

Additional Schedule WFC Information Statement

Attach to your return

2013
Statement

Name(s) shown on return	Social Security number (SSN)
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Additional Qualifying Providers Information - complete all information for each provider

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
Name _____			
Address _____	Provider's Telephone No.		Amount You Paid to Provider
City, State, ZIP code	_____	\$ _____

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
Name _____			
Address _____	Provider's Telephone No.		Amount You Paid to Provider
City, State, ZIP code	_____	\$ _____

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
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Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
Name _____			
Address _____	Provider's Telephone No.		Amount You Paid to Provider
City, State, ZIP code	_____	\$ _____

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
Name _____			
Address _____	Provider's Telephone No.		Amount You Paid to Provider
City, State, ZIP code	_____	\$ _____

Total. Enter the total amount on Schedule WFC line 9 \$ _____**Additional Qualifying Children Information**
- Complete all information for each child

First and Last Name of Child	Child's SSN	Child's Date of Birth	Child to Taxpayer Relationship	Qualifying Expenses You Paid for Child
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total. Enter the total amount on Schedule WFC line 14 \$ _____