

DAY CARE INCOME and EXPENSE WORKSHEET

YEAR _____

NAME _____ SOCIAL SECURITY NO. _____

NAME OF DAY CARE BUSINESS _____

ADDRESS (if different than your residence) _____

FEDERAL IDENTIFICATION NO. _____

DAY CARE INCOME

GROSS INCOME FROM DAY CARE \$ _____ FEDERAL FOOD REIMBURSEMENT..... \$ _____

SALES OF EQUIPMENT PARTIALLY OR TOTALLY DEDUCTED FROM INCOME IN THE PAST

Kind of Property	Date Sold	Gross Sale Price	Sales Expense	Date Acquired	Cost

OFFICE IN HOME - IF LICENSED

Date Home Acquired	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage Used for Day Care	
No. of Days During Year Children Were in Your Care	
No. of Hours per Day *	Business %
If Hours Vary, Total of Hours for Year *	
Real Estate Taxes	
Mortgage Interest	
Casualty Loss	
Electricity	
Heat	
Insurance - General Policy	
- Day Care Rider	
Repairs/Maintenance - General	
- Because of Day Care	
Water/Sewer/Garbage/Cable TV	
Rent Paid - if you are a renter	
Other (specify)	

* 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."

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

_____ TOTAL HOURS PER DAY

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

AUTO EXPENSE - Keep records of mileage for Day Care meetings, shopping for supplies, groceries, banking, education, taking children home, to doctor, or to events, etc.

If you take expense on mileage basis complete lines 1 - 10	Auto 1	Auto 2	Auto 3	Auto 4
1. Year & Make of Auto(Bring in Purchase/Sales papers in year of purchase/sale)				
2. Date Purchased - Month, Date, Year				
3. Ending Odometer Reading - Dec. 31				
4. Beginning Odometer Reading - Jan. 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. (Must use actual expense if ACRS/MACRS depreciation has been taken or if leasing.)				
11. Gasoline, Oil, Lube, Repairs, Tires, Batteries, Insurance, Supplies, Wash, Wax, Anti-freeze, etc.				
12. Lease (Fair Market Value at Time of Lease \$ _____)				
13. Other				

BUSINESS EXPENSES cont.

ADVERTISING - PROMOTION - Newspaper ads, business cards, Day Care tee shirts / sweatshirts	
BANK CHARGES / OVERDRAFTS - business account only - cost of printed checks, service charges.	
CLOTHES - for Day Care children - caps, mittens, diapers, etc.	
DUES & PUBLICATIONS - Day Care license, Assoc. dues, Day Care magazines for you or Day Care children	
EDUCATION - workshop registration, books, supplies	
FOOD - Your total grocery bill - In an audit, it is important to prove a reasonable amount was spent for personal. - Amount spent on Day Care	
In some cases IRS has been using the federal food program allowance to determine cost of food provided to the children. List below the number of all meals served during the year in your home, not just those reimbursed - plus the 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	
These numbers should be DOCUMENTED daily.	
COST OF MEALS PURCHASED IN RESTAURANT, ETC.	
GIFTS - for Day Care children and true employees - Christmas, Easter, birthday, etc.	
* INTEREST - on items used for Day Care only	
* 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 - Directly related to Day Care - Partially related to Day Care	

* LEGAL & PROFESSIONAL - Day Care only - attorney or accountant fees	
OFFICE SUPPLIES - Postage, stationery, pens, pencils, small office equipment, Christmas or birthday cards, Day Care record books, calenders, etc.	
* RENT - Building (If Day Care not in home) - Toy Rental - VCR/Movies	
* REPAIRS - other than your home - related to damage by Day Care children - Document with photo and how it happened	
SUPPLIES - household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable knives, forks, spoons, games, toys, supplies, crayons, etc.	100% PARTIAL
TAXES - Real Estate (if Day Care not in home) - Payroll: Your Share Soc. Sec. & Medicare - Federal Unemployment - State Unemployment	
TELEPHONE - Business line cost if you have one Personal Phone - base phone cost no longer deductible	
- Extra Extension / options for Day Care	
- Long distance costs for day care	
TRAVEL & ENTERTAINMENT - party costs for children and / or parents, tickets to events, etc. DOCUMENT WHO, WHEN, WHY	
UNIFORMS - furnished to employees and for yourself	
WAGES - Bring your copy of W-2's / 941's if they have been filed - Wages to spouse - subject to Payroll Tax - Wages to Children under 18 - Other Wages	
OTHER EXPENSES - not listed elsewhere	

How many months was this business in operation during the year? From _____ To _____ Were you still in business on Dec 31st? YES _____ NO _____	How many hours did you and / or spouse devote to this business operation during the year? _____ Full Time or _____ Number of hours for the year.
--	---

MAJOR PURCHASES AND IMPROVEMENTS

Item Purchased	Date of Purchase	Cost including Sales Tax	Cash to Boot	Item Traded & Date Acquired

CHECK LAST YEAR'S DEPRECIATION FORM TO SEE IF ALL ITEMS ARE CURRENT

* 1099's - Amounts of \$600.00 or more paid to individuals (not corporations)
- for rent, interest, or services rendered to you in the course of your business require that income statements be filed by payor.
- Non filing penalty can be \$150 each recipient.

- You are required to withhold 31% of the payment if recipient does not furnish you with his / her Social Security Number.
- Due date of form is January 31

Name	Address	Soc. Sec. No.	Amount	Purpose of Payment

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

I certify that the amounts shown are true and correct.

Please Sign _____