

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2025?

	2025	2024
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)

	2025	2024
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)

	2025	2024
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)