| Child & Dependent Care Expense Worksheet *Totals from Part I and Part II must agree.  Part I:  Child's Name  Expenses Paid for the Child  5 5 5 9 Part I Total  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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1. 2. 5 9 3. 4. 5 9 Part II Total 5 9 Date   | NAME:  | :YEAR OF EXPENSES:          |                               |
|---|--|-----------------------------|-------------------------------|
| Child's Name  Expenses Paid for the Child  1.   | -  | <del>-</del>                |                               |
| Security # or EIN  Amount Paid  Amount Paid | Part I:  |                             |                               |
| 2   | Child's Name   |                             | Expenses Paid for the Child   |
| Sale  | 1  |                             | \$                            |
| Part I Total  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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1. \$   | 2  |                             | \$                            |
| Part I Total  | 3  |                             | \$                            |
| 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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1  | 4  |                             | \$                            |
| 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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1. \$  | 5  |                             | \$                            |
| 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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1  |  | Part I Total                | \$                            |
| If you do not have a statement, please call your Daycare Provider or Summer Day Camp Organization for a statement, and forware 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.  Part II:  Providers Name, Address, & Social Security # or EIN  Amount Paid  1  |  |                             |                               |
| Providers Name, Address, & Social Security # or EIN  1.   | it to us immediately, as we<br>Note that overnight summer camp expense | cannot prepare your         | returns without it.           |
| 1   | Part II:   |                             |                               |
| 2   | Providers Name, Address, & Social Security # or EIN                    |                             | Amount Paid                   |
| \$\$  | 1  |                             | \$                            |
| Part II Total \$  | 2  |                             | \$                            |
| Part II Total \$  certify that the above information is true and correct, <u>and</u> I have the documentation supporting my responses.  | 3  | <del></del>                 | \$                            |
| Part II Total \$  certify that the above information is true and correct, <u>and</u> I have the documentation supporting my responses.  | 1  |                             | \$                            |
| I certify that the above information is true and correct, <u>and</u> I have the documentation supporting my responses.  | 5  |                             | \$                            |
| responses.  |  | Part II Total               | \$                            |
|   |  | rrect, <u>and</u> I have th | e documentation supporting my |
|   |  |                             | Date                          |