

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 Dependent Care Provider's Identification (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"/>
Please print or type	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 2022, I paid \$_____ [amount paid]
to _____ [provider name] for the care of
_____ [name of child(ren)]. The dates
of service in 2022 were from ____/____/2022 through ____/____/2022.

Signature of Parent/Guardian

Date