



St. Mark's Preschool
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DEPENDENT CARE REIMBURSEMENT SIGNATURE FORM

Child's Name _____

Date of Expense _____

Expense Description _____

Amount _____

Please Read the following. Then sign the form.

I certify that all services for which reimbursement is requested under the Plan were incurred within the Plan Year of my election and that the expenses associated with these services have been paid by me. I will not use expenses reimbursed through my dependent care assistance account as deductions when filing my Federal Income Tax return.

I understand that I am fully responsible for the sufficiency and accuracy of all information relating to dependent care claims which are provided by me, and that unless an expense is a qualifying expense under the Plan, I may be liable for payment of all related taxes and penalties including interest and penalties for the late payment by the Employer for the Employer's share of Social Security and unemployment taxes on amounts paid from the Plan which relate to such expense.

Signature: _____ Date: _____

Dependent Care Claim Substantiation Statement

I hereby substantiate the claims attributable to the service(s) I/we provided listed above.

Provider Signature: _____ Date: _____