

# Child & Dependent Care Expenses

\*Note: The taxpayer is responsible to provide any documentation to substantiate expenses and deductions per IRS regulations.

Name: \_\_\_\_\_ Tax Year: \_\_\_\_\_

Name	
Address	
City/State/Zip	

Care Provided	
SSN or EIN	
Amount Paid	\$

Name	
Address	
City/State/Zip	

Care Provided	
SSN or EIN	
Amount Paid	\$

Name	
Address	
City/State/Zip	

Care Provided	
SSN or EIN	
Amount Paid	\$

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SSN or EIN	
Amount Paid	\$