

Form **W-10**

(Rev. July 2011)
Department of the Treasury
Internal Revenue Service

Dependent Care Provider's Identification and Certification

Do NOT file Form W-10 with your tax return. Instead, keep it for your records.

Part I		Dependent Care Provider's Identification (See instructions.)
Please print or type	Name of dependent care provider	Provider's taxpayer identification number
	Address (number, street, and apt. no.)	If the above number is a social security number, check here <input type="checkbox"/>
	City, state, and ZIP code	

Certification and Signature of Dependent Care Provider. Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct.

Please Sign Here	Dependent care provider's signature	Date
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Part II **Name and Address of Person Requesting Part I Information** (See instructions.)
Name, street address, apt. no., city, state, and ZIP code of person requesting information

For calendar year _____, I paid \$ _____ (amount paid) to :

Name of Provider : _____

for the care of (name of child(ren)) _____

Signature of Parent

Date

Signature of Provider

Date

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