

# KevCo, Inc.

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## CHILD & DEPENDENT CARE EXPENSES

If you paid someone to care for your child or other qualifying person so you (and your spouse if filing jointly) could work or look for work in 2010, you may be able to take the credit for child and dependent care expenses. You (and your spouse if filing jointly) must have earned income to take the credit. Here are the things that will be needed:

### 1. Persons or Organizations Who Provide Care

(If you have more than one care provider please list each separately)

a) Care Providers Name: \_\_\_\_\_  
(Individual or Business)

b) Address : \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

c) Identifying Number (SSN or EIN) : \_\_\_\_\_

d) Amount Paid per dependant (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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a) Care Providers Name: \_\_\_\_\_  
(Individual or Business)

b) Address : \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

c) Identifying Number (SSN or EIN) : \_\_\_\_\_

d) Amount Paid per dependant: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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a) Care Providers Name: \_\_\_\_\_  
(Individual or Business)

b) Address : \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

c) Identifying Number (SSN or EIN) : \_\_\_\_\_

d) Amount Paid per dependant: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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### 2. Information about your Qualifying Person(s)

(Please be sure to match dependants name with the number line about with the amount)

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

This deduction can also include Adult Care Expense such as:

\* Home Care

\* Day Watch

\* Housing