Dependent care receipt

For a dependent care FSA claim

NannyKeeper

Care provider

Name	
Address	
SSN or ITIN, if your plan asks	

Paid by

Parent's name	
Parent's address	

Care

Children cared for, with dates of birth	
What the care was	
First day of care	
Last day of care	
Amount paid for this care, before withholding	
Employer taxes on this pay (optional)	

Care provider's statement

I cared for the children named above from the first day to the last day of care shown. The amount shown is what I was paid for that care, before any tax was withheld.

Care provider's signature

Date signed

Printed name

Sign on or after the last day of care. Keep a copy with your tax records.

Free template from NannyKeeper: nannykeeper.com/resources/dependent-care-fsa-receipt