

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)

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)		

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

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.

<b>AUTO EXPENSE:</b> Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, education, taking children home, to doctor or to events.	<b>FOOD</b>
If you take expense on mileage basis complete lines 1-10	Your total grocery bill (in an audit, you must-prove a reasonable amount spent for personal.
1. Year & Make of Auto (Bring in purchase/sales papers)	Amount spent on Day Care
2. Date Purchased: Month, Date, Year	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.
3. Ending Odometer Reading: December 31	BREAKFAST Total Count
4. Beginning Odometer Reading: January 1	LUNCHES Total Count
5. Total Miles Driven: Line 3 less Line 4	DINNERS Total Count
6. Total Day Care Miles in Line 5 (do you have evidence to support?)	MORNING SNACKS Total Count
7. Daily Round Trip Miles (if Day Care not in your home)	AFTERNOON SNACKS Total Count
8. Parking and Tolls	Cost of Meals Purchased in Restaurant
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	

## 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)	

## 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