OhioDAS

2013 Flexible Spending Accounts (FSA)

Dependent Care Spending Account (DCSA) Worksheet

To help estimate your work-related dependent care expenses, use this sample worksheet to estimate the number of days your child(ren) will be in school or in the care of another individual. Please check your own school system schedule for accuracy, and estimate the days you will be on vacation and caring for your children yourself.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next calendar year.

Child Care Expenses

Day care services	$_____
In-home care/au pair services	$_____
Nursery and preschool	$_____
After school care	$_____
Summer day camps	$_____
ELDER CARE SERVICES	
Day care center	$_____
In-home care	$_____
TOTAL Remember, your total contribution cannot exceed IRS limits for the calendar year.	$_____
DIVIDE by the number of paychecks you will receive during the calendar year.*	÷ _____
This is your pay period contribution.	$_____

* If you are a new employee enrolling after the calendar year begins, divide by the number of pay periods remaining in the calendar year. Please note, contributions will only be taken for the first 24 pay periods for employees on a biweekly pay schedule. The IRS maximum allowed contribution is $5,000.

Please print to utilize worksheet.