

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