

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