

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
State, ZIP _____		
Foreign only	Province/State, Country, Postal code _____	
<input type="checkbox"/>	Check here if the care provider is your household employee (Schedule H)	

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
State, ZIP _____		
Foreign only	Province/State, Country, Postal code _____	
<input type="checkbox"/>	Check here if the care provider is your household employee (Schedule H)	

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