Name(s) shown on return				cial Security number (SSN)	
realite(3) shown on retain			Jocial J	ecurity number (3314)	
Additional Qualifying Providers Information - comple	ete all information	for each provider		Child to Provider	
Provider's full name and complete address		Provider's SSN	or Provider's FE	IN Relationship	
Name					
Address	T 1	Provider's Teler	hone No.	Amount You Paid to Provide	
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Name		Troviders con	01 11041001011		
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Total. Enter the total amount on Schedule WFC line S				\$	
Total. Litter the total amount on Schedule Wi C line 3	/			Ψ	
Additional Qualifying Children Information					
- Complete all information for each child				Qualifying	
		Child's	Child toTaxpayer	Expenses	
First and Last Name of Child	Child's SSN	Date of Birth	Relationship	You Paid for Child	
				\$	
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