

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)		_____		UTILITIES & TELEPHONE: 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)		_____	
LEGAL & PROFESSIONAL: Day Care only attorney or accountant fees		_____		Children under 18 (not subject to Soc.Sec. & Medicare tax)		_____	
OFFICE SUPPLIES: Postage, stationery, pens, pencils, small office equipment, holiday or birthday cards, Day Care record books, calendars		_____		Other wages		_____	
PENSION PLANS: for employees		_____		BANK CHARGES/OVERDRAFTS: Business account only - cost of printed checks, service charges.		_____	
RENT: Building (if Day Care not in home)		_____		CLOTHES: For Day Care children - caps, mittens, diapers, etc.		_____	
Toy rental		_____		DUES & PUBLICATIONS: Day Care license, assn. dues, Day Care magazines for you or children.		_____	
Videos / DVDs		_____		EDUCATION: Workshop registration, books, supplies		_____	
REPAIRS and MAINTENANCE		_____		FOOD: (see other side)		_____	
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		_____		GIFTS: For Day Care children and true employees - holiday, birthday, etc.		_____	
Payroll (your share Soc. Sec., Medicare)		_____		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.		_____	
Federal unemployment		_____		Directly related to Day Care		_____	
State unemployment		_____		Partially related to Day Care		_____	
TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc.		_____		UNIFORMS: Furnished to employees and for yourself.		_____	
DOCUMENT WHO, WHEN, WHY		_____		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