

SCHEDULE CDC CHILD AND DEPENDENT CARE WORKSHEET		TAX YEAR
PROVIDER QUESTIONNAIRE		
Please complete this form if you had an individual or an organization provide care for your children or dependents. If you had multiple providers, please fill out a separate worksheet for each provider.		
Children and Dependents		
The Provider cared for my following Children and Dependents:		
Name		
Name		
Name		
Name		
Providers Business Information		
The Provider was	<input type="checkbox"/> an individual.	<input type="checkbox"/> a business.
Legal Business Name		
EIN or Social Security #		
Providers First Name		
Providers Last Name		
Provider Address (Number and Street)		
Provider Address (City, State, and ZIP)		
Care for my child(ren) was provided at the above address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount paid to this Provider	\$	
Employer Care Benefits		
Did you or your spouse receive dependent care benefits at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No