

DAY CARE INCOME AND EXPENSE WORKSHEET

Name _____ Social Security Number _____ Year _____

Name of Day Care Business _____ Federal Identification Number _____

Address (if different than your residence) _____

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	_____	_____	*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.
Total Cost	_____	_____	
Cost of Land	_____	_____	
Cost of Improvements	_____	_____	Keep a daily log with "TIME IN and TIME OUTS"
Square Footage of Home	_____	_____	
Square Footage Used for Day Care	_____	_____	In addition to the hours spent on Day Care you may claim the time spent on Day Care related jobs such as:
No. of days during year children were in your care	_____	_____	
No. of hours per day*	_____	Business % _____	cleaning up after children
If hours vary, total of hours for year*	_____	_____	
Real Estate Taxes	_____	_____	food preparation
Mortgage Interest	_____	_____	record keeping
Casualty Loss	_____	_____	
Electricity	_____	_____	planning and preparation
Heat	_____	_____	
Insurance - General Policy	_____	_____	other (specify)
- Day Care Rider	_____	_____	
Repairs/Maintenance - General	_____	_____	
- Because of day care	_____	_____	DAY CARE hours per day
Water/Sewer/Garbage/Cable TV	_____	_____	
Rent Paid - if you are a renter	_____	_____	
Other (specify)	_____	_____	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 worksheets.

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	<u>Auto 1</u>	<u>Auto 2</u>	<u>Auto 3</u>	<u>Auto 4</u>
1. Year & Make of Auto	_____	_____	_____	_____
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 of 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, Antifreeze, 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, calendars, 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, 100% PARTIAL tissues, paper towels, paper cups, plates, disposable knives, forks, spoons, games, toys, supplies, crayons, etc. _____

TAXES - Real Estate _____

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 _____

How many hours did you and / or spouse devote to this business operation during the year? _____

Were you still in business on Dec 31st? YES NO _____ Full Time or _____ Number of hours for the year.

MAJOR PURCHASES AND IMPROVEMENTS

<u>Item Purchased</u>	<u>Date of Purchase</u>	<u>Cost including Sales Tax</u>	<u>Cash to Boot</u>	<u>Item Traded & Date Acquired</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 \$250 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

<u>Name</u>	<u>Address</u>	<u>Soc. Sec. No.</u>	<u>Amount</u>	<u>Purpose of Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

W-9's (Request for Payee's Social Security Number) are available.
I certify that the amounts shown are true and correct.

Please Sign