KLERER FINANCIAL SERVICES, INC.

3272 Merrick Road, Wantagh, New York 11793-4339

Insurance & Investments
Employee Benefit Plans
Financial Planning

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DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIM FORM

Company: Date of Hire (Mo/Day/Yr)_____

Address_____ Date of Birth (Mo/Day/Yr)_____

Telephone_____ Marital Status: ____Single ____Separated

Employee Name_____ ____Married ____Divorced ___Widowed

Address_____ Social Security #_____

City_____ State _____ Zip _____

List of Expenses

Date Incurred	Service Provided	Amount
_____	_____	$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Expenses:	$ _____
	Less dependent care expenses that are or will be used for tax credits:	$ _____
	Equals Reimbursable Expenses:	$_____

Name and Tax Identification Number or Social Security Number of Day Care Provider

Name _____ TIN or SSN_____

Spouse and Dependent Information
If expenses were for your spouse or dependent:

Person's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____

Your dependent is your child/stepchild under age 13 and for whom you may claim an exemption deduction, or other such dependents of any age as described in Section 152 of the I.R.C., who are physically or mentally incapable of self care.

Signature
I certify that the expenses listed above have been incurred by me and qualify for reimbursement; and that these expenses will not be claimed as a deduction on my personal income tax form. The bills, receipts, cancelled checks, or other evidence of the expenses are attached.

_____ _____
Your Signature Date