



Midwestern University In-Home Childcare Provider Affidavit

DEPENDENT CARE INFORMATION	
IN-HOME CHILD CARE PROVIDER NAME	
TAXPAYER ID NO. OR SOCIAL SECURITY NO.	
NAME OF CHILD(REN)	
DATES OF SERVICE (FROM - TO)	
I certify that I provide in-home child care services and that I claim the child care charges as business income on my personal tax filing documents. I certify that the above information is true to the best of my knowledge.	
DEPENDENT CARE PROVIDER'S SIGNATURE	DATE