



Affidavit for Dependent Care Expenses

The provider listed below certifies by signing that they rendered dependent care services for the individuals set forth below for the dates and costs indicated:

Dependents: _____

Services Provided (List dates)		SSN or Provider's Tax ID #	Amount
From	To		
			\$
			\$
			\$
			\$
			\$
Total			\$

By signing below the provider certifies that they are not:

- (1) A child (under age 19 as of the end of this year), nor
- (2) A dependent for federal income tax purposes of the person whose dependents are listed above.

Provider's Name (Printed) _____ Date _____

Provider's Signature: _____