

Child and Dependent Care

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|--|--------------------------------------|-------------|------|
| Name: | | SSN: | |
| | | | |
| Child Care Provider's Information | | 2012 | 2011 |
| 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 | | |
| | | 2012 | 2011 |
| Social Security Number or Employer ID Number | Amount Paid | | |
| Name | | | |
| Street Address | | | |
| City | | Phone | |
| U.S. Only | State, ZIP | | |
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