

# Day Care Provider Worksheet

**Client Name:** \_\_\_\_\_

**Tax Year:** \_\_\_\_\_

| Income                                                                             |  |
|------------------------------------------------------------------------------------|--|
| Income:                                                                            |  |
| Income (Other):                                                                    |  |
| Income (Meal Reimbursement):                                                       |  |
| Licenses                                                                           |  |
| Are you Licensed? (Y/N)                                                            |  |
| Ordinary Supplies                                                                  |  |
| Advertising                                                                        |  |
| Books & Magazines                                                                  |  |
| Child-proofing devices                                                             |  |
| Continuing Ed (Child Care)                                                         |  |
| CPR Training                                                                       |  |
| Insurance: Bond                                                                    |  |
| Insurance: Business                                                                |  |
| Day Care License                                                                   |  |
| Professional Fees: Legal                                                           |  |
| Professional Fees: Taxes                                                           |  |
| Repairs to Equipment                                                               |  |
| Replacements                                                                       |  |
| Supplies: Art                                                                      |  |
| Supplies: Bottles/Diapers                                                          |  |
| Supplies: Cleaning                                                                 |  |
| Supplies: Household                                                                |  |
| Supplies: Laundry                                                                  |  |
| Supplies: Office                                                                   |  |
| Supplies: Party                                                                    |  |
| Cellular (Business % Only)                                                         |  |
| Telephone: 2nd Line Only                                                           |  |
| Telephone: Fax                                                                     |  |
| Tickets/Fees: Field Trips                                                          |  |
| Toys                                                                               |  |
| Video / DVD Rental                                                                 |  |
| Other:                                                                             |  |
| <b>Total:</b>                                                                      |  |
| Vehicle Expenses                                                                   |  |
| <b>See Auto Worksheet Form on <a href="http://www.jbtax.com">www.jbtax.com</a></b> |  |

| Major Purchases                 |  |
|---------------------------------|--|
| Car Seats                       |  |
| Cribs                           |  |
| High Chairs                     |  |
| Recreational Equipment          |  |
| Home Improvements               |  |
| Other:                          |  |
| Purchases (subject to % of Use) |  |
| Computer Equip.                 |  |
| Dishwasher                      |  |
| Washer / Dryer                  |  |
| Fencing                         |  |
| Refrigerator                    |  |
| TV / VCR / DVD                  |  |
| Other:                          |  |
| <b>Total:</b>                   |  |

| Business Use of Home      |  |
|---------------------------|--|
| Total Sq Feet of Home     |  |
| Business Area of Home     |  |
| Business Hours            |  |
| Home Mortgage Interest    |  |
| Property Taxes            |  |
| Insurance                 |  |
| Rent (If not owned)       |  |
| Cleaning Service          |  |
| Maintenance & Repairs     |  |
| Utilities: Cable          |  |
| Utilities: Gas & Electric |  |
| Utilities: Trash          |  |
| Utilities: Water          |  |
| Other:                    |  |
| <b>Total:</b>             |  |

| Food & Snacks   |  |
|-----------------|--|
| Standard rates  |  |
| Actual Expenses |  |
| Other:          |  |

Use this worksheet to summarize and organize your tax deductible Business expenses. In order to deduct expenses in your trade or business, you must show that the expenses are "ordinary and necessary". Please see the attachment to this worksheet for further details on the deductions.