

## Dependent Care Provider's Identification and Certification

► Do NOT file Form W-10 with your tax return. Instead, keep it for your records.  
► Information about Form W-10 and its instructions is at [www.irs.gov/formw10](http://www.irs.gov/formw10).

<b>Part I</b>	<b>Dependent Care Provider's Identification</b> (See instructions.)	
	Name of dependent care provider	Provider's taxpayer identification number
	Address (number, street, and apt. no.)	If the above number is a social security number, check here ► . . . . . <input type="checkbox"/>
<b>Please print or type</b>	City, state, and ZIP code	

**Certification and Signature of Dependent Care Provider.** Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct.

<b>Please Sign Here</b>	Dependent care provider's signature	Date
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<b>Part II</b>	<b>Name and Address of Person Requesting Part I Information</b> (See instructions.)
Name, street address, apt. no., city, state, and ZIP code of person requesting information	

For calendar year 2015, I paid \$ \_\_\_\_\_ (amount paid) to  
\_\_\_\_\_ (name of provider) for the care of  
\_\_\_\_\_ (name of child(ren)).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

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