## INVOICE

## **IRS CHILD CARE SUBSIDY PROGRAM 2003**

Child2 Name:  Please indicate the total child care charges for services rendered for each week during the month:  Week 1 Total Charges for Services Rendered:  Week 2 Total Charges for Services Rendered:  Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:	Month:	Year:
Child2 Name:  Child2 Name:  Please indicate the total child care charges for services rendered for each week during the month:  Week 1 Total Charges for Services Rendered:  Week 2 Total Charges for Services Rendered:  Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Total Charges for the Month:  I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.	Childcare Provider Name:	
Please indicate the total child care charges for services rendered for each week during the month:  Week 1 Total Charges for Services Rendered:  Week 2 Total Charges for Services Rendered:  Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Total Charges for the Month:  I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.	IRS Employee (Parent) Name:	
Please indicate the total child care charges for services rendered for each week during the month:  Week 1 Total Charges for Services Rendered:  Week 2 Total Charges for Services Rendered:  Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Total Charges for the Month:  I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.	Child1 Name:	
month:  Week 1 Total Charges for Services Rendered:  Week 2 Total Charges for Services Rendered:  Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Total Charges for the Month:  I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.	Child2 Name:	
Week 3 Total Charges for Services Rendered:  Week 4 Total Charges for Services Rendered:  Week 5 Total Charges for Services Rendered:  Total Charges for the Month:  I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.	Please indicate the total child care charges for services rend month:	ered for each week during the
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Downt Signatures Date:	•	
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Provider Signature: Date:	Provider Signature:  Provider Title:	