

PROVIDER ACKNOWLEDGEMENT

Dependent Day Care

As a dependent care provider, I (we) hereby acknowledge compliance with any and all applicable federal, state, and local regulations governing dependent day care centers.

I further acknowledge that I (we) received \$ _____

from..... _____
(Employee / Participant)

for Dependent Day Care services rendered
 for the period of or through..... _____
(Dates of care)

(Provider Name) *(Age)*

for the following individuals: _____
(Cared for Individual) *(Age)*

Tax ID or social security number of provider..... _____

Provider Address _____

Provider Phone Number..... _____

Print care center or provider name _____

Signature of representative or provider _____

Date of signature _____

Keep a copy of this form for your records. You may need this information for tax preparation purposes.

The day care provider's name, address and TIN may be required for your annual income tax return by completing Schedule 2 of Form 1040A or Form 2441.

For questions regarding this requirement, consult your tax preparer or consult the Internal Revenue Service by calling 1-800-TAX-1040.