

2020 DAYCARE INCOME & EXPENSE WORKSHEET

Business Name _____

SSN/Federal ID# _____

Total Income \$ _____

Income from parents _____

Government payments _____

Food program payments _____

Other income _____
(cash gifts, sale of equipment, etc)

Office in Home Expenses

Date Home Acquired _____

Total Cost _____

Total Square Footage of Home _____

Total hours spent on daycare _____
(see below)

Mortgage Interest _____

Real Estate Taxes _____

Insurance _____

Repairs/Maintenance _____

Utilities (not exclusive to daycare use)

Electricity _____

Water/Sewer _____

Garbage _____

Cable TV _____

Internet/Phone _____

Other (specify) _____

Expenses

Advertising _____

Car/Truck Expense _____

Insurance – Business _____

Legal/Professional _____

Tax & Accounting Fees _____

Office Supplies _____

Supplies _____

Taxes/Licenses _____

Travel/Entertainment _____

W-2 Wages Paid _____

Non-W-2 Wages Paid _____

Other Expenses

Postage _____

Business Telephone _____

Dues/Publications _____

Education _____

Gifts/Toys _____

Other (List): _____

Food Expenses – (number served times daily rate)

Breakfast _____ x \$1.31 = _____

Morning Snack _____ x \$0.73 = _____

Lunch _____ x \$2.46 = _____

Afternoon Snack _____ x \$0.73 = _____

Dinner _____ x \$2.46 = _____

Hours of Operation

Daycare hours _____
(hours open per day x days per week x weeks per year)

Cleaning hours _____

Bookkeeping _____

Planning/Preparation _____

Standard Mile Deduction

Total Miles _____

Business Miles: _____

Other Miles _____

*Do you have another vehicle for personal use? Y N

*Do you have evidence to support your deduction? Y N

*Is the evidence written? Y N

SIGNATURE – PLEASE SIGN

I certify that all the information listed is correct and complete, and may be relied upon to prepare my income tax returns.

(Taxpayer's Signature)

(Date)

Please list any business assets purchased or sold on another sheet, **AND** indicate if it is new or used.