

Tax Year _____

NAME _____

Daycare Expense List

Did you receive daycare assistance from your employer? _____

Care Provider 1

 _____ Name of care provider
 _____ Address (line 1) of care provider
 _____ Address (line 2) of care provider
 _____ Address where care provided, if different (line 1)
 _____ Address where care provided, if different (line 2)
 _____ Telephone of care provider
 _____ Tax ID number of care provider (SSN or FEIN)

	Child 1	Child 2	Child 3	Child 4
Name of child cared for:	_____	_____	_____	_____
Amount paid to care provider:	_____	_____	_____	_____

Care Provider 2

 _____ Name of care provider
 _____ Address (line 1) of care provider
 _____ Address (line 2) of care provider
 _____ Address where care provided, if different (line 1)
 _____ Address where care provided, if different (line 2)
 _____ Telephone of care provider
 _____ Tax ID number of care provider (SSN or FEIN)

	Child 1	Child 2	Child 3	Child 4
Name of child cared for:	_____	_____	_____	_____
Amount paid to care provider:	_____	_____	_____	_____

Care Provider 3

 _____ Name of care provider
 _____ Address (line 1) of care provider
 _____ Address (line 2) of care provider
 _____ Address where care provided, if different (line 1)
 _____ Address where care provided, if different (line 2)
 _____ Telephone of care provider
 _____ Tax ID number of care provider (SSN or FEIN)

	Child 1	Child 2	Child 3	Child 4
Name of child cared for:	_____	_____	_____	_____
Amount paid to care provider:	_____	_____	_____	_____