2441

Provider's informat	ion												
SSN/EIN		2			3	EIN					2016_		2015
Care Provider Name		4				LIN				Amo	unt Pa	aid	Amount Paid
		5									13		
itreet		6								Phone	14		
City		7	8							Misc			
	e, ZIP	ľ	<u> </u>				1	1		Misc 2			l
oreign Only Prov	vince/State, intry, Postal Code	9					10	11		TSJ	16		ST 17
SSN/EIN		18 19 EIN								2016 2015 Amount Paid Amount Paid			
Care Provider Name		20								28			
Street		21								Phone 29			
City		22						_		Misc	30		
J.S. Only Stat	e, ZIP	23	24							Misc 2	31		
oreign Only Produced	vince/State, intry, Postal Code	25			•		26	27		TSJ	32		ST 33
SSN/EIN		34			35	EIN		•		Amo	2016 unt Pa	aid	2015 Amount Paid
Care Provider Name		36								44			
Street		37								Phone	45		
City		38								Misc	46		
J.S. Only State, ZIP		39 40							Misc 2	47			
•													
·: Prov	vince/State, intry, Postal Code	41					42	43		TSJ	48		ST 49
·: Prov	vince/State, intry, Postal Code	41 50			51	EIN	42	43			48 2 016	aid	ST 49 2015 Amount Paid
Foreign Only Prov	intry, Postal Code				51	EIN	42	43			48 2 016	aid	2015
oreign Only Pro	intry, Postal Code	50			51	EIN	42	43		Amo	48 2016 unt Pa	aid	2015
SN/EIN Care Provider Name	intry, Postal Code	50			51	EIN	42	43		Amo	48 2016 unt Pa	aid	2015
SON/EIN Care Provider Name Street	intry, Postal Code	50 52 53	56		51	EIN	42	43		Amo	48 2016 unt Pa	aid	2015
Foreign Only Provider Name Street City J.S. Only State	e e, ZIP	50 52 53 54	56		51	EIN	42	43		Amo 60 Phone Misc	48 2016 unt Pa	aid	2015
Soreign Only Provider Name Street Sity J.S. Only State	e ZIP vince/State of the control of	50 52 53 54 55 57		56	51	EIN				Amo 60 Phone Misc Misc 2	48 2016 unt Pa 61 62 63	aid	2015 Amount Paid
From Course Provider Name Street Sity J.S. Only Somplete Somple	e E. ZIP vince/State intry, Postal Code	50 52 53 54 55 57 name	6	66	51	EIN		59		Amo 60 Phone Misc Misc 2	48 2016 unt Pa 61 62 63	aid	2015 Amount Paid
oreign Only Procou	e, ZIP vince/State, ntry, Postal Code 9 First and last of qualifying part of qualifying	50 52 53 54 55 57 57 name person fying per	rson ⁶		51	EIN		59		Amo 60 Phone Misc Misc 2	48 2016 unt Pa 61 62 62 63	aid	2015 Amount Paid
oreign Only Prov Cou SN/EIN Eare Provider Name treet Eity I.S. Only Stat Foreign Only Prov Cou Couplete Inly if 2015 Expenses were Indian and	e, ZIP vince/State, intry, Postal Code 9 First and last of qualifying part of qualifying	50 52 53 54 55 57 57 name person fying per worksh	rson 6	58 59		EIN		59	70	Amo 60 Phone Misc Misc 2 TSJ	48 2016 unt Pa 61 62 62 63	aid 7	2015 Amount Paid
Soreign Only Provider Name Street Sity J.S. Only State Complete Sinly if 2015 Expenses were said in 2016 Employer-provider Name Coulombia E	e, ZIP vince/State, intry, Postal Code 9 First and last of qualifying part of qualifyin	50 52 53 54 55 57 57 57 fying per worksh 503 re benef	rson 6 eet 6	se sed in 201	6			59		Amo 60 Phone Misc Misc 2 TSJ	48 2016 unt Pa 61 62 62 63		2015 Amount Paid ST 65
oreign Only Provider Name treet Sity I.S. Only State oreign Only Provider Only Provider Only Course of C	e, ZIP vince/State, entry, Postal Code g First and last of qualifying part of qualifyin	50 52 53 54 55 57 57 57 fying per worksh 503 re benefind used	rson 6 leet 6 lits receiv	se se red in 201	6			59	70	Amo 60 Phone Misc Misc 2 TSJ	48 2016 unt Pa 61 62 62 63	7	2015 Amount Paid ST 65 Spouse
oreign Only Procou SN/EIN are Provider Name treet ity S. Only State oreign Only Procou complete nly if 2015 xpenses were aid in 2016 Employer-provident Amount carried Amount forfeite	e, ZIP vince/State, ntry, Postal Code 9 First and last of qualifying part of qualifying	50 52 53 54 55 57 57 57 59 59 59 503 69 69 69 69 69 69 69 69 69 69 69 69 69	rson 6 in eet 6 its receiv in 2016 c 7, if any	se se red in 201	6			59	70 72	Amo 60 Phone Misc Misc 2 TSJ	48 2016 unt Pa 61 62 62 63	77	ST 2015 Amount Paid ST 65 Spouse