

[Date]

[Provider Name/Company Name]

[Provider Address]

[City, State, Zip Code]

[Tax ID Number/SSN]

[Parent/Guardian Name]

[Parent/Guardian Address]

[City, State, Zip Code]

Subject: Itemized Statement of Dependent Care Services

Dear [Parent/Guardian Name],

As per your request, this letter serves as an itemized statement of dependent care services provided for [Minor Dependent Name] during the calendar year [Year].

The following details outline the care provided and the total payments received:

Service Period (Dates)	Description of Service	Amount Paid
[Start Date] to [End Date]	[e.g., After-school care / Summer Camp]	[\$[Amount]]
[Start Date] to [End Date]	[e.g., After-school care]	[\$[Amount]]
Total Amount Paid:		[\$[Total Amount]]

Provider Information:

Taxpayer Identification Number (TIN/SSN): [ID Number]

Location of Services: [Address where care was provided]

This statement is provided for your records and may be used for tax purposes or dependent care reimbursement account (FSA) claims.

Sincerely,

[Signature]

[Authorized Name]

[Title/Position]