

Childs Name: _____

Enrollment Date: _____

Name of Business: _____

EIN _____

For Form W-10, Dependent Care Provider's Identification and Certification Annual Childcare

Annual Total \$ _____

Month	Week 1	Week 2	Week 3	Week 4	Week 5	Total
January	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
February	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
March	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
April	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
May	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
June	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
July	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
August	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
September	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
October	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
November	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____
December	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	Date _____ \$ _____	\$ _____