

DAY-CARE INCOME AND EXPENSES WORKSHEET

YEAR: _____

NAME: _____ **FEDERAL ID** _____

DAY CARE BUSINESS NAME _____

DAY CARE BUSINESS ADDRESS _____

Months in operation during the year: _____ Hours of operation during the year: _____

Cash Income: _____ **1099-M Income:** _____

Please bring food program voucher statement

EXPENSES: all deductions must be out-of pocket expenses that are **NOT** reimbursed by your employer.

Supplies & Expenses		Direct Business use of home	
Advertising		Total square feet of home	
Arts & Crafts Materials		Business area of home	
Bonding		Home mortgage interest	
Books – children’s		Property taxes	
Baby bottles		Insurance	
Child protection devices		Rents	
Cleaning supplies		Indirect use of home	
Continuing education		Cleaning services	
CPR training		Gardener	
Diapers		Maintenance	
Educational toys		Painting	
First Aid Supplies		Pool service & supplies	
Food & Formula		Exterior –interior repairs	
Business Insurance		Yard, fence repairs	
Laundry supplies		Trash service	
Legal & professional fees		Cable	
License		Electric	
Office supplies		Gas	
Toilet paper		Water	
Party supplies		Capital purchases	
Payroll		Car seats	
Repairs		Computer & printer	
Business taxes		Cribs	
Business tax preparation		Dishwasher	
Telephone		Washer & dryer	
Field trips expenses		Fencing	
Toys		High Chairs	
Video rentals		Jungle gym	
Auto Travel (miles)		Refrigerator	
Continuing education		Slides	
Field trips		Software	
Parking		Swings	
School pickup & delivery		Television	
Shopping –food and supplies		VCR/DVD player	

I, certify that this information is true and correct

Please sign: _____

Date: _____