Additional Schedule WFC Information Statement

Attach to your return

2013

Statement _____

Name(s) shown on return	Social Security number (SSN)

Additional Qualifying Providers Information - complete all information for each provider

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

Provider's full name and complete address
Name
Address
City, State, ZIP code

Provider's SSN or Provider's FEIN

Provider's Telephone No.

Child to Provider Relationship

Amount You Paid to Provider $

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 toTaxpayer Relationship	Qualifying Expenses You Paid for Child
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

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