

BP Incremental Dependent Care Expense Reimbursement

INSTRUCTIONS

- Complete all sections.
 - ⇒ Indicate the reason (business trip/business meeting), location, date and purpose.
 - ⇒ List the dates and expenses.
 - ⇒ Attach a copy of receipts for services rendered.
 - ⇒ Sign and date form.
- Submit the completed request to your supervisor/department manager for approval. Your supervisor's/department manager's signature indicates approval for payment. Your supervisor/department manager will give you a copy and keep one on file. Send your complete and signed copy to your local time entry person for input.

TAX WITHHOLDING AND REPORTING RULES

- Incremental dependent care reimbursements and tax make-up payments are included in income and are subject to Social Security tax, Medicare tax, federal income tax and, in most areas, state income tax.
- All reimbursements and tax make-up payments will be reported on your IRS Form W-2 in Box 1 as "Wages, Tips, Other Compensation" and in Boxes 3 and 5 up to the Social Security and Medicare limits.
- Taxable reimbursements should not be included in your "Child and Dependent Care" expenses-IRS Form 2441 calculation used to determine your work-related dependent care tax credit.

Name _____ (Last) (First) (Initial)			Social Security Number _____-_____-____
Employee's Title	Business Unit	Location	
Cost Center to be Charged	Supervisor/Department Manager		
Business Purpose	Date and Location		

DATE	EXPENSES
	\$
Total Expenses ũ	\$

Employee Signature

Date

Signature of Supervisor or Department Manager

Date

Submit completed form to local time entry person for input.