## **Have You Had a Child or Added to Your Family?**

Client Name:		Todays's Date:		
If you have added to your table to your set of ci		•	-	•
Dependent's First Name:			<del></del>	
Dependent's Middle Initial:				
Dependent's Last Name:				
Dependent's Social Security	Number:			
Relationship to taxpayer:				
Dependent's Date of Birth:				
Childcare Expenses  Did you or your spouse participate in a cafeteria plan at work – contributing pretax dollars into an employer provided account for childcare expenses during the year? YES NO  Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old during the year? YES NO				
If Yes — please provide the provide all the following infincludes all the information	ormation. If the childca	are provider has supplied	l you with a billing sum	• • •
Name of Dependent	Name of Flovider	Address of Flovider	Troviders Lin or 33in	Amount raid

Expenses that may qualify as childcare include: after school care programs, preschool tuition (not kindergarten),

Save and email your completed form to info@hurstkelly.com.

summer camps, daycare tuition.