

CHILD AND DEPENDENT CARE EXPENSES

www vourchanartners com	fax: 704,752,9845
Printed name:	
Prepared and submitted by:	Date:
I declare that I have examined and/or completed this best of my knowledge and belief, it is true, correct ar	s worksheet and any accompanying schedules and statements, and to the and complete.
Dependent for whom care was provided	
Amount Paid	
Mark if the provider is a tax-exempt organization	
Social security number or Federal ID number	
City, State, Zip	
Street Address	
Name of Provider	
Dependent for whom care was provided	
Amount Paid	
Mark if the provider is a tax-exempt organization	
Social security number or Federal ID number	
City, State, Zip	
Street Address	
Name of Provider	
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City, State, Zip Social security number or Federal ID number	
Street Address	
Name of Provider	
Name of Duniday	
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Dependent for whom care was provided	
Amount Paid	
Mark if the provider is a tax-exempt organization	
Social security number or Federal ID number	
City, State, Zip	
Street Address	
Name of Provider	
purposes.)	and the second of the second o
	d if the relative's services are considered employment for social security
List individuals or organizations to whom ex	penses were paid during the year. (Services of a relative may be
☐ Yes	□ No
performed in your home?	_
	ax year were made to an individual, were the services
If navments of \$1 500 or more during the to	ay year were made to an individual, were the conjugat
. □ Yes	□ No
dependents?	
	e health care services for yourself, your spouse, or
Did continue to distribute a literature for the first	a la altha ann ann dan fannanna 16 ann ann an
1 100	
□ Yes	□ No
years old in order to enable you to work or a	ittend school on a full-time basis?
	to perform services for the care of a dependent under 13
The valuable of the individual or on organization	to portorm conjuged for the early of a dependent index 1')