

CHILD CARE EXPENSES RECEIPT

Date _____

NAME _____

SOCIAL INSURANCE NUMBER _____

ADDRESS _____

TELEPHONE _____

I received \$ _____ from _____ (Taxpayer)
for babysitting.

Names of Children

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

during the year _____

X _____
Signature of Babysitter