

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