



<b>Activity</b> <b>Period:</b>
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**Child Care Provider Form (Nanny/Babysitter Employed Outside of Home)**  
*Program Year: September 2009-August 2010*

1. Remember, only hours worked can be counted if wages are reported for taxes.
2. The person you work for must provide the Employer ID Number (EIN).
3. If you have more than one employer, please fill out additional forms.

Employee Details		
First Name:	Last Name:	Family ID#:

Employer Details	
First Name:	Last Name:
Address:	Phone Number:
EMPLOYER ID NUMBER (EIN):	
Note: An EIN must be provided in order to process your form.	

**To Be Filled Out by Your Employer**

Income Details			
Week		No. of Hours Worked	Gross Income
1. From:	To:		
2. From:	To:		
3. From:	To:		
4. From:	To:		
5. From:	To:		
6. From:	To:		
7. From:	To:		
8. From:	To:		
<b>TOTAL:</b>			

Employer Declaration		
I declare that the information I have given on this form is correct and complete		
Signature: _____	Name: _____	Date: _____

Employee Declaration		
I declare that the information I have given on this form is correct and complete		
Signature: _____	Name: _____	Date: _____