

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2022?

	2022	2021
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)

	2022	2021
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)

	2022	2021
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)