

CHILD CARE EXPENSE FORM RECEIPT

FOR INCOME TAX PURPOSES

Taxation Year: ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2020

I received from _____ the sum of \$ _____,

Name of parent or parents (or other person, if applicable)

for caring for: _____

First and Last name of child or children

These child care fees were paid for the period of _____ to _____, 20_____.

Month/Day

Month/Day

Year

Child Care Services Were Provided by: _____

Signature & Date

Information about the person or company issuing this receipt (required by the Canada Revenue Agency):

Child Care Provider's Name or Company: _____

Child Care Providers Business number or SIN number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____