

CHILD & DEPENDENT CARE EXPENSES

Tax year: 2023

Part 1: Persons or Organizations Who Provided the Care

Provider's Name	Address	ID number (SSN or EIN)	Amount of qualified expenses paid
TOTAL			

Part 2: Information About Your Qualifying Person(s) or Child.

First Name	Last Name	SSN	DOB	Amount of qualified expenses paid

EMPLOYER PROVIDED DEPENDENT CARE BENEFITS:

see Form W2, Box 10