

# DAYCARE *Tax Statement*

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: \_\_\_\_\_