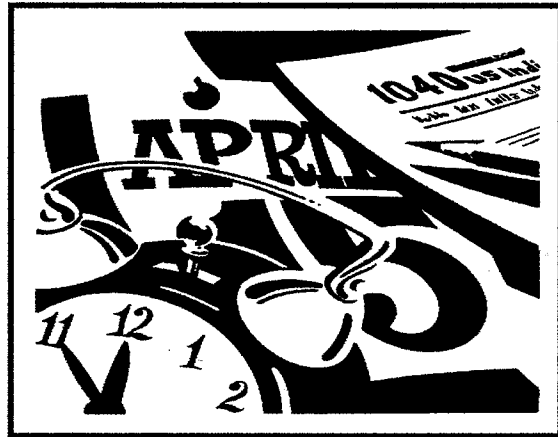


DAYCARE TAX STATEMENT

TAX YEAR _____

Provider Name and Address:

Provider SS# or EIN:



Between January 1st and December 31st, the following payments were received:

Cash, Check or Money Order: _____

Child Care Subsidy Payments: _____

TOTAL: _____

Received From (Parents Names and Address):

Provider Signature: _____

Date: _____

Parent Signature: _____

Date: _____