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