



# DAYCARE

## Tax Statement

TAX YEAR

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSI# OR EIN: \_\_\_\_\_

### AMOUNT RECEIVED

CHILD'S NAME: \_\_\_\_\_

CASH/ E-TRANSFER: \_\_\_\_\_

TOTAL: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CASH/ E-TRANSFER: \_\_\_\_\_

TOTAL: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

### RECEIVED FROM

PARENT NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_