



DEPENDENT CARE EXPENSE WORKSHEET

A nonrefundable credit is allowed for a portion of qualifying child or dependent care expenses paid for the purpose of allowing the taxpayer (and the taxpayers spouse, if married filing a joint return) to be gainfully employed.

The information below will help us determine if you qualify for this credit.

ALL INFORMATION IS REQUIRED, NO EXCEPTIONS.

Dependent (your son, daughter, etc) Information:

Dependent Full Name: _____

Dependent Social Security Number: _____

Dependent Date of Birth: _____

Care Providers (Daycare's) Information:

Care Provider Name: _____

Social Security or EIN: _____

Street Address: _____

City, State, & Zip Code: _____

Amount Paid: \$ _____

Disclaimer: This form does not substitute actual receipts and payments made to the institution mentioned above. You are still responsible for maintaining good records in a safe and accessible place for a period of 3 years or more. By completing this form we do not guarantee any type of deduction or credit.

The information that is here-in provided is, to the best of my knowledge, accurate and valid. I realize that I am solely responsible for what is reported on my income tax return.

Tax Payer Name (Print)

Tax Payer Signature

Date

