

Your Name:
Year of Expense:

## Child and Dependent Care Expense Worksheet

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

Part I:

Children Information

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

Part II:

Daycare Information

If you have a statement from your Daycare Provider, 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 for a statement and **forward it to us immediately, as we cannot prepare your returns without it.**

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

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

Date \_\_\_\_\_