



DEPENDENT CARE SPENDING ACCOUNT CLAIM FOR REIMBURSEMENT

Name of Employer \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security \_\_\_\_\_

Employee Address \_\_\_\_\_

Street City

State Zip

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  
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GARDEN CITY, NY 11530  
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