

Name: _____

“ 2020 CHILD AND DEPENDENT CARE EXPENSES WORKSHEET ”

INFORMATION ABOUT THE PERSON OR ORGANIZATION WHO PROVIDED THE CARE

1) _____
Name Social Security Number or Federal ID #

Street Address

City, State, and Zip Code

\$ _____
Amount Paid

2) _____
Name Social Security Number or Federal ID #

Street Address

City, State, and Zip Code

\$ _____
Amount Paid

3) _____
Name Social Security Number or Federal ID #

Street Address

City, State, and Zip Code

\$ _____
Amount Paid