



Dependent Child Care Provider Information Sheet

This form should be completed at the beginning of each plan year, and if there is a change in your dependent care provider information during the plan year. This information needs to be filed on IRS Form 2441 – Child and Dependent Care Expenses, along with your IRS Form 1040.

EMPLOYEE INFORMATION

Full Name: _____ SS # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

SPOUSE INFORMATION

Full Name: _____ SS # _____

Spouse's Employer: _____

Dependent Name(s)	Date of Birth

_____ All children named above reside in my home at least 6-months in the calendar yr and are my tax dependent
(Initials)

PROVIDER INFORMATION

Full Name: _____ Tax ID or SS # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to child: _____ Relationship to employee: _____

TERMS AND CONDITIONS

PLEASE READ CAREFULLY:

- I understand that generally a Qualifying Individual for **Dependent Care Expenses** must share my same principal abode for more than half the year. Under a special rule for children of divorced or separated parents, a child is a Qualifying Individual with respect to the **custodial** parent even when the noncustodial parent is entitled to claim the dependency exemption for the child.
- The total amount claimed under the plan for any coverage period must not exceed the lesser of your wages or salary for the plan year or the wages or salary of your spouse (if your spouse is either a full-time student or is incapable of caring for him/herself, has a monthly earnings of \$250 (1 child), or \$500 (2 or more children).

Employee Signature

Date

Provider Signature

Date

PLEASE RETURN THIS FORM TO BPC