

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

- Year & Make of Auto (Bring in purchase/sales papers) _____
- Date Purchased: Month, Date, Year _____
- Ending Odometer Reading: December 31 _____
- Beginning Odometer Reading: January 1 _____
- Total Miles Driven: Line 3 less Line 4 _____
- Total Day Care Miles in Line 5 (do you have evidence to support?) _____
- Daily Round Trip Miles (if Day Care not in your home) _____
- Parking and Tolls _____
- Licenses and Taxes (Not Sales Tax) _____
- Interest [continue below if you take actual expense] _____
- Gasoline, oil, lube, repairs, tires, batteries, insurance, etc. _____
- Lease (fair market value at time of lease \$ _____)
- 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.				UTILITIES & TELEPHONE:			
AUTO EXPENSE (see other side)				Telephone (business line - if you have one)			
EMPLOYEE BENEFITS: Health insurance purchased for employees				Personal phone (base phone cost not deductible)			
INSURANCE: Business Liability				Extra extension (phone options for Day Care)			
INTEREST: on items used for day care only				Long distance costs for Day Care			
Paid to financial institution				WAGES (bring your copy of W-2s/941s if they have been filed)			
Day Care only credit card				Wages to spouse (subject to payroll tax)			
				Children under 18 (not subject to Soc. Sec. & Medicare tax)			
LEGAL & PROFESSIONAL: Day Care only attorney or accountant fees				Other wages			
OFFICE SUPPLIES: Postage, stationery, pens, pencils, small office equipment, holiday or birthday cards, Day Care record books, calendars				BANK CHARGES/OVERDRAFTS: Business account only - cost of printed checks, service charges.			
PENSION PLANS: for employees				CLOTHES: For Day Care children - caps, mittens, diapers, etc.			
RENT: Building (if Day Care not in home)				DUES & PUBLICATIONS: Day Care license, assn. dues, Day Care magazines for you or children.			
Toy rental				EDUCATION: Workshop registration, books, supplies			
Videos / DVDs				FOOD: (see other side)			
REPAIRS and MAINTENANCE				GIFTS: For Day Care children and true employees -- holiday, birthday, etc.			
SUPPLIES: Household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable cutlery, etc.		100% Day Care	Shared	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.			
Activity or children's supplies, games, toys, crayons, craft items.				Directly related to Day Care			
TAXES: Real estate				Partially related to Day Care			
Payroll (your share Soc. Sec., Medicare)				UNIFORMS: Furnished to employees and for yourself.			
Federal unemployment				OTHER EXPENSES (not listed elsewhere)			
State unemployment							
TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc.							
DOCUMENT WHO, WHEN, WHY							

MAJOR PURCHASES and IMPROVEMENTS

(Computers, office equipment, furnishings)

[illegible]

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
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[illegible]

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

I certify that the amounts shown are true and correct

please sign