

Manatt's Inc.

Dependent Care Information/**Contract**

Employee Name: _____ **SSN:** _____

Dependent Name(s): _____ Age: _____

Day Care Provider: _____ **SSN:** _____

Address: _____

Dates of Service:

Starting Date: _____ Ending Date: _____

(Please make this on an annual basis)

Charge for Service: Per Week: _____ Per Month: _____

(Day Care Provider Signature)

Employee Certification

I hereby certify that all items requested to be reimbursed comply with the Manatt's Inc. Flexible Spending Account and such items have not and will not be covered by any other plan or program of any employer or other person. I further certify that such items will not be deducted or taken as tax credits on my personal federal and state income tax returns for any year. The Company does not accept responsibility for direct payment to any individuals other than the employee.

Employee Signature

Date
(Please complete reverse side.)

This page **MUST BE** completed and returned to our office
whether you use the contract or not.

Manatt's Inc.

Dependent Care Verification of Amount

Since I have elected to receive more than \$2,500. for dependent care expenses, I hereby certify, that (check one):

_____ I am single

_____ I am married, but I do NOT intend to file a separate federal tax return

_____ I am married, but my wife will not take more than the amount that will equal \$5,000. as a dependent care expense from her employer.

I also state that I/we intend to file Form 2441 with the IRS, including the name, address, and Tax Identification Number of the person or organization providing the dependent care services.

Employee Signature

Date