

**Dependent Care Provider's Identification and Certification**

Do NOT file Form W-10 with your tax return. Instead, keep it for your records.

**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 ☐

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

**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 calendar year \_\_\_\_\_, I paid \$ \_\_\_\_\_ (amount paid) to

\_\_\_\_\_ (name of provider) for the care of

\_\_\_\_\_  
(name of child)\_\_\_\_\_  
(name of child)\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Date