CHILD AND DEPENDENT CARE EXPENSES FOR 2024

Provider's Information:	
Care provider's name	
Social Security Number or EIN	
Street	
City	
State & Zip	
Total paid to provider in 2024	\$
Pre-tax dependent care benefits received in 2024 (per W-2)	\$
Name of dependent these expenses	were for:
Provider's Information:	
Care provider's name	
Social Security Number or EIN	
Street	
City	
State & Zip	
Total paid to provider in 2024	\$
Pre-tax dependent care benefits received in 2024 (per W-2)	\$
Name of dependent these expenses	were for:
Provider's Information:	
Care provider's name	
Social Security Number or EIN	
Street	
City	
State & Zip	
Total paid to provider in 2024	\$
Pre-tax dependent care benefits	\$