

Child & Dependent Care

Name: _____ **SSN:** _____

Child Care Provider's Social Security Number or Employer ID Number _____

Child Care Provider's Name _____

Child Care Provider's Address _____

Child Care Provider's City State Zip _____

Child Care
Provider's Phone _____

Amount Paid in 2009 _____

Amount Paid in 2008 _____

Child Care Provider's Social Security Number or Employer ID Number _____

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