DAY CARE INCOME and EXPENSE WORKSHEET				YEAR _ SS# or Federal ID #		
NAME OF DAY CARE BUSINESS						
ADDRESS (if different than your residence						
	operation du 31st?	ring the yea		nths		
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 req	uired to be)		If your work hours	are irregular, you may claim the hours that you		
Date Home Acquired			advertise as busir	ness hours as long as you actually care for children at least some days during the year.		
Total Cost				vith "Time In" and "Time Out" entries.		
Cost of Land				hours spent on Day Care, you may claim the time		
Cost of Improvements				e related jobs such as:		
Square Footage of Home				cleaning up after children		
Square Footage Used for Day Care (regularly)						
Square Footage Used for Day Care (exclusively)				food preparation		
HOME RELATED EXPENSES	100% Day Care	Partial		record keeping		
Real Estate Taxes	-			planning and preparation		
Mortgage Interest						
Casualty Loss				other (specify)		
Electricity						
Heat						
Insurance - General Policy						
Insurance - Day Care Rider				DAY CARE hours per day		
Repairs/Maintenance						
Water/Sewer/Garbage/Cable TV				Number of days during the year when		
Rent Paid - if you are a renter				children were in your care If hours vary, total of hours for Year		
Other (specify)						
If you operated your day care business out of call for additional worksheet.	more than or	ne location,	IN CASE OF AN AU	JDIT, THESE RECORDS WILL BE REQUIRED.		
AUTO EXPENSE: Keep records of mileage				FOOD		
supplies, banking, education, taking children home, to doctor or to events If you take expense on mileage basis complete lines 1-10			15.	Your total grocery bill (in an audit, you must-		
1. Year & Make of Auto (Bring in purchase/sales papers)				prove a reasonable amount spent for personal.		
2. Date Purchased: Month, Date, Year				Amount spent on Day Care		
<ol> <li>Ending Odometer Reading: December 31</li> <li>Beginning Odometer Reading: January 1</li> </ol>				IRS has used the federal food program allowance to determine cost of food provided to the children. List below the number of		
4. Beginning Odometer Reading: January 1 5. Total Miles Driven: Line 3 less Line 4				all meals served during year in your home, not just those		

Total Miles Driven: Line 3 less Line 4 5.

6. Total Day Care Miles in Line 5 (do you have evidence to support?) Daily Round Trip Miles (if Day Care not in your home) 7.

Parking and Tolls 8.

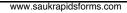
Licenses and Taxes (Not Sales Tax) 9.

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



reimbursed - plus cost of meals purchased in a restaurant, etc.

Total Count

**Total Count** 

**Total Count** 

Total Count

Total Count

BREAKFAST

MORNING SNACKS

AFTERNOON SNACKS

Cost of Meals Purchased in Restaurant

LUNCHES

DINNERS

## DAY CARE BUSINESS EXPENSES (continued)

ADVERTISING/PROMOTION: Newspaper ads, business cards, Day Care t-shirts/sweatshirts, etc.         AUTO EXPENSE (see other side)         EMPLOYEE BENEFITS: Health insurance purchased for employees         INSURANCE: Business Liability         INTEREST:         on items used for day care only         Paid to financial institution         Day Care only credit card         LEGAL & PROFESSIONAL: Day Care only attorney or accountant fees         OFFICE SUPPLIES: Postage, stationery, pens, pencils, small office equipment, holiday or birthday cards, Day Care record books, calendars         PENSION PLANS: for employees         RENT:       Building (if Day Care not in home) Toy rental         Videos / DVDs         REPAIRS and MAINTENANCE         SUPPLIES:       Household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable cutlery, etc.         Activity or children's supplies, games, toys, crayons, craft items.         TAXES:       Real estate         Payroll (your share Soc. Sec., Medicare)	100% Day Care	Shared	UTILITIES & TELEPHONE:         Telephone (business line - if you have one)         Personal phone (base phone cost not deductible)         Extra extension (phone options for Day Care)         Long distance costs for Day Care         WAGES       (bring your copy of W-2s/941s if they have been filed)         Wages to spouse (subject to payroll tax)         Children under 18 (not subject to Soc.Sec. & Medicare tax)         Other wages         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, assn. dues, Day Care magazines for you or children.         EDUCATION: Workshop registration, books, supplies         FOOD: (see other side)         GIFTS: For Day Care children and true employees – holiday, birthday, etc.         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         UNIFORMS: Furnished to employees and for yourself.         UNIFORMS: Furnished to employees and for yourself.
Federal unemployment			OTHER EXPENSES (not listed elsewhere)
State unemployment			
TRAVEL & ENTERTAINMENT: Costs for entertain-			
ment of parents, tickets to events, etc. DOCUMENT WHO, WHEN, WHY			

## **MAJOR PURCHASES and IMPROVEMENTS**

(Computers, office equipment, furnishings)

(compared, once equipment, furnionings)					
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 Sec	curity Number) are available.			
I certify that the amounts shown a	re true and correct			

please sign 0.2007 Sould Banida Forma, Minne

 $^{\odot}$  1999-2007 Sauk Rapids Forms, Minneapolis, MN 55407