

DEPENDENT AND CHILD CARE EXPENSES

NOTE: YOU MUST COMPLETE THIS SECTION EVEN IF YOU PAID FOR DEPENDENT CARE THROUGH YOUR EMPLOYER'S CAFETERIA (PRE-TAX) PLAN.

1. Paid to: Name and Address	2. Care provider's Soc Security or Employer ID#	3. Amount Paid	4. Dependents Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Dependent care expenses must be incurred in order to work. Child must be under the age of 13. Overnight camp does not qualify. Private school(k and up) does not qualify UNLESS you can separate the cost of "care" from the cost of tuition.*

Taxpayer Signature

Spouses Signature

Print Name

Print Name

Date

Date
