

## Child and Dependent Care

Name:

SSN:

### Child Care Provider's Information

☐ You or your spouse were a full-time student or disabled during 2023?

	2023	2022
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 \_\_\_\_\_

☐ Check here if the care provider is your household employee (Schedule H)

	2023	2022
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 \_\_\_\_\_

☐ Check here if the care provider is your household employee (Schedule H)

	2023	2022
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 \_\_\_\_\_

☐ Check here if the care provider is your household employee (Schedule H)