

Organizer Dependent Care

TAXPAYER: _____

TAX YEAR: _____

You have indicated you incurred expenses for one or more dependents who are listed on your tax return.

The following information is REQUIRED by the IRS.

Failure to provide all of the IRS required information can prevent you from being able to receive any tax credit for your dependent care.

Your dependent care was provided by:

Name: _____

EIN: _____

(If your provider was an individual, list that person's Social Security number)

Address: _____

Phone #: _____

Amount paid to this provider (total): \$ _____

Which dependent(s) received this care? _____

If more than 1 dependent received care from this provider, please indicate the breakdown between your dependents. *Example: If the total amount paid the provider was \$1,000 and you had 2 dependents who were cared for by this provider, you must provide the per dependent breakdown - "Jack" = \$375, "Jill" = \$625.*

NOTE 001 _____

NOTE 002 _____

**If you had additional providers, please use additional
DEPENDENT CARE worksheets**