

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.**

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| Part I Dependent Care Provider's Identification (See instructions.) | | |
| Please print or type | 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"/> |
| | 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.

| | | |
|---------------------------------|-------------------------------------|------|
| Please sign here | Dependent care provider's signature | Date |
|---------------------------------|-------------------------------------|------|

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|--|--|
| Part II Name and Address of Person Requesting Part I Information (See instructions.) | |
| Name, street address, apt. no., city, state, and ZIP code of person requesting information | |

For the calendar year 2018, I paid \$_____ [amount paid]
 to _____ [provider name] for the care of
 _____ [name of child(ren)]. The dates
 of service in 2018 were from ____/____/2018 through ____/____/2018.

 Signature of Parent/Guardian

 Date