

2011

INDIVIDUAL INCOME TAX DATA SHEET
CHILD CARE CREDIT

NOTE: ALL ITEMS MUST BE COMPLETED IN ORDER TO CLAIM THIS CREDIT.

CHILD 1

NAME: _____

PROVIDER: NAME	(SSN/FEIN) *	ADDRESS	AMOUNT PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WERE SERVICES PROVIDED IN YOUR HOME?

YES (ATTACH COMPLETED SCHEDULE H WORKSHEET OR CALL OUR OFFICE) NO

CHILD 2

NAME: _____

PROVIDER: NAME	(SSN/FEIN) *	ADDRESS	AMOUNT PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WERE SERVICES PROVIDED IN YOUR HOME?

YES (ATTACH COMPLETED SCHEDULE H WORKSHEET OR CALL OUR OFFICE) NO

(*SSN/FEIN REFERS TO SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. **MUST BE COMPLETED TO CLAIM CREDIT**)

AMOUNT PROVIDED BY EMPLOYER UNDER "CAFETERIA" (SECTION 125/FLEXIBLE SPENDING) PLAN SPECIFICALLY FOR CHILD CARE.

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