

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount paid |
|-----------------------|---------|------------|-------------|
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Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
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| | | | |
| | | | |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
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| | | | |
| | | | |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
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