

Child and Dependent Care

Name: _____

SSN (last 4 digits): _____

Child Care Provider's Information

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
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