

NAME: _____ YEAR OF EXPENSES: _____

Child & Dependent Care Expense Worksheet

*Totals from Part I and Part II must agree.

Part I:

Child's Name	Expenses Paid for the Child
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
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. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Part II Total	\$ _____

I certify that the above information is true and correct, **and** I have the documentation supporting my responses.

Signature

Date