



CHILD CARE – DAYCARE REQUEST DOCUMENTATION

EMPLOYER: _____

EMPLOYEE: _____

EMPLOYEE SS#: _____

DAYCARE PROVIDER: _____

ADDRESS: _____

EIN or SS#: _____

Provider's signature _____

DATES OF SERVICE: _____ to _____

Amount paid: Annually \$ _____ OR Per Pay Period \$ _____

Reimburse automatically after each pay period.

Maximum amount per calendar year is the lesser of (1) \$5,000 for married filing joint or \$2,500 married filing separate, (2) your spouse's total annual compensation or (3) half of your total annual compensation. If you are single, the maximum amount is \$5,000.

I certify these dependent childcare expenses are incurred so my spouse (if I am married) and I can work, look for work, or be a full-time student.

I understand these dependent care expenses may not be used to claim any Federal income tax deduction, and I will file the IRS Form 2441 with my tax return to provide any taxpayer identification numbers required.

Employee signature