

Mail To: Administrative Services, Inc.
P. O. Box 590
Rochester, IL 62563

E-mail To: cafe@asi-tpa.com
Fax To: 217-498-8481

Company Name: _____

DEPENDENT CARE (DAY CARE) CLAIM FORM

ID#: (first 4 last name - last 4 SS#) _____ Employee #: _____

Participant's Name: _____
Last First Middle

To: Administrative Services, Inc.

The undersigned participant in the plan requests reimbursement (attach itemized bills, receipts and invoices, if available, for all expenses claimed) in the amounts shown below:

1. Name of Dependent(s) _____
2. Period Covered: From, _____ 20____ Through, _____ 20____
3. Name and address of person providing service and description of service:

* Amount \$ _____

*NOTE: 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 taking care of himself or herself then he or she is deemed to have monthly earnings of \$200 if there is one (1) child or dependent, and \$400 if there are two (2) or more.) No payment may be made under the plan if the service provider is your dependent for federal income tax purposes, or is your child or stepchild and is under age 19.

READ CAREFULLY

The undersigned participant in the plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the above company's plan with respect to such expenses. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related taxes including federal, state or city income tax on amounts paid from the plan which relate to such expense.

Employee's Signature

Date

For Plan Administrator use only:

Batch No: _____

Payment Authorized _____

Check No. _____

Amount \$ _____

Date _____

BE SURE TO HAVE BACK SIDE COMPLETED BY DAY CARE PROVIDER

SAMPLE COMPANY

Form **W-10**

(Rev. August 1992)

Department of the Treasury
Internal Revenue Service

Dependent Care Provider's Identification and Certification

Do NOT file Form W-10 with your tax return. Instead, keep it for your records.

Part I Dependent Care Provider's Identification (See instructions.)	
Name of dependent care provider	Provider's taxpayer identification number
Address (number, street, and apt. no.)	If the above number is a social security number, check here <input type="checkbox"/>
City, state, and ZIP code	

Certification and Signature of Dependent Care Provider.—Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct.

Please Sign Here Dependent care provider's signature	Date
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Part II Name and Address of Person Requesting Part I Information (See instructions.)
Name, street address, apt. no., city, state, and ZIP code of person requesting information

General Instructions

(Section references are to the Internal Revenue Code.)

Purpose

You must get the information shown in Part I from each person or organization that provides care for your child or other dependent if:

1. You plan to claim a credit for child and dependent care expenses on your Form 1040 or 1040A, or

2. You receive benefits under your employer's dependent care plan.

If either 1 or 2 above applies, you must show the correct name, address, and taxpayer identification number (TIN) of each care provider on **Form 2441**, Child and Dependent Care Expenses, or **Schedule 2**, Child and Dependent Care Expenses for Form 1040A Filers, whichever applies.

You may use Form W-10 or any of the other sources listed under **Due Diligence** on this page to get this information from each provider.

Penalty for Failure To Furnish TIN

Taxpayer identification numbers are needed to carry out the Internal Revenue laws of the United States. Section 6109(a) requires the providers of your dependent care services to give you their TIN. The IRS uses the TIN for identification purposes and to help verify the accuracy of the provider's return as well as yours. Providers must give you their TIN even if they are not required to file a tax return.

A care provider who does not give you his or her correct TIN is subject to a penalty of \$50 for each failure unless the failure is due to reasonable cause and not willful neglect. This penalty does not apply to an organization described in section 501(c)(3). See **Tax-exempt dependent care provider** on this page.

If Incorrect Information Is Reported

You will not be allowed the tax credit or the exclusion for employer-provided dependent care benefits if:

- You report an incorrect name, address, or TIN of the provider on your Form 2441 or Schedule 2, and
- You cannot establish, to the IRS upon its request, that you used due diligence in trying to get the required information.

Due Diligence

You can show due diligence by getting and keeping in your records any one of the following:

- A Form W-10 properly completed by the provider.
- A copy of the provider's social security card or driver's license (in a state where the license includes the social security number).
- A recently printed letterhead or printed invoice that shows the provider's name, address, and TIN.
- If the provider is your employer's dependent care plan, a copy of the statement provided by your employer under the plan.
- If the provider is your household employee and he or she gave you a properly completed **Form W-4**, Employee's Withholding Allowance Certificate, to have income tax withheld, a copy of that Form W-4.

If your care provider does not comply with your request for one of these items, you must still report certain information on your Form 2441 or Schedule 2, whichever applies. For details, see the Form 2441 or Schedule 2 instructions.

Specific Instructions

Part I

The individual or organization providing the care completes this part.

Enter the provider's name, address, and TIN. For individuals and sole proprietors, the TIN is a social security number. For other entities, it is the employer identification number. If the provider is exempt from Federal income tax as an organization described in section 501(c)(3), see **Tax-exempt dependent care provider** below.

How to get a TIN.—Providers who do not have a TIN should apply for one immediately. To apply for a number, individuals and sole proprietors should get **Form SS-5**, Application for a Social Security Card, from their local Social Security Administration office. Other entities should get **Form SS-4**, Application for Employer Identification Number, from their local Internal Revenue Service office.

Tax-exempt dependent care provider.—A provider who is a tax-exempt organization described in section 501(c)(3) and exempt under section 501(a) is not required to supply its TIN. Instead, the provider must complete the name and address lines and write "tax-exempt" in the space for the TIN. Generally, an exempt 501(c)(3) organization is one organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or for the prevention of cruelty to children or animals.

Income tax reporting requirements for dependent care providers.—The individual provider must report on his or her income tax return all income received for providing care for any person. If the provider is a self-employed individual, the income is reported on Schedule C or C-EZ (Form 1040), whichever applies. For information on reporting this income, see the Instructions for Form 1040.

Part II

Complete this part only if your care provider is going to return the form to you later.