DAY CARE INCOME and E		YEAR SS# or Federal ID #					
YOUR NAME	SS#or Fede						
NAME OF DAY CARE BUSINESS							
ADDRESS (if different than your residence	ce)						
How many months was this business in o Were you still in business on December 3	31st?	YES 🛄 NO 🛄					
	V	DAT CAR	E INCOME T				
INCOME DIRECTLY FROM PARENTS				OOD PROGRAM PAYME	INTS		
PAYMENTS FROM GOVERNMENT AGENCIES			Total received				
CASH GIFTS FROM PARENTS			Amount for your childre	en			
SALES OF EQUIPMENT USED FOR DAY CARE AND DEDUCTED IN THE PAST				Amount for others Other income			
OFFICE IN HOME (if licensed, or not req	uired to be)				may claim the hours that you		
Date Home Acquired	,		advertise as bu	usiness hours as long urs at least some days	as you actually care for children		
Total Cost				ors at least some days og with "Time In" and "	-		
Cost of Land				•	ay Care, you may claim the time		
Cost of Improvements				Care related jobs such			
Square Footage of Home							
				cleaning up	after children		
Square Footage Used for Day Care (regularly)				food prepara	ation		
Square Footage Used for Day Care (exclusively)				rood propure			
HOME RELATED EXPENSES	100% Day Care	Partial		record keep	ing		
Real Estate Taxes				planning and	d preparation		
Mortgage Interest							
Casualty Loss				other (specif	(y)		
Electricity							
Heat							
Insurance - General Policy							
Insurance - Day Care Rider				5.11.6.55			
,				DAY CARE	hours per day		
Repairs/Maintenance				Number of d	ays during the year when		
Water/Sewer/Garbage/Cable TV				children wer	e in your care		
Rent Paid - if you are a renter				If hours vary	, total of hours for Year		
Other (specify) If you operated your day care business out of	more than e	no location	IN CASE OF AN	AUDIT THESE BECOE	RDS WILL BE REQUIRED.		
call for additional worksheet.					NEE BE NEGONIES.		
AUTO EXPENSE : Keep records of mileage supplies, banking, education, taking children h				or FOOD			
If you take expense on mileage basis complete line	Your total grocery bill	Your total grocery bill (in an audit, you must-					
Year & Make of Auto (Bring in purchase/sales	prove a reasonable am Amount spent on Da	prove a reasonable amount spent for personal.					
	Date Purchased: Month, Date, Year						
3. Ending Odometer Reading: December 314. Beginning Odometer Reading: January 1		IRS has used the federal food program allowance to determine cost of food provided to the children. List below the number of					
5. Total Miles Driven: Line 3 less Line 4		all meals served during year in your home, not just those					
6. Total Day Care Miles in Line 5 (do you have 6	reimbursed - plus cost	reimbursed - plus cost of meals purchased in a restaurant, etc.					
7. Daily Round Trip Miles (if Day Care not in you	BREAKFAST						
8. Parking and Tolls			LUNCHES	Total Count			
Licenses and Taxes (Not Sales Tax) Interest [continue below if you take actual ex	nensel			DINNERS MORNING SNACKS	Total Count Total Count		
11. Gasoline, oil, lube, repairs, tires, batteries, ins	-		AFTERNOON SNACKS				
12. Lease (fair market value at time of lease \$	Cost of Meals Purchase						
13. Other							

DAY CARE BUSINESS EXPENSES (continued)

ADVERTIS	ING/PROMO	TION: Newspaper ads,				LITH ITIES & TE	I EDHONE:			
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					Personal phone (base phone cost not deductible)					
for employees INSURANCE: Business Liability					Extra extension (phone options for Day Care)					
INTEREST		ems used for day care or	alv			Long distance costs for Day Care				
INTEREST		to financial institution	пу			WAGES (bring your copy of W-2s/941s if they have been filed)				
						Wag	es to spouse (subject to p	•		
		Care only credit card				Children under 18 (not subject to Soc.Sec. & Medicare tax)				
		AL: Day Care only attorn	ey or			Other wages				
accountant fees OFFICE SUPPLIES: Postage, stationery, pens,					BANK CHARGE	S/OVERDRAFTS: Busir	ness account			
pencils, small office equipment, holiday or birthday					only - cost of printed checks, service charges.					
		d books, calendars				CLOTHES: For Day Care children - caps, mittens, diapers, etc.				
	PLANS: for					DUES & PUBLICATIONS: Day Care license, assn.				
RENT:		(if Day Care not in home	9)			dues, Day Care magazines for you or children.				
	Toy rent					EDUCATION: Workshop registration, books, suppli			i	
	Videos /					FOOD: (see other side) GIFTS: For Day Care children and true employees –				
	and MAINTE			10051		GIFTS: For Day holiday, birthda				
SUPPLIES	: Hous	ehold cleaning supplies, ha tissues, paper towels, pap	nd er	100% Day Care	Shared	LAUNDRY & CL				
	cups,	plates, disposable cutlery,		,		furniture, carpe				
	A ativi	tu or obildron's supplies as	maa				ess you can show that ible for cleaning.	Day Care was		
	toys,	ty or children's supplies, ga crayons, craft items.	mes,			Directly	related to Day Care			
TAXES:	Real estate					Partially	y related to Day Care			
	Payroll (you	ır share Soc. Sec., Medi	care)			UNIFORMS: Fui	rnished to employees and	for yourself.		
	Federal une	employment				OTHER EXPEN	SES (not listed elsewhere	·e)		
	State unem									
TRAVEL 8		INMENT: Costs for ente	rtain-							
ment of pa	ment of parents, tickets to events, etc.									
	DOCUMENT	Γ WHO, WHEN, WHY								
						-				
				DOI						
		MAJOR		_			OVEMENTS			
		D. L.	(Cor	nputers,		uipment, furnishir				
Item Purchased		Date Purchased	Cost			Item Purchased	Date of Purchase	Cos	et .	
Turoriacoa		Taronacoa	0000	•		1 di di dadda	1 drondoo	- 000		
							L ITEMS ARE CURRENT			
		\$600.00 or more paid nterest, or services rend					uired to withhold taxe her Social Security Nu		loes not furnish	
		nation returns to be filed			youi	•		inder.		
		n be \$150 each recipien		•		- Due date OH	form is January 31.			
Name		Address				Social Security	# Amount	Durn	ose of Payment	
INCILIE		Addiess				Journal Jecurity	" AITOUIT	<u> </u>	Joe of Fayinent	
W Oo /Door	net for Daves.	c Social Society Number	aro ove	ilabla						
vv-55 (ゴモロU6	coliui rayee	s Social Security Number) a	are ava	navit.						

please sign

I certify that the amounts shown are true and correct