

## CHILD AND DEPENDENT CARE EXPENSES FOR 2025

Name of dependent these expenses were for: \_\_\_\_\_

<b>Provider's Information:</b>	
Care provider's name	
Social Security Number or EIN	
Street	
City	
State & Zip	
Total paid to provider in 2025	\$ _____
Pre-tax dependent care benefits received in 2025 (per W-2)	\$ _____

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