



4003 48 Ave, Innisfail, AB T4G 1J6 | 403-848-3408 | info@nebooksandtax.ca

Child Care Expenses

Tax Year: _____

Taxpayer Name: _____

Name of Child				
Provider	Date (dd/mm/yyyy)	SIN # (xxx xxx xxx)	Inv or Rcpt #	Amount Claimed

Name of Child				
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