



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.

Casa Castillo

AUTO EXPENSE: Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, education, taking children home, to doctor or to events.	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.
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 _____	BREAKFAST Total Count _____ LUNCHES Total Count _____ DINNERS Total Count _____ MORNING SNACKS Total Count _____ AFTERNOON SNACKS Total Count _____ Cost of Meals Purchased in Restaurant _____

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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. 100% Day Care Shared Activity or children's supplies, games, toys, crayons, craft items. _____ TAXES: _____ Real estate Payroll (your share Soc. Sec., Medicare) Federal unemployment State unemployment TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc. _____ DOCUMENT WHO, WHEN, WHY _____	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 _____ Partially related to Day Care _____ UNIFORMS: Furnished to employees and for yourself. _____ OTHER EXPENSES (not listed elsewhere) _____ _____ _____
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info@casacastilloservices.com



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