

## 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.)		
<b>Please print or type</b>	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.

<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 the calendar year 2023, I paid \$\_\_\_\_\_ [amount paid]  
 to \_\_\_\_\_ [provider name] for the care of  
 \_\_\_\_\_ [name of child(ren)]. The dates  
 of service in 2023 were from \_\_\_\_/\_\_\_\_/2023 through \_\_\_\_/\_\_\_\_/2023.

Signature of Parent/Guardian	Date