



**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 NATIONAL  
333 EARLE OVINGTON BLVD, SUITE 510  
UNIONDALE, NY 11553  
PHONE (855) 374-6431, FAX (833) 930-1024  
[WWW.FBANATIONAL.COM](http://WWW.FBANATIONAL.COM)  
[Claims@fbaofsyosset.com](mailto:Claims@fbaofsyosset.com)**