

# DEPENDENT CARE RECEIPT INSTRUCTIONS

## HOW TO COMPLETE

### 1. Employer Information

- a. Name of Employer: This is the HomePay account holder's name.
- b. Names of Dependents: This is the child or person receiving care's name.

### 2. Dependent Care Provider Information

- a. Type of Service: Mark the type of care your employee is providing.
- b. Care Provider's Name: This is your employee's name. This information can be found on the Employee tab online.
- c. Care Provider's SSN: This is your employee's SSN. This information can be found on the most recent State Tax Return or a prior year W-2 on the Tax Forms tab online.
- d. Care Provider's Address: This is your employee's address. This information can be found on the Employee tab online.
- e. Dates of Service: Input the dates for the period in which you are submitting the claim.
- f. Wages Paid During Period: You can run a custom payroll report under the Payroll-History & Reports tab online. Include total gross wages.

### 3. Sign and Date

## HOW TO SUBMIT

1. Print the most recent paystub or include your custom payroll report.
2. Submit the form and payroll information to your FSA provider.

We're here to help!

Visit: [myHomePay.com](https://myHomePay.com)

Call: 888.273.3356

Email: [clientservice@myhomepay.com](mailto:clientservice@myhomepay.com)

# HomePay<sup>SM</sup>

# DEPENDENT CARE RECEIPT

## EMPLOYER INFORMATION

Name of Employer

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Name(s) of Dependents

(Child(ren)/Person(s) receiving care)

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## DEPENDENT CARE PROVIDER INFORMATION

Type of Service

Child Care

Elder Care

Other Dependent Care

Care Provider's Name

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Care Provider's SSN

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Care Provider's Address

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Dates of Service

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to

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Wages Paid During Period

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Employer Signature

X

Date

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