

Day Care Provider Worksheet

Name: _____ **SSN or EIN:** _____ **Tax Year:** _____

Number of days open for daycare during the year: _____
 Number of hours per day open for daycare: _____
 Number of additional after-hours spent cleaning,
 record keeping, etc... per day for daycare: _____

Daycare Income:

Parents: _____
 Food Program: _____
 State Subsidies / Grants: _____
 Other: _____
 Total: _____

Daycare Expenses:

Advertising: _____
 Bank Fees: _____
 Dues & Subscriptions: _____
 Insurance: _____
 Interest: _____
 Wages: _____
 Payroll Taxes: _____
 Contract Labor: _____
 Office Expenses: _____
 Legal / Professional Fees: _____
 Licenses: _____
 Cleaning / Maintenance: _____
 Supplies: Kitchen -
 pans, plates,bags,utensils,etc...: _____
 Supplies: Household -
 tools,bulbs,rugs,blankets,etc...: _____
 Supplies: Cleaning -
 paper towels,soap,solutions,etc...: _____

Utilities: _____
 Water: _____
 Garbage: _____
 Cable / Satellite: _____
 Internet Fees: _____
 Business / Cell Phone: _____
 Gifts (max \$25 per person): _____
 Activities / Field Trips: _____
 Books / Games / Toys: _____
 Other: _____

 Food (actual cost): _____
 Number of Breakfasts: _____
 Number of Lunches: _____
 Number of Dinners: _____
 Number of Snacks: _____

Assets / Improvements (purchases over \$100):	Date in Service	Cost
_____	_____	_____
_____	_____	_____

Business Use of Home Worksheet

Name: _____

SSN: _____

Business Activity: _____

Tax Year: _____

Home Business Use%:

Area used exclusively for business: _____ sq ft

Total Area of Home: _____ sq ft

Business use % (Business Area divided by Total Area): _____ %

Expenses:

Direct Expenses*

Indirect Expenses*

Mortgage interest: _____

Mortgage insurance: _____

Real Estate taxes: _____

Insurance: _____

Utilities (Gas & Electric / Propane): _____

Rent: _____

Repairs & Maintenance:

 Made directly to business area: _____

 Made to total area of home: _____

Other: _____

Total Expenses: _____

Information on Home:

Date in Service

Cost or Value

Current Home Value at start of business: _____

Current Land Value: _____

Home Purchase Price: _____

Previous Home Improvements:
(From Purchase Date until Start of Business) _____

Assets / Improvements: _____

Date in Service

Cost

*Direct Expenses are expenditures made specifically to the area of the home used for business.

*Indirect Expenses are expenditures made for keeping up and running your entire home.

Automobile Expense Worksheet

Name:

SSN:

Tax Year

Year, Make and Model of Vehicle _____

Date you first started using the vehicle for business: _____

Odometer Reading on January 1st: _____

Odometer Reading on December 31st: _____

Number of Business Miles Driven: _____

Date you Purchased the Vehicle: _____

Purchase Price: _____

Date you Sold the Vehicle: _____

Trade-In Value, if Any _____

Amount Received for Sale _____

Expenses:

Tolls*: _____

Parking*: _____

Interest Paid on Vehicle Loan*: _____

Gas / Fuel: _____

Oil: _____

Repairs: _____

Maintenance: _____

Tires: _____

Washes: _____

Insurance: _____

Lease Payments: _____

License / Registration: _____

Taxes: _____

Other: _____

* Even if you are using the standard mileage rate, these expenses are deductible.