



HEALTHPLANS  
A Division of Caprock Health Group

## DEPENDENT CARE REIMBURSEMENT ACCOUNT QUALIFYING EXPENSE WORKSHEET

To gain maximum benefit from your flexible spending account(s), you should accurately budget your dependent care expenses. **Only expenses that you know you will incur during the Plan Year should be included in this program.**

<u>QUALIFYING EXPENSE</u>	<u>ESTIMATED ANNUAL EXPENSE</u>
Amounts paid to a dependent care center (i.e. child day care)	\$ _____
Amounts paid for a dependent care center services outside your home	\$ _____
Amounts paid for dependent care services inside your home	\$ _____
<b>TOTAL ANNUAL DEPENDENT CARE EXPENSES:</b> (Divide annual expense total by number of pay periods per year)	\$ _____

The total reimbursement you receive from your account in any calendar year may NOT exceed the LEAST of the following limits:

1. \$5,000.00 (if you are the Head of Household or married and file a joint return), or \$2,500.00 (if you are married and file separate returns.)
2. Your taxable compensation (after all compensation reduction arrangements).
3. If you are married, your spouse's actual or deemed EARNED income.  
*Please Note: Your spouse will be deemed to have earned income of \$200.00 (\$400.00 if you have two or more dependents), for each month in which your spouse is physically or mentally incapable of caring for him/herself, or a full-time student at an educational institution.*

A Federal Tax ID Number is required for Dependent Care providers.