

DAY CARE INCOME and EXPENSE WORKSHEET

YEAR _____

YOUR NAME _____ SS# or Federal ID # _____

NAME OF DAY CARE BUSINESS _____

ADDRESS (if different than your residence) _____

How many months was this business in operation during the year? 12 Months OR From _____ To _____

Were you still in business on December 31st? YES NO

▼ DAY CARE INCOME ▼

INCOME DIRECTLY FROM PARENTS	_____	FOOD PROGRAM PAYMENTS	_____
PAYMENTS FROM GOVERNMENT AGENCIES	_____	Total received	_____
CASH GIFTS FROM PARENTS	_____	Amount for your children	_____
SALES OF EQUIPMENT USED FOR DAY CARE AND DEDUCTED IN THE PAST	_____	Amount for others	_____
		Other income	_____

OFFICE IN HOME (if licensed, or not required to be)

Date Home Acquired	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage Used for Day Care (regularly)	
Square Footage Used for Day Care (exclusively)	

If your work hours are irregular, you may claim the hours that you advertise as business hours as long as you actually care for children all of those hours at least some days during the year.

Keep a daily log with "Time In" and "Time Out" entries.

In addition to the hours spent on Day Care, you may claim the time spent on Day Care related jobs such as:

_____ cleaning up after children

_____ food preparation

_____ record keeping

_____ planning and preparation

_____ other (specify)

_____ DAY CARE hours per day

_____ Number of days during the year when children were in your care

_____ If hours vary, total of hours for Year

HOME RELATED EXPENSES	100% Day Care	Partial
Real Estate Taxes		
Mortgage Interest		
Casualty Loss		
Electricity		
Heat		
Insurance - General Policy		
Insurance - Day Care Rider		
Repairs/Maintenance		
Water/Sewer/Garbage/Cable TV		
Rent Paid - if you are a renter		
Other (specify)		

If you operated your day care business out of more than one location, call for additional worksheet.

IN CASE OF AN AUDIT, THESE RECORDS WILL BE REQUIRED.

AUTO EXPENSE: Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, education, taking children home, to doctor or to events.

If you take expense on mileage basis complete lines 1-10	
1. Year & Make of Auto (Bring in purchase/sales papers)	_____
2. Date Purchased: Month, Date, Year	_____
3. Ending Odometer Reading: December 31	_____
4. Beginning Odometer Reading: January 1	_____
5. Total Miles Driven: Line 3 less Line 4	_____
6. Total Day Care Miles in Line 5 (do you have evidence to support?)	_____
7. Daily Round Trip Miles (if Day Care not in your home)	_____
8. Parking and Tolls	_____
9. Licenses and Taxes (Not Sales Tax)	_____
10. Interest [continue below if you take actual expense]	_____
11. Gasoline, oil, lube, repairs, tires, batteries, insurance, etc.	_____
12. Lease (fair market value at time of lease \$ _____)	_____
13. Other	_____

FOOD

Your total grocery bill (in an audit, you must prove a reasonable amount spent for personal.)	
Amount spent on Day Care _____	
IRS has used the federal food program allowance to determine cost of food provided to the children. List below the number of all meals served during year in your home, not just those reimbursed - plus cost of meals purchased in a restaurant, etc.	
BREAKFAST	Total Count _____
LUNCHES	Total Count _____
DINNERS	Total Count _____
MORNING SNACKS	Total Count _____
AFTERNOON SNACKS	Total Count _____
Cost of Meals Purchased in Restaurant _____	

DAY CARE BUSINESS EXPENSES (continued)

ADVERTISING/PROMOTION: Newspaper ads, business cards, Day Care t-shirts/sweatshirts, etc. AUTO EXPENSE (see other side) EMPLOYEE BENEFITS: Health insurance purchased for employees INSURANCE: Business Liability INTEREST: on items used for day care only Paid to financial institution Day Care only credit card LEGAL & PROFESSIONAL: Day Care only attorney or accountant fees OFFICE SUPPLIES: Postage, stationery, pens, pencils, small office equipment, holiday or birthday cards, Day Care record books, calendars PENSION PLANS: for employees RENT: Building (if Day Care not in home) Toy rental Videos / DVDs REPAIRS and MAINTENANCE SUPPLIES: Household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable cutlery, etc. 100% Day Care Shared Activity or children's supplies, games, toys, crayons, craft items. TAXES: Real estate Payroll (your share Soc. Sec., Medicare) Federal unemployment State unemployment TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc. DOCUMENT WHO, WHEN, WHY	UTILITIES & TELEPHONE: Telephone (business line - if you have one) Personal phone (base phone cost not deductible) Extra extension (phone options for Day Care) Long distance costs for Day Care WAGES (bring your copy of W-2s/941s if they have been filed) Wages to spouse (subject to payroll tax) Children under 18 (not subject to Soc.Sec. & Medicare tax) Other wages BANK CHARGES/OVERDRAFTS: Business account only - cost of printed checks, service charges. CLOTHES: For Day Care children - caps, mittens, diapers, etc. DUES & PUBLICATIONS: Day Care license, assn. dues, Day Care magazines for you or children. EDUCATION: Workshop registration, books, supplies FOOD: (see other side) GIFTS: For Day Care children and true employees – holiday, birthday, etc. LAUNDRY & CLEANING: Professional cleaning of furniture, carpeting, drapes: only a percentage will be allowed unless you can show that Day Care was 100% responsible for cleaning. Directly related to Day Care Partially related to Day Care UNIFORMS: Furnished to employees and for yourself. OTHER EXPENSES (not listed elsewhere) _____ _____ _____
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MAJOR PURCHASES and IMPROVEMENTS

(Computers, office equipment, furnishings)

Item Purchased	Date Purchased	Cost	Item Purchased	Date of Purchase	Cost

CHECK LAST YEAR'S DEPRECIATION FORM TO SEE IF ALL ITEMS ARE CURRENT

*1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.
 - Nonfiling penalty can be \$150 each recipient.

- You are required to withhold taxes if recipient does not furnish you with his/her Social Security Number.
- Due date of form is January 31.

Name	Address	Social Security #	Amount	Purpose of Payment

W-9s (Request for Payee's Social Security Number) are available.

I certify that the amounts shown are true and correct _____

please sign