



Dependent Care Verification

Employee Name _____

The undersigned does hereby verify that my dependent(s), as listed below, use the services of the undersigned for dependent day care. This verification is needed in accordance with the Dependent Day Care (IRS Section 129) plan being offered by **The City of San Jose**. The plan effective date is January 1, 2010 and continuing one year from that date.

Name	Age	Monthly Amount
------	-----	----------------

Name	Age	Monthly Amount
------	-----	----------------

Name	Age	Monthly Amount
------	-----	----------------

Name	Age	Monthly Amount
------	-----	----------------

<u>Name of Provider</u>	<u>Address</u>	<u>City, State, Zip</u>
-------------------------	----------------	-------------------------

Provider's Social Security Number or Tax ID Number

By signing below I attest that all children covered under this agreement are under the age of 13. (This does not affect any dependent who is physically or mentally unable to care for him/herself.) I hereby attest that my spouse (for married employees) is gainfully employed. My spouse earns at least \$_____ annually. I further understand that The Internal Revenue Service (IRS) limits the annual maximum amount that can be deposited in my dependent care flexible spending account to \$5,000; and if I am married and file a separate income tax return, the maximum annual reimbursement is \$2,500. I also understand that school tuition costs are not allowed.

Employee Signature

Date

Rev. 12/2009

This form is for use in California.

Form CC-9449