MAROCOLA
Elite Solutions Inc

Child and Dependent Care Worksheet

Fill out the amount that applies for each category
MUST enclose a copy of tax each form that pertains

Child and Dependent Care

Yes	or	No	Did you pay for Child or Dependent Care for your child or dependent that is 13 years of age or younger?
Yes	or	No	Did you pay for daycare to attend school full time or due to a child or dependent's disability?
Yes	or	No	Did you or your spouse participate in a dependent care benefit program through your employer?

If YES, fill out the following information for each foreign financial account that you have.

Child and Dependent Care Worksheet

Child or Dependent Name	Name and Address of Daycare Provider	Identification Number of Daycare Provider (SSN/EIN)	Amount Paid