

Child Care Worksheet

Your Name _____

Childs Name _____

Childs Name _____

Childs Name _____

Child care Provider Information

Business or Individuals Name _____

Address _____

City _____ State ____ Zip _____

Child Care Provider's Federal I.D. # _____

If individual child care provider SSN _____

Yearly Amount Paid for child Care \$ _____

Child care Provider Information

Business or Individuals Name _____

Address _____

City _____ State ____ Zip _____

Child Care Provider's Federal I.D. # _____

If individual child care provider SSN _____

Yearly Amount Paid for child Care \$ _____

D.Jones Accounting, Inc needs this information to complete your tax return please complete this information and fax back to us or deliver to one of our offices for us to complete your return.

McDonough Fax 770-898-1030

By signing this worksheet you are agreeing that this information is correct to the best of your knowledge and contains no known false information designed to cheat the IRS

Signature

Signature

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