Childcare Receipt

FROM

Business name _____

Phone _____

Email _____

Address _____

Tax ID (SSN or EIN) _____

Receipt no. _____

Date paid _____

Paid by _____

RECEIVED FROM

Name _____

Address _____

Child's name _____

Phone _____

Email _____

Description	Qty	Unit price	Amount
Childcare, weekdays, Oct 5 – Oct 30, 2026	4	$320.00	$1,280.00

NOTES

Weekly rate shown per week of care. Keep this receipt for the Child and Dependent Care Credit (IRS Form 2441), which asks for the provider's tax ID.

Subtotal $1,280.00

Discount _____

Tax (____%) _____

Amount paid _____

Received by _____

Date paid _____

Signature _____

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