



## Dependent Care Information

---

Please PRINT Clearly

Employer
----------

Employee's First	MI	Last Name	Social Security Number
------------------	----	-----------	------------------------

Employee's Home Street Address	City	State	Zip	Home Phone
--------------------------------	------	-------	-----	------------

Dependents	Relationship	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provider's Name	Address	Tax ID Number
-----------------	---------	---------------

This form must be completed if you have elected Dependent Care Reimbursement. If the individual who is providing services is related to you, please indicate the nature of the relationship and their age, if a child. Please remember the child for whom daycare is being furnished must be under 13 years of age and the parents must be employed or in school. In the case of divorce or separation, the IRS considers only the custodial parent eligible for this account. I understand that I must complete and submit a new certification statement in the event that I change dependent care providers of if any of the above information should change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_