



"Pay only what you legally owe and not a penny more"  
Income Tax Preparation Specialists

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### Child Care Expenses Worksheet

Client Name(s) \_\_\_\_\_

Tax Year \_\_\_\_\_

Name of Child Care Provider: ..... Provider EIN or SSN: ..... Provider Address: ..... ..... Total paid to Provider:     \$..... Total amount paid per child: Child name: ..... Amount \$ ..... Child name: ..... Amount \$ ..... Child name: ..... Amount \$ .....
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