721 E. Chapman Ave.
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Office (714) 449-2099
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DAY CARE PROVIDER WORK SHEET

Tax Year_____

Ordinary Supplies	Amount	Major Purchases	Amount
Advertising		Car Seats	
Books & Magazines		Cribs	
Business Tax		High Chairs	
Child Proofing Devices		Riding Equipment	
Continuing Education (Child Care)		Swing Set/Slides	
CPR Training		Other:	
Food & Snacks		Other:	
Insurance: Bond		Purchases (Subject to Percentage of Business use)	
Insurance: Business		Computer Equipment	
Insurance: Liability		Dishwasher/Refrigerator/Dryer	
Lincense & Permits	+	Fencing	
Payroll: Wages		Television	
Payroll: Taxes	+	VCR	
Professional Fees: Legal		Washer	
Professional Fees: Tax Preparation		Other	
Repairs		Total	
Replacements		Total	
Supplies: Art		Business Use of Home	Amount
Supplies: Bottles, Formulas, Diapers		Total Square Feet of Home	, and dance
Supplies: Household		Business Area of Home	
Supplies: Laundry	_	Buisness Hours (Total for Year)	
Supplies: Office		Home Mortgage Interest	
Supplies: Party		Property Taxes	
Telephone: Cell		Insurance	
Telephone: House		Allocated Expenses (Subject to Percentage of Buisness Use)	
Tickets, Fees, Etc Field Trips		Cleaning Service	
Toys		Gardner	
Video Rentals		Maintenance & Repairs	
Other		Pool Service & Supplies	
Other		Repairs	
Total		Utilities: Cable	
		Utilities: Gas & Electric	
Vehicle & Travel	Amount	Utilities: Trash	
See Vehicle, Travel, & Entertainment	7.11.1041110		
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Worksheet		Utilities: Water	

The purpose of this worksheet is to help you organize your tax deductible expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.