

CHILD CARE TAX RECEIPT

Daycare Name: _____

Parent/Guardian Name: _____

Daycare Address: _____

Parent/Guardian Address: _____

Federal Tax ID: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

TOTAL AMOUNT PAID FOR CHILD CARE IN 2022

Base Rate: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

Child's Name: _____ Child Age: _____ Hours: _____ Amount Paid: \$_____

TOTAL Hours: _____ Amount Paid: \$_____

Signature of Provider: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parent's signature on this form verifies that the above totals are correct to their knowledge. Please return a signed copy to your daycare center provider.