



Child Care Credit Form

Tax payer name & Date

Provider name

Address (# & Street)

City/Town

State/ZIP

Child Care Provider SSN/EIN # _____

Is the provider tax exempt? _____

Were you living abroad and used a foreign care provider? _____

Amount paid to Provider for Child Care for the year _____

Hawaii Tax ID Number(Hawaii residents) _____

*You must provide a phone number if you intend to file a California state return

(_____) _____ - _____