

**2023**

# Child and Dependent Care Expenses Credit

## Additional Schedule

**3506**

Attach to your California Form 540, 540A, or Long Form 540NR.

Name(s) as shown on return

CHCR C AND S S

SSN or ITIN

490-54-9999

**Part II Persons or Organizations Who Provided the Care in California - Schedule Attachment**

	Provider	Provider
a. Care provider's name	•	•
b. Care provider's address (number, street, apt. no., city, state, and ZIP Code)	•	•
c. Care provider's telephone number	•	•
d. Is the provider a person or organization?	<input type="checkbox"/> Person <input type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
e. Identification number (SSN, ITIN, or FEIN)	•	•
f. Address where care was provided (number, street, apt. no., city, state, and ZIP Code) PO Box not acceptable.		
g. Amount paid for care provided	•	•

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## 2 Information about your qualifying person(s).

[illegible]