

Please remember that YOU, the client, are responsible for justifying any figures to the IRS

Child and Dependent Care

Name: Tax Year:

Care Provider Information

| Care Provider | Address | Identifying Number | Amount Paid |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Qualifying Persons

| First Name | Last Name | Social Security # | Qualified Expenses |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Dependent Care Benefits Received:

Notes/Comments:

your email address: