

Your Name:
Year of Expense:

**Child and Dependent Care Expense Worksheet**

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

Part I:

Childs Name

Daycare or Summer Day Camps Paid For This Child

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
<b>*Part I Total:</b>	<b>\$ _____</b>

Part II:

**Daycare or Summer Day Camp Information**

**ALL** care provider statements **MUST** be provided to the office in order to receive the Child and Dependent Care Credit. **If you do not 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.**

Note that overnight summer camp expenses are not allowed for the Child and Dependent Care Credit.

Providers Name, Address & Social Security # or EIN

Amount Paid

<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<b>*Part II Total:</b>	<b>\$ _____</b>

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date