



Dependent Care Documentation

Employer / Company _____

Employee Name _____

Name of Children

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

Name of Care Provider _____

Please note: A stipulation imposed by the IRS is that the service provider must be over 18 years of age and cannot be an individual for whom a personal tax exemption can be claimed.

Address of Provider _____

Provider Tax ID # _____ - _____

Relationship to Employee (if any) _____

Spouse's Name _____

Spouse's Employer _____

Does your spouse make more than the amount you wish to withhold for daycare? _____

YOU MAY NOT WITHHOLD MORE THAN YOUR SPOUSE'S ANNUAL EARNED INCOME.

If spouse is not employed, is he/she incapacitated or a full-time student? _____

- Once this information is on file with AdminUSA, Inc., receipts including dates of service will suffice for reimbursement.
- This documentation MUST be completed at the beginning of every plan year that you participate.
- Any changes during the year should be reported to AdminUSA immediately.

Employee Signature _____ Date _____