

Daycare Provider Income & Expense Worksheet

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Name _____ Federal ID # _____

Name of Business _____

Address of Business _____

Business Activity _____ sales _____ manufacturing _____ service _____

Product Sold or Service Performed _____

How many months was this business in operation during the year? 12 Months or From _____ To _____

How many hours during the year did you and/or your spouse devote to this business? Full time or # of hours _____

Is any portion of your investment in this business not subject to payback by you? Yes No

Daycare Income

INCOME DIRECTLY FROM PARENTS _____
 PAYMENTS FROM GOVERNMENT AGENCIES _____
 CASH GIFTS FROM PARENTS _____
 SALES OF EQUIPMENT FOR DAYCARE AND IN THE PAST _____

FOOD PROGRAM PAYMENTS
 TOTAL RECEIVED _____
 AMOUNT FOR YOUR CHILDREN _____
 AMOUNT FOR OTHERS _____
 OTHER INCOME _____

OFFICE IN HOME (IF LICENSED, NOT REQUIRED TO BE)	
DATE HOME ACQUIRED	
TOTAL COST	
COST OF LAND	
COST OF IMPROVEMENTS	
SQUARE FOOTAGE OF HOME	
SQUARE FOOTAGE USED BY DAYCARE REGULARLY	
SQUARE FOOTAGE USED BY DAYCARE 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 of the days of the year.

Keep a daily log with "time in" and "time out" entries.

In addition to time spent on day care you can claim time spent on day-care related jobs such as:

- _____ Cleaning up after the children
- _____ Preparing meals
- _____ 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
 during a year

HOME RELATED EXPENSES	100%	PARTIA
REAL ESTATE TAXES		
MORTGAGE INTEREST		
CASUALTY LOSS		
ELECTRICITY		
HEAT		
INSURANCE GENERAL POLICY		
INSURANCE DAYCARE RIDER		
REPAIRS & MAINTENANCE		
WATER SEWER TRASH ETC		
RENT PAID (IF YOU ARE A RENTER)		
OTHER		

FOOD

Your total grocery bill (in an audit must prove a reasonable amount for personal) _____

DAYCARE

The IRS has used the federal food program allowance to determine the cost of food provided to the children. List below the cost of all meals provided during the year, not just those reimbursed, but those purchased in a restaurant etc.

- BREAKFAST _____
- LUNCH _____
- DINNER _____
- MORNING SNACK _____
- AFTERNOON SNACK _____
- FOOD PURCHASED IN RESTAURANT _____

AUTO EXPENSE	
Year and Make of Vehicle	
Date Purchased (mdy)	
Ending Odometer Reading (Dec 31)	
Beginning Odometer Reading (Jan 1)	
Total Miles Driven (End Odo- Begin Odo)	
Total Business Miles (Do you have another vehicle?)	
Total Commuting Miles	
Parking Fees and Tolls	
License Plates	
Interest	
Continue only if you take actual expenses.	
Gas, oil, lube, repairs, tires, batteries, insurance, etc.	
Lease Cost	

ORDINARY & NECESSARY BUSINESS EXPENSES (continued)

NOTE: The starred (*) items are problem areas recognized by the IRS audit guides.

Advertising Promotion*		Expenses* (Away from home overnight)	
Commissions & Fees Paid*		Lodging	
Employee Benefits:		Meals & Tips (separate from other costs)	
Employee insurance		Other:	
Owner/Employer Insurance		Convention Fees	
Business & Liability		Airplane or train fares	
Interest: Mortgage Paid to Financial Inst.		Auto Rental, taxis or bus fare	
 Paid to Individual		Meals & Entertainment*	
Other Interest: (Do not include auto or truck)		 Business Meals	
 List Life insurance loans separately		 Gifts (Limit \$25 per individual or couple)	
 Business <i>only</i> credit card		 Tickets	
Legal and Professional:		 Tickets to charitable events	
Office Expense:		Utilities & Telephone	
Pension/Profit Sharing		 Electricity (business)	
Rent/Lease: Machinery		 Natural gas/heating fuel (business)	
 Station rent		 Garbage, water, sewer (business)	
 Other bus. property, storage fee		 Telephone	
Repairs & Maintenance:		 Business Long Distance	
Supplies: Paper Products		 Faxes, paging service, cellular svc	
 Cleaning Supplies		Wages: copy of W-2s/941 if filed	
 Games		Other expenses:	
 CD's / Videos		 Bank Charges	
 Other		 Credit card fees	
Taxes: Personal Property		 Prof. dues, publications	
 Licenses (not auto or truck)		 Education & Workshops	
 Real Estate of business bldg & Lnd		 Online services	
 Payroll		 Printing & Copying	
Travel: (number of nights away)		 Technical Books	
City _____ Nights Out _____ City _____ Nights Out _____		 Postage & delivery services	
City _____ Nights Out _____ City _____ Nights Out _____			

Equipment Purchased

*Technical reference library with useful life of over 1 year, furnishings, office equipment, software, etc.

Item Purchased	Date Purchased	Cost (excluding sales tax)	Item Traded	Additional Cash Paid	Business Use	Other Information

1099s: Amounts of \$600 or more paid to individuals (not corporation) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer. Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment
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Sign here _____