

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 _____ | Amount for others _____ |
| AND DEDUCTED IN THE PAST _____ | 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) | | |

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

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

| | | | | | | | | | | | | | |
|---|--|-----------|-------------------|---------|-------------------|----------|-------------------|----------------|-------------------|------------------|-------------------|---------------------------------------|-------|
| <p>AUTO EXPENSE: Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, education, taking children home, to doctor or to events.</p> <p>If you take expense on mileage basis complete lines 1-10</p> <ol style="list-style-type: none"> 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 _____ | <p>FOOD</p> <p>Your total grocery bill (in an audit, you must prove a reasonable amount spent for personal _____)</p> <p>Amount spent on Day Care _____</p> <p>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.</p> <table style="width:100%;"> <tr> <td>BREAKFAST</td> <td>Total Count _____</td> </tr> <tr> <td>LUNCH's</td> <td>Total Count _____</td> </tr> <tr> <td>DINNER's</td> <td>Total Count _____</td> </tr> <tr> <td>MORNING SNACKS</td> <td>Total Count _____</td> </tr> <tr> <td>AFTERNOON SNACKS</td> <td>Total Count _____</td> </tr> <tr> <td>Cost of Meals Purchased in Restaurant</td> <td>_____</td> </tr> </table> | BREAKFAST | Total Count _____ | LUNCH's | Total Count _____ | DINNER's | Total Count _____ | MORNING SNACKS | Total Count _____ | AFTERNOON SNACKS | Total Count _____ | Cost of Meals Purchased in Restaurant | _____ |
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