## CHILD CARE VOUCHER APPLICATION

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## Section A. This is to be completed by the employee. Please print or type

DAS use only
Reviewed by
Returned
Approved
AGI
Benefit amt
Date paid

Section A. This is to be <u>completed by the emplo</u>	yee. Flease pillit of type	Benefit amt
Print your State of Ohio user ID number in box:		Date paid
Print your last name in box:		
Print your first name in box:		
Print your mailing address:		
City	State	Zip
Phone no. (		
In this area, list up to four of your children who received (the child must be under age 13 in 2019)	work-related child care in 2019.	Fill in child's Date of Birth month / day / year
Full name of your 1st child		
Full name of your 2 <sup>nd</sup> child		
Full name of your 3 <sup>rd</sup> child		
Full name of your 4 <sup>th</sup> child		
Enter the total amount you paid for work-related child care expe	nses in 2019:	\$
By signing below, I certify upon penalty of perjury that the ir IRS tax return is true and accurate and that I understand the	requirements of the Child Care Vo	
Employee signature (above) ▲	Date of Signati	ure 🛦
Section B – You must give this form to your age	ency payroll representative	to complete
Indicate the bargaining unit. If the employee is not in one of these bargaining units or exempt, do not process any further. The applicant is <u>not</u> eligible.	O OSTA 1 & 15	ng unit represented by: U/District 1199 employee is exempt
2. If the employee is not full-time or part-time permanent, do not process any further. The applicant is <b>not</b> eligible.	Appointment Type:  O Full-time  O Part-time  O	Other
Did the employee have a spouse as of Dec. 31, 2019?	Was the employee married as of Ores Ores Ores	
4. Fill in the OAKS COMBO CODE to indicate the account from which your agency will pay the employee's child care voucher. Caution: some federal funds cannot be used for paying the voucher. Please check with your fiscal office.	COMBO CODE:	
5. Sign and date the form below, which indicates your approval.		
I certify the above information is accurate and that I have	verified it.	
x		
Signature of agency HR – Payroll representative	Date of signature Ph	one number & ext

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Section C. This section is to be <u>completed by the childcare provider(s)</u> or you may submit a copy of a form 1099 or a receipt from the provider, which shows the following information:

Federal Tax I.D.

Telephone number

Dates care provided in 2019

Date of signature

through

Instructions to the provider(s).

Street address

City

1. Please print clearly the address where the care was provided.

State

2. Only include dates when care was provided in 2019.

**Provider 1**: Print the name of the day care provider (individual or business):

3. Sign this form; the state employee named in Section A cannot sign in place of the provider.

Zip

certify the above informa	ation is accurate and that I have complied with	all laws and regulations regarding childcare in my state.
Provider 1 signatu	re (above) ▲	Date of signature ▲
		Fodoral Toy I D
Provider 2: Print the na	ame of the day care provider (individual or business	): Federal Tax I.D.
	ame of the day care provider (individual or business	i).
Street address	ame of the day care provider (individual or business)  State Zip	).     -   -
Provider 2: Print the na Street address City		Telephone number
Street address		Telephone number  Dates care provided in 2019

## To the state employee: Attach a copy of your Federal IRS tax return.

Provider 2 signature (above)

Note: If you were married as of December 31, 2019 you <u>must</u> submit either a joint tax return or a tax return for each individual filing separately. Be sure to include your spouse's occupation or write unemployed or disabled beside your spouse's signature. If your spouse did not earn enough to be required to complete an IRS tax return, you may submit a copy of all W-2 forms, showing wages earned.

Mail or deliver the completed application form with both pages and your US income tax return attached (Federal Form 1040 or Form 1040A) by April 15, 2020 to:

Note: faxed forms will not be accepted - original signatures of all parties are required

Department of Administrative Services Human Resources Division ATTN: Child Care Voucher Program 30 E. Broad St., 28<sup>th</sup> Floor Columbus, OH 43215

Note: Any applicant submitting fraudulent information may be subject to discipline and/or criminal prosecution.