

VSEA/State of Vermont
Child Care Cost Reimbursement Application
(Please read guidelines before completing application)

Please type or print clearly (please answer all questions)

Name of Applicant _____

Employee ID# _____ Department _____

Email Address _____

Check one: Full-time (all of 2015)
 Part-time # of hours worked in 2015 _____
 Full-time (more than 6, less than 12 months in 2015) Start date: _____

Mailing address: _____

Work Phone _____

If you have applied for Child Care Cost Reimbursement before, is this a new address? _____

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Federal **taxable income** (after deductions) reported on your 2015 Federal Tax Return (1040 line 43, 1040A line 27, 1040 EZ line 6). **Be sure income from your civil union partner or the child's biological parent with whom you live is included, if applicable.** \$ _____ (max \$60,000)

The amount you spent on work-related child care between 1/1/15 & 12/31/15 was \$ _____
Please include only expenses you have personally incurred.

The number of children receiving child care was _____

The ages (as of 12/31/15) of the children receiving child care were _____

Your child care was provided by:

_____ address _____ town _____

_____ address _____ town _____

complete both sides of application ----->

VSEA/State of Vermont

Child Care Cost Reimbursement Application

ATTACHMENTS:

Return this application with:

→ one copy of your 2015 Federal tax return showing your Federal taxable income. (1040 line 43, 1040A line 27, 1040 EZ line 6). Please attach only pages 1 & 2 of your tax return. Be sure your partner's income is also shown. Only one application per household.

Also include one of the following:

- Receipts from your child care provider (including their name and address);
- IRS Form 2441 (1040) or Schedule 2 (1040A);
- Canceled checks to your child care provider; or,
- A signed letter (including their name and address) from your registered child care provider stating the amount you spent on child care between 1/1/15 & 12/31/15.

Additionally:

- If your child care provider is outside Vermont, please provide proof of registration in their state of residence.
- If your child care provider is certified legally exempt, please provide a copy of their certification.

All application materials will be held in the strictest confidence.

I certify that the above information and the information attached are accurate.

Important Change

Due to new payroll guidelines given to the committee, the reimbursement is no longer a non-taxable grant. You will receive your reimbursement in your paycheck with taxes deducted at your payroll tax level. If you have questions about this change, please contact the payroll division.

Employee's Signature _____ Date _____

Please mail completed applications via the U.S. Postal Service

Postmarked no later than April 16, 2016 to:

VT/VSEA Child & Elder Care Committee

P.O. Box 1452

Montpelier, VT 05601

If you have any questions, please contact one of the VSEA/ST of VT Child & Elder Care Committee members listed below

Tina Bohl
VTRANS

tina.bohl@vermont.gov

Charlene Compo
Human Resources

charlene.compo@vermont.gov

Dave Clark

dbc@gmavt.net

David Henderson
Public Safety

dhenders@dps.vermont.gov

Jan Walker
Child Development

jan.walker@vermont.gov

Karen Mihina
Administrator

karenm@sover.net

VSEA/State of Vermont

Child Care Cost Reimbursement Application Program

What is This Program?

It offers financial assistance to Vermont State employees for their work-related child care expenses. The funds are made available as a result of the labor/management agreement between the State and the VSEA. This initiative is the result of employee surveys and feedback on child care and child care assistance.

What Kind of Child Care is Eligible For Reimbursement?

- ⤴ Reimbursement will be available for State employees who spent at least \$300 for **regular, on-going work related child care for children aged 13 or younger.** (as of 12/31/15)
- ⤴ Child care must be provided by a registered, licensed or certified legally exempt care provider. **You may call the State Child Care Services Division at 1-800-649-2642 to confirm the status of your child care provider.**
- ⤴ The cost of child care provided by relatives who do not fall into one of the above approved provider categories, can not be reimbursed.

Who is Eligible?***

- ⤴ Full-time State Employees employed between January 1 and December 31 of 2015.
- ⤴ Full-time State Employees employed for more than six (6) months but less than 12 months between January 1 and December 31 of 2015 (eligible on a prorated basis)
- ⤴ Part-time State Employees who have completed one thousand forty (1040) hours of regularly scheduled work between January 1 and December 31 of 2015 (eligible on a prorated basis)

AND

- ⤴ whose federal taxable income (**after deductions**) does not exceed \$60,000
- ⤴ All permanent employees in the Executive Branch of State Government are eligible.
- ⤴ Applicants must be employed as of April 16th of 2016.
- ⤴ ***Above categories include limited service employees, but do not include temporary employees or contract workers

→ Please see back of page for more guidelines

How Does the Program Work?

Interested and eligible employees must first apply. Please read the guidelines before completing the application. After receiving all of the applications, the committee overseeing the reimbursement fund will sort the applications by household income. Funds will then be allocated within eligible **federal taxable income groups under \$60,000. All application materials will be held in the strictest confidence.**

Are There Tax Implications?

IRS guidelines and eligibility must, by law, apply. This program may not be ideal for everyone. Applicants for child care cost reimbursement who also take a child care income tax credit, may need to amend their tax statements. State employees are advised to consider their own tax status or consult with a tax advisor before applying.

Will this Program Affect My FSA?

State employees who apply for a child care cost reimbursement and who also make use of a Flexible Savings Account (FSA) to pay for child care costs, should take care to properly calculate the total amount of their pre-tax income to be deposited and later withdrawn. *Employees with questions about their FSA should call Employee Benefits at 828-3455 or 828-0648.*

When Should I Apply?

Completed applications should be returned via the United State Postal Service and postmarked no later than April 16 of 2016. **Applicants who submit an extension for filing taxes should send a copy of their extension request along with their reimbursement application. Applications accompanied by a filing extension will be held active until August 15 of 2016.**

When Can I Expect a Response?

All applicants will receive a response, and, if approved, reimbursement checks will be mailed by the end of June of the application year.

How Much Can I Expect to Get Back?

Reimbursements will be affected by the number of applicants. The maximum reimbursement per household is \$1,000 before taxes.

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Postmarked no later than April 16, 2016 to:

**VT / VSEA Child & Elder Care Committee
P.O. Box 1452
Montpelier, VT 05601**