

Your Name:
Year of Expense:

Child and Dependent Care Expense Worksheet

***Totals from Part I & Part II must agree.**

Part I:

<u>Childs Name</u>	<u>Daycare or Summer Day Camps Paid For This Child</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
	*Part I Total: \$ _____

Part II:

Daycare or Summer Day Camp Information

If you have a statement from your Daycare Provider or Summer Day Camp Organization, please check the box, enter the name of the provider, the total amount paid to them and **attach the statement(s) to this form.**
 If you do not yet have a statement, please call your Daycare Provider or Summer Day Camp Organization for a statement and **forward it to us immediately, as we cannot prepare your returns without it.**

<u>Providers Name, Address & Social Security # or EIN</u>	<u>Amount Paid</u>
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
	*Part II Total: \$ _____

Prepared By

Date