

Baby Sitting Tax Receipt

Name of Babysitter: _____

Number of Children Cared For: _____

Address of Babysitter: _____

| Date | Time(a.m.or p.m.) | | Number of Hours | x \$4.00/Hour (Max.10 Hours/Day) |
|------|-------------------|-----|-----------------|-------------------------------------|
| | From: | To: | | |
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Your Signature: _____

Please note: time relating to child care extends from 12:00 am -12:00 am (i.e.midnight to midnight is one full day).