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## Dependent Care Flexible Spending Account Worksheet

You need to consider several areas as you evaluate your opportunity to participate in the dependent care flexible spending account of the plan. This list may not be inclusive but will help you think of the areas you need to consider.

1. Are you charged by the week, day, hour, or other?
2. Is your dependent care provider a qualified provider according to the terms of the plan? (You may not use expenses paid to a dependent.)
3. Will your dependent care provider give you receipts or accept payment by check or debit card?
4. Will your dependent care provider give you their Social Security Number or employer Tax Identification Number?
5. Do you have different arrangements during the plan year? (e.g., one provider during the school year and another during the summer?)
6. You may not be reimbursed for days on which no care is provided (even if you must pay for the day).
7. You may not be reimbursed for any part of the cost of an overnight camp.
8. If your dependent turns age 13 during the year, you may not submit expenses for care provided after your child's 13<sup>th</sup> birthday.
9. Will your fees be raised when the child's age changes?

Use the formula below to estimate the amount of money you may want to re-allocate to your dependent care flexible spending account for your various arrangements:

A. Weekly Charge Amount \$ \_\_\_\_\_ x Number of Weeks \_\_\_\_\_ = \$ \_\_\_\_\_

B. Weekly Charge Amount \$ \_\_\_\_\_ x Number of Weeks \_\_\_\_\_ = \$ \_\_\_\_\_

C. Weekly Charge Amount \$ \_\_\_\_\_ x Number of Weeks \_\_\_\_\_ = \$ \_\_\_\_\_

**Estimated Cost of Day Care = A + B + C \$ \_\_\_\_\_**

D. Planned days out of day care = \_\_\_\_\_ (convert to dollars not eligible) \$ \_\_\_\_\_

E. Estimated number of illness days = \_\_\_\_\_ (convert to dollars not eligible) \$ \_\_\_\_\_

**Estimated Dollars Not Paid for Day Care = D + E (convert to dollars) \$ \_\_\_\_\_**

The amount you may want to re-allocate to your dependent care flexible spending account is:

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} - \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}^* \\
 \text{Sum of} \qquad \qquad \text{Sum of} \qquad \qquad \text{Annual} \\
 \text{A, B \& C} \qquad \qquad \text{D \& E} \qquad \qquad \text{Dependent Care} \\
 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{Estimate}
 \end{array}$$

The number of pay periods per plan year is \_\_\_\_\_.

Divide the total estimated charges paid to a dependent care provider by the number of pay periods per year to determine the amount you may want to reallocate each pay period for dependent care expenses.

**Special Note:** If you are unsure of any particular expenses, it is best to omit them from your estimates.

\*Annual Maximum is the least of: \$5,000 (or \$2,500 in the case of a married individual filing a separate tax return) or the earned income of the lowest paid spouse. Special rules apply if your spouse is a full-time student or disabled.