

WORKSHEET
DEPENDENT CARE FSA

Qualifying expenses are those incurred for the care and well being of your dependent so that you may be gainfully employed.

CHILD/DEPENDENT CARE REIMBURSEMENT ACCOUNT

- Annual payment to a child/dependent care facility or individual \$ _____
- Annual payment to other qualifying care providers \$ _____

Total Annual Estimated Child/Dependent Care Expenses \$ _____

My taxable wages will be reduced by the following amount each pay period:

$$\begin{array}{r} \underline{\hspace{2cm}} \\ \text{Per Pay Period} \\ \text{Redirection} \end{array} \quad \times \quad \begin{array}{r} \underline{\hspace{2cm}} \\ 24 \\ \text{Number of pay periods} \end{array} \quad = \quad \$ \underline{\hspace{2cm}} \begin{array}{r} \text{Annual Dependent} \\ \text{Care FSA Amount} \end{array}$$