따른 공제율	20% (43,000 이상이면 고정)
최종 세액공제 금액	**$600**

- 세라 엄마는 FORM 2441을 통해 여름방학 DAY CAMP 비용 중 최대 $3,000을 공제 신청할 수 있고, AGI에 따른 공제율 20%를 적용해 $600 세액공제를 받게 됩니다.

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **21**

Name(s) shown on return | **Your social security number**

A You can't claim a credit for 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*. If you meet these requirements, check this box . . ☐

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . ☐

Part I Persons or Organizations Who Provided the Care—You **must** complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive **dependent care benefits**?

- **No** — Complete only Part II below.
- **Yes** — Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
			☐	
			☐	
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 .	**3**	
4	Enter your **earned income**. See instructions	**4**	
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4	**5**	
6	Enter the **smallest** of line 3, 4, or 5	**6**	
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . **7**		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	**8**	X .

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$25,000	27,000	.29	$37,000	39,000	.23
15,000	17,000	.34	27,000	29,000	.28	39,000	41,000	.22
17,000	19,000	.33	29,000	31,000	.27	41,000	43,000	.21
19,000	21,000	.32	31,000	33,000	.26	43,000	No limit	.20
21,000	23,000	.31	33,000	35,000	.25			
23,000	25,000	.30	35,000	37,000	.24			

9a	Multiply line 6 by the decimal amount on line 8	**9a**	
b	If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	**9b**	
c	Add lines 9a and 9b and enter the result	**9c**	
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10**		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	**11**	

Part III Dependent Care Benefits

12	Enter the total amount of **dependent care benefits** you received in 2024. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Don't** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			12	
13	Enter the amount, if any, you carried over from 2023 and used in 2024 during the grace period. See instructions			13	
14	If you forfeited or carried over to 2025 any of the amounts reported on line 12 or 13, enter the amount. See instructions			14	( )
15	Combine lines 12 through 14. See instructions			15	
16	Enter the total amount of **qualified expenses** incurred in 2024 for the care of the **qualifying person(s)**	16			
17	Enter the **smaller** of line 15 or 16	17			
18	Enter your **earned income**. See instructions	18			
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19			
20	Enter the **smallest** of line 17, 18, or 19	20			
21	Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21			
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? ☐ **No.** Enter -0-. ☐ **Yes.** Enter the amount here			22	
23	Subtract line 22 from line 15	23			
24	**Deductible benefits.** Enter the **smallest** of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions			24	
25	**Excluded benefits.** If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-			25	
26	**Taxable benefits.** Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e			26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter $3,000 ($6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, **stop**. You can't take the credit. **Exception.** If you paid 2023 expenses in 2024, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. **Don't** include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31	Enter the **smaller** of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	