



Child Care Sitter Consent

(This form must be completed by Sitter (Not Parent).)

(This form is not intended for Child Care facilities that distribute YTD statements for services.)

Date: _____

Sitter Name: _____

Social Security Number or EIN Number: _____

PLEASE NOTE: THE RELATIVE CAN NOT BE

***SPOUSE OF TAXPAYER**

***PARENT OF THE CHILD**

***SIBLING UNDER AGE OF 19 LIVING IN THE HOUSEHOLD**

***ANY DEPENDENTS CLAIMED ON PARENTS TAXES**

Relationship to Child being cared for: _____

Address where care was provided:

Name and age of Child/Children you cared for:

Child's Parent Name: _____

Dates Child/Children were kept: _____

(REQUIRED) Total Year to Date Amount Received for Caring for child/children: _____

- The information that I am providing as a Sitter to 1st King Tax and Insurance is true and accurate to the best of my knowledge. I understand that the IRS will have access to this information and 1st King Tax and Insurance will use this information as documented proof and by the permission of parents to complete a Tax Return. By signing this form, I agree to the purpose and intent of this form and I understand that I am obligated to report my earnings to the IRS as well.
- I understand that the IRS requires me to report all income earned.
- 1st King Tax and Insurance has permission to contact me to verify this information.

Signature of Sitter: _____