

# CHILDCARE EXPENSE LOG

Tax Year: 20\_\_\_\_\_

Employee Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Child Name(s): \_\_\_\_\_

Provider TIN/SSN: \_\_\_\_\_

DATE	DESCRIPTION / SERVICE PERIOD	RECEIPT #	AMOUNT (\$)
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**Total Monthly/Annual Expenses:**

**Certification:** I certify that the above expenses were incurred specifically to enable me to be gainfully employed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_