



STATEMENT OF DEPENDENT CARE EXPENSE

Submit this form, along with a completed claim form, to FBA of Syosset, LLC

Name of Employee *(please print clearly)*: _____ Date: _____

Dependent care services were provided for _____

by _____

for services provided on the dates ____/____/____ through ____/____/____.

Cost of these services: \$ _____

Name of Provider (please print clearly)

Provider Signature

(separate here)



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DEPENDENT CARE SPENDING ACCOUNT CLAIM FOR REIMBURSEMENT



Name of Employer _____

Employee Name _____ Social Security _____

Employee Address _____

Street City

State Zip

Table with 3 columns: Dependent Name, Date of Birth, Relationship to Employee

Please complete the information below and attach corresponding bills or receipts with dates of service for each listed provider.

Name: _____ Name: _____

Address: _____ Address: _____

Tax I.D. or Soc. Sec. # _____ Tax I.D. or Soc. Sec. # _____

Dates of Service: _____ to _____ Dates of Service: _____ to _____

If dependent care was provided in your home, complete the following:

- Household Services Relating To The Care Of A Qualifying Individual (s) \$ _____
FICA And FUTA Taxes on Wages Paid To A Housekeeper \$ _____
Room And Board Expenses Incurred Outside The Home For A Housekeeper \$ _____
Transportation Expenses of A Housekeeper \$ _____
Other (please list) \$ _____

If your eligible expenses were incurred outside of your home, complete the following:

Services Related To The Care Of Qualified Individual(s) And Incurred in A Day Care Provider's Home/Day Care Center \$ _____

TOTAL DEPENDENT CARE REIMBURSEMENT REQUESTED: \$ _____

CERTIFICATION

I certify that I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Flexible Spending Account. I further declare that I have not and will not deduct these expenses on my Individual Income Tax Returns. I certify that the above eligible expenses have been (or will be) paid for the care of a qualified individual(s).

EMPLOYEE SIGNATURE _____ DATE _____

MAIL COMPLETED FORM TO:

FBA OF SYOSSET, LLC
100 QUENTIN ROOSEVELT BLVD, SUITE 502
GARDEN CITY, NY 11530
PHONE (855) 374-6431, FAX (888) 371-3151