Form **W-10**

(Rev. October 2015)

Department of the Treasury
Internal Revenue Service

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.

Part I	Depend	Dependent Care Provider's Identification (See instructions.)			
	Name of dep	endent care provider		Provider's taxpayer identification number	
Please print or	Address (number, street, and apt. no.)			If the above number is a social security number, check here ▶	
type	City, state, a	nd ZIP code			
Certifica	│ tion and Sig	nature of Dependent Care	Provider. Under penalties of perjury,	I, as the dependent care provider, certify that my	
name, ad		xpayer identification number	shown above are correct.	Dete	
Please Sign Here	Dependent	care provider's signature		Date	
Part II	Name a	and Address of Person	Requesting Part I Information (Se	ee instructions.)	
Name, str	eet address, a	pt. no., city, state, and ZIP cod	de of person requesting information		
For c	alendar yea	ar 2015, I paid \$	(amount paid) to		
		•	ovider) for the care of		
		(name of ch	ild(ren)).		
-					
Signature of Parent			Date		
Signature of Provider			Date		
	t of the Treasury venue Service		OT file Form W-10 with your tax return. In nation about Form W-10 and its instruction		
Part I	•	dent Care Provider's Id	entification (See instructions.)	Dravidaria tarravari identification number	
Diagon	iname or dep	bendent care provider		Provider's taxpayer identification number	
Please print or	Address (nui	mber, street, and apt. no.)		If the above number is a social security number, check here ▶	
type	City, state, a	nd ZIP code			
				I, as the dependent care provider, certify that my	
	Donondont	xpayer identification number care provider's signature	r shown above are correct.	Date	
Please Sign Here					
Part II	Name a	and Address of Person	Requesting Part I Information (S	ee instructions.)	
			de of person requesting information		
	1 1	2015 1 110	() () ()		
	-		(amount paid) to		
		(name of pro	<i>'</i>		
		(name of chi	nu(tell)).		
Signa	ture of Par	ent	Date		
Signature of Provider			Date		
Digna	aut of 110	Y 144-1	Date		