

DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT

WORKSHEET

	LAST YEAR'S EXPENSES	PROJECTED EXPENSES
1. Dependent Day Care Expenses		
-Infant/Toddler	\$ _____	\$ _____
-Pre-school	_____	_____
-Before-school or after-school care	_____	_____
-Reporting Days (in school only half a day)	_____	_____
-School in-service days (child not in school)	_____	_____
-School holidays	_____	_____
-School vacations	_____	_____
-Other dependent care	_____	_____
 2. Total dependent day care expenses	 \$=====	 \$=====
	TOTAL FROM LAST YEAR	ESTIMATED FOR PLAN YEAR**

****MAXIMUM AMOUNT ALLOWED:**

Married, filing separately
(Maximum - \$2,500)

Married, filing jointly
(Maximum - \$5,000)

Single, head of household
(Maximum - \$5,000)

3. Divide estimated total by your number of regular pay periods.

**PAY PERIOD
AMOUNT**

Monthly Paid Employees: Divide annual reduction by 12
Biweekly Paid Employees: Divide annual reduction by 24

\$ _____
\$ _____