

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>
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)		

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>
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)		

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>
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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State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		