Syracuse University Human Resources

Application For 2018 Child Care Subsidy

The subsidy – \$1,000 per child younger than 6 (as of 7/1/18), up to a maximum of \$2,000 per year – is available to eligible faculty and staff with gross household incomes of \$100,000 or less. The tax-free subsidy can be used to pay expenses for care of dependent children provided by qualified caregivers. Please complete this application and submit it along with your documentation by December 8, 2017 to the Office of Human Resources.

EMPLOYEE / CO-APPLICANT INFORMATION	Name:	SUID#:	
	Co-Applicant's Name:	SUID# (if applicable):	
	Please check the box that explains your current marital status:		
EMPLOYEE ELIGIBILITY	☐ I am married, in a domestic partnership, or limust be listed above as the co-applicant. I a Employed at least part-time A full-time student Considered legally disabled Unemployed but actively seeking e the United States).	o, and not living with the parent of a child on this application. ving with the parent of a child on this application. This individual attest that my co-applicant meets one of the following criteria: Stay at home parent Self-employed employment (must have legal work authorization to work in	
HOUSEHOLD INCOME Your total household income must be \$100,000 or less in order to meet the program's eligibility guidelines.	Please complete the information required below: Adjusted Gross Income on YOUR Federal Income Tax Return: (Line 37 on Form 1040, line 21 on Form 1040A; line 4 on Form 1040EZ) If filling separately, Adjusted Gross Income on YOUR CO-APPLICANT'S Federal Income Tax Return: (Line 37 on Form 1040, line 21 on Form 1040A; line 4 on Form 1040EZ) Combined Adjusted Gross Income: Please submit a copy of your most recent tax returns and those of your co-applicants, if filling separately. Please complete the information required below. Please reference the Federal Taxable Gross Amount listed on the paycheck in order to compute your average pay amount. Your Paycheck Information: Average pay amount over your most recent two paychecks:		
	Number of pay periods per calendar year: Your Co-Applicant's Paycheck Information: Average pay amount over his or her most recent Number of pay periods per calendar year: Other Income Anticipated During the Year: Includes child support, alimony, etc.:	t two paychecks:	
	• • • • •	p-applicant (if applicable) of your two most recent ployment).	

Syracuse University Human Resources

		n) or child(ren) expected to be added to your family this d <i>Type of Child Care</i> , please use the key in the lower	
	Name:	Relationship to You*:	
	Social Security Number:		
	Estimated Annual Cost of Child Care:	Type of Child Care**:	
	Anticipated Child Care Provider:	SSN/EIN of Provider:	
	Address of Anticipated Child CareÁÚl[çãa^l:Á		
	Name:	Relationship to You*:	
	Social Security Number:	Date of Birth:	
	Estimated Annual Cost of Child Care:	Type of Child Care**:	
	Anticipated Child Care Provider:	SSN/EIN of Provider:	
	Address of Anticipated Child CareÁJ¦[çãa^¦:Á		
DEPENDENT ELIGIBILITY		☐ I am currently planning to adopt a child	
LLIGIBILIT I		ed Date of Adoption or Placement:	
You may apply		Type of Child Care**:	
for the child care subsidy for eligible	Name and Address of Anticipated Child CareÁÚl[çãá^l:		
dependents that are younger than 6 years old.	* For Relationship to You, please utilize the following choices and place the letter in the above designated section. Eligible dependents must meet the definition of tax dependents as defined by the IRS. A. Biological or adopted child (includes children that have been placed with you for adoption) B. Child of a spouse C. Child for whom you or your spouse has either legal custody or has been appointed legal guardian		
	** For <i>Type of Child Care</i> , please utilize the following choices and place the number in the above designated section. This information is important for us to better understand our employees' needs.		
	Informal care (#1 - #4): Provider is required to claim income from child care services provided on taxes 1. A person who provides child care in his/her home for a maximum of two children at a time, in addition to his/her own children. ©A person or program providing care for any number of children for fewer than three Q is Addition		
	HEA person who provides care in the home of the child (in-home care).		
	I 🛱 person who is closely related to the children in care (ex. grandparents, aunts, uncles, 1st cousins)		
	/紙 Regulated Care (#5 - #8): Provider is regulated by the NYS Office of Children and Family Services		
	5. Licensed Day Care Center: Care is provided to 6 or more children for more than 3 hours a day, usually at a location other than a residence.		
	6. Registered Small Day Care Center: Care is provided to 3 - 6 children at a location other than a residence.		
	Registered Family Day Care: One provider, age 18 or older, receives a permit to care for a maximum of 5 to 8 children in a personal residence.		
		rovided on a regular basis for a maximum of 10 to 14 d caregivers who are age 18 or older. A minimum of 2 or children are in care.	

Syracuse University Human Resources

	Please select one option:
2018 FSA INSTRUCTIONS	 □ I have already elected a Dependent Care Flexible Spending Account for 2018. If approved for this benefit, please keep my salary deductions the same and increase my total election by the subsidy. I understand that my household maximum contribution cannot be more than \$5,000 annually and if the total election exceeds this, my salary deductions will be reduced. Example 1: I originally elected \$3,000 and receive a subsidy for \$1,000 – my new FSA election is \$4,000 and my annual salary deductions will remain at \$3,000 Example 2: I originally elected \$4,000 and receive a subsidy for \$2,000 – my new FSA election is \$5,000 and my annual salary deductions are reduced to \$3,000 □ I have already elected a Dependent Care Flexible Spending Account for 2018. If approved for this benefit, please decrease my salary deductions by the subsidy leaving my total elections the same. Example: I originally elected \$3,000 and receive a subsidy for \$1,000 – my FSA election remains at \$3,000 and my annual salary deductions will be reduced to \$2,000 □ I have not enrolled in a Dependent Care Flexible Spending Account for 2018. Please set up an account.
EMPLOYEE VERIFICATION	Please attest to the following: I attest that I will be claiming the child(ren) listed on this form as dependents on my tax return for the year in which I receive the subsidy. In addition, if approved for the benefit, I will request reimbursement from the flexible spending account administrator only for eligible expenses for the children approved for this subsidy. By virtue of my signature, I am verifying that all information provided on this form is true and complete. Note: Print, sign and scan this form to email, or print and sign to deliver to HR as directed below. Signature: Date: Date: This application and all required signed Federal Income Tax Returns and supporting documentation must be submitted to the Office of Human Resources via email at hrservice@syr.edu or in person at the HR Office in the Skytop Office Building by December 8, 2017. If your application for the child care subsidy is approved, you will be notified via email to your syr.edu account.
INTERNAL USE ONLY	□ APPROVED SUBSIDY:

APPLICATION CHECKLIST

For your convenience and timely processing, a checklist is provided below to ensure all requested documents are provided at the time of submission. The application and your supporting documents must be submitted to the Office of Human Resources via email (hrservice@syr.edu) or in person (Skytop Office Building, Room 101) by December 8, 2017.

2016 1040 for employee (first two pages with the second page signed)
2016 1040 for co-applicant, if filed separately (first two pages with the second page signed)
Two most recent paycheck stubs for employee
Two most recent paycheck stubs for co-applicant, if employed at least part-time
Proof of dependent's eligibility (i.e. birth certificate, adoption paperwork, or legal custody paperwork) if not already on file with the Office of Human Resources. You may call the HR Service Center at 315.443.4042 with inquiries.
Documentation supporting self-employment (i.e. Certificate of Organization, 2016 form 2095, or other documents filed with the IRS indicating income)
Signature and date on third page of application