

# Tax Receipt Request Form

All requests will take up to two (2) business days to process.



Today's Date \_\_\_\_\_

Year: \_\_\_\_\_

**Parent's Name**

(who paid for services)

**Child's Name**

**Child's Name**

**Child's Name**

**Delivery Method**

Fax #: \_\_\_\_\_

Pick-up

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_