

Day Care Provider Worksheet

Name of Business		EIN	
Taxpayer Name		Total area of your home	
Number of breakfasts served		Total area used only for daycare	
Number of lunches served		Total area used for both daycare/personal	
Number of snacks served		Total Business Hours for Year	
EXPENSES		HOME EXPENSES	
Advertising	\$	Rent	\$
Liability Insurance	\$	Utilities	\$
Interest paid	\$	HOA	\$
Legal and professional fees	\$	Cleaning Services	\$
Licenses/ Certifications	\$	Telephone	\$
Bank Charges/ Fees	\$	Internet	\$
Supplies	\$	Pool Services	\$
Taxes	\$	Repairs	\$
Self Employment Health Insurance	\$	Maintenance	\$
Books/ Educational Toys	\$	Trash/Water Service	\$
Laundry	\$	Mortgage Interest	\$
Blankets/Pillows/ Etc..	\$	Property Taxes	\$
Tax Preparation Costs	\$		
Office Supplies	\$	List Employees and how much paid	
Toiletries	\$		
First Aid Supplies	\$		
Training (CPR, First Aide etc)	\$		
Feeding Supplies (plates/bottles/etc)	\$		
VEHICLE EXPENSES		Date first used for business	
Type and year of vehicle		Date first used for business	
Do you have another car for personal use?	Yes No	Miles driven for Business	mi.
Do you have evidence to support the use?	Yes No	Miles driven for personal use	mi.
Is this evidence written?	Yes No	Miles driven for commuting	mi.
Were you reimbursed for any vehicle use?	Yes No	Total miles driven in year	mi.
Equipment Purchased (for use longer than a year)	Date Purchased	Date Placed in Service	Cost
			\$
			\$
			\$
			\$
			\$
			\$

Bring last year's taxes showing any equipment purchased in prior years

Estimated Payments

Federal Amount	Date Payment Made	State Amount	Date Payment Made
\$		\$	
\$		\$	
\$		\$	
\$		\$	