

DAY CARE PROVIDER

Client: _____ ID# _____ Tax Year _____

Ordinary Supplies	
Advertising	
Books & Magazines	
Business Tax	
Child Proofing Devices	
Continuing Education (child care)	
CPR Training	
Food & Snacks	
Insurance: Bond	
Insurance: Business	
Insurance: Liability	
License & Permits	
Payroll: Wages	
Payroll: Taxes	
Professional Fees: Legal	
Professional Fees: Tax Preparation	
Repairs	
Replacements	
Supplies: Art	
Supplies: Bottles, Formula, Diapers	
Supplies: Cleaning	
Supplies Household	
Supplies: Laundry	
Supplies: Office	
Supplies: Party	
Telephone: Cell	
Telephone: House	
Telephone: Pager	
Tickets, Fees, etc. - Field Trips	
Toys	
Video Rentals	
Other: _____	
Total	

Vehicle & Travel	
See Vehicle, Travel & Entertainment Worksheet	
Major Purchases	
Car Seats	
Cribs	
High Chairs	
Riding Equipment	
Swing Set/Slides	
Other:	
Purchases (Subject to Percentage of Business Use)	
Computer Equipment	
Dishwasher	
Washer/Dryer	
Refrigerator	
Television/VCR	
Total	
Business Use of Home	
Total Square Feet of Home	
Business Area of Home	
Business Hours (Total for Year)	
Home Mortgage Interest	
Property Taxes	
Insurance	
Rents	
Allocated Expenses (Subject to % of Business Use)	
Cleaning Service/Gardening	
Maintenance & Repairs	
Pool Service & Supplies	
Utilities: Cable	
Utilities: Water, Gas, Electric, Trash	
Other	
Total	
Other Information	