

## Child and Dependent Care

**Name:**

**SSN:**

**Child Care Provider's Information**

**2014**

**2013**

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

**2014**

**2013**

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

**U.S. Only**      State, ZIP

**Foreign Only**      Province/State,  
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