

CHILD & DEPENDENT CARE EXPENSES

Tax Year: _____

Part 1 Information about Family/Child *(Part 1 is to be filled out by Parent)*

Parent/Guardian Name: _____

Family Address: _____ Phone: _____

Dependent (1): _____ Age: _____ Relationship: _____

Days/Times of care: _____ Is this person disabled? _____

Dependent (2): _____ Age: _____ Relationship: _____

Days/Times of care: _____ Is this person disabled? _____

Dependent (3): _____ Age: _____ Relationship: _____

Days/Times of care: _____ Is this person disabled? _____

If more than (3) dependents attach another sheet.

Please answer the following questions:

Did you receive assistance to help pay for childcare? _____ If yes, by Whom: _____

Do you have proof (record/receipts/bank statement) of childcare payments you made? _____

Method of childcare payments (cash, checks, credit card): _____

I declare under penalties of perjury that the information on this form is true, correct, and complete to the best of my knowledge. I can provide proof of child care payments.

Parent/Guardian Signature: _____ Date: _____

Part 2 Information about Child Care Provider *(To be filled out by Provider)*

Organizations Name: _____ Tax ID No. _____

If Individual, Provider Name: _____ Social/ Tax ID No. _____

Facility Address: _____

Contact Person _____ Phone No. _____

Type of Provider: Licensed Unlicensed Other: _____

Date Childcare begin: _____ Date Childcare ended: _____

Are you related to any of the dependents or this family (if yes list relationship)? _____

Total Payments Received from this family: _____ Method of Payments: _____

I declare under penalties of perjury that the information on this form is true, correct, and complete to the best of my knowledge.

Provider/Rep Name: _____ Signature: _____ Title _____ Date: _____