



LAKESWOOD PUBLIC SCHOOLS
Application for Reimbursement of Dependent Care Expenses

Name of Participant: _____

To qualify for reimbursement:

- This application must be filled out completely
- Dependent care expenses must be incurred because you are working.
- Your dependent care provider cannot be your tax dependent, your spouse, or your child under the age of 19.
- You cannot claim the same expenses for the Federal Child and Dependent Care Income Tax Credit.
- If expenses are for child care, the child must be younger than age 13, or totally disabled.

INSTRUCTIONS:

Complete Sections A and B below and attached your receipt(s). If you do not have a receipt, your provider must sign Section C.

SECTION A

DEPENDENT NAME	AGE	RELATIONSHIP	DOES DEPENDENT LIVE WITH YOU?	IS DEPENDENT TOTALLY DISABLED?

SECTION B

PROVIDER NAME	PROVIDER ADDRESS	SS# OR TAX ID	DATES OF SERVICE	CHARGE
TOTAL REIMBURSEMENT REQUESTED:				

SECTION C

Provider signature: _____ Date: _____

I request reimbursement from my Dependent Care Spending Account for the Amount stated above. I certify that the above information is correct.

Employee signature: _____ Date: _____