

2019 DAYCARE INCOME & EXPENSE WORKSHEET

Business Name _____

SSN/Federal ID# _____

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) _____

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)

Total Income \$ _____

Income from parents _____

Government payments _____

Food program payments _____

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

Expenses

Advertising _____

Car/Truck Expense _____

Insurance – Business _____

Legal/ Accounting _____

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 = _____

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