

## DAY CARE PROVIDER

Client: \_\_\_\_\_ ID# \_\_\_\_\_ Tax Year 2017

The purpose of this worksheet is to help you organize your tax deductible business 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.

| 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, Formulas, 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: _____                         |  |
| Other: _____                         |  |
| Total                                |  |

| Vehicle & Travel                              |
|---|
| See Vehicle, Travel & Entertainment Worksheet |

| Major Purchases                                   |  |
|---|--|
| Car Seats   |  |
| Cribs   |  |
| High Chairs                                       |  |
| Riding Equipment                                  |  |
| Swing Set/Slides                                  |  |
| Other: _____                                      |  |
| Other: _____                                      |  |
| Purchases (Subject to Percentage of Business Use) |  |
| Computer Equipment                                |  |
| Dishwasher  |  |
| Dryer   |  |
| Fencing   |  |
| Refrigerator                                      |  |
| Television  |  |
| VCR   |  |
| Washer  |  |
| Other: _____                                      |  |
| Other: _____                                      |  |
| 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 Percentage of Business Use) |  |
| Cleaning Service   |  |
| Gardner  |  |
| Maintenance & Repairs                                      |  |
| Pool Service & Supplies                                    |  |
| Repairs  |  |
| Utilities: Cable   |  |
| Utilities: Gas & Electric                                  |  |
| Utilities: Trash   |  |
| Utilities: Water   |  |
| Other: _____   |  |
| Other: _____   |  |
| Total  |  |

| Other Information |
|-------------------|
|                   |
|                   |
|                   |