

DAY CARE PROVIDER DEDUCTION WORKSHEET

YEAR: _____

INCOME:

_____ Cash/Private Pay
_____ Income From Government Agency

ALLOCATE EXPENSES:

_____ Advertising
_____ Cleaning Service
_____ Computer Equipment
_____ Fencing
_____ Gardener
_____ Maintenance/Repairs
_____ Pool Service/Supplies
Utilities:
_____ Cable/Satellite
_____ Electric/Gas
_____ Telephone/Cell (Personal)
_____ Telephone/Cell (Business Use Only)
_____ Trash/Sewer
_____ Water

AUTO TRAVEL (MILEAGE ONLY):

_____ Continuing Education
_____ Field Trips
_____ School (Pickup & Delivery)
_____ Shopping (Food & Supplies)
_____ Bridge/Road Tolls/Parking

BUSINESS USE OF HOME:

_____ Total Square Feet of Home
_____ Business Area of Home
_____ Business Hours - Total Year
_____ Home Mortgage Interest
_____ Property Taxes
_____ Insurance
_____ Rent
_____ Repairs
_____ Other Expenses

CAPITAL/MAJOR PURCHASES:

_____ Car Seats
_____ Cribs
_____ Dishwasher
_____ Dryer
_____ High Chairs
_____ Jungle Gym/Slides/Swings
_____ Refrigerator
_____ Riding Equipment
_____ Television

ORDINARY SUPPLIES:

_____ Arts & Crafts
_____ Baby Supplies (Bottles/Diapers/Formula)
_____ Books & Magazines
_____ Child Proofing Devices
_____ Cleaning Supplies
_____ Food & Snacks
_____ First Aid Supplies
_____ Laundry & Laundry Supplies
_____ Office Supplies
_____ Paper
_____ Paper Products (Toilet Paper/Napkins)
_____ Party Supplies
_____ Tickets/Fees/Etc. (Field Trips)
_____ Toys
_____ Video/Game Rentals

OTHER BUSINESS EXPENSES

_____ Bond/Liability
_____ Business Insurance
_____ Continuing Education
_____ CPS Training
_____ License/Permits
Payroll:
_____ Wages
_____ Taxes
_____ Professional Fees