

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2020	2019
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 _____		

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Social Security Number or Employer ID Number _____	Amount paid _____	_____
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