

# 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 requested information may 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**