Childcare Expense Worksheet

TAX YEAR 2026 | 2027 FILING SEASON | DRAFT FOR REVIEW

Client name: _____ Date: _____

Complete for care provided so you (and spouse, if applicable) could work or look for work. Eligibility is subject to review. Provide provider tax identification only through the approved secure channel.

Qualifying child or person / age / relationship

Provider name / address / dates of care

Provider relationship to taxpayer / provider tax ID available?

Amount paid for each qualifying person

Employer dependent care benefits or reimbursements

Work or job-search circumstances / spouse circumstances

Receipts, statements or Form W-10 available

Client signature: _____ Date: _____

Spouse signature (if applicable): _____ Date: _____