N.E. Bookkeeping & Tax Services
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(403) 848-3408
info@nebooksandtax.ca

Tax Year

Child Care Expenses

Taxpayer Name

Name of Child

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

Name of Child

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

Name of Child

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