

SPECIALTY WORKSHEET FOR DAY CARE CENTERS

In order for us to maximize your deductions, please complete this worksheet

Client Name _____ Tax Year _____

Business name & address (if different from residence): _____

Note: Round all amounts to nearest dollar.

| PART 1 - INCOME (Attach any 1099's received) | |
|---|--|
| Gross receipts from parents | |
| Food Program (CACFP) reimbursements | |
| State program receipts | |
| Other Income: | |
| Other Income: | |

| PART 2 - Business Assets Purchased During the Year | | | |
|---|---------------|------|-------|
| Description | Date Acquired | Cost | Bus % |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| PART 3 - Business Use of Home | |
|--|--------|
| Total area of home | sq. ft |
| Area used regularly for business | sq. ft |
| Total hours area available for business use | |
| Direct Expenses: | |
| Repairs & Maintenance | |
| Other: | |
| Indirect Expenses: | |
| Cleaning services | |
| Landscaping | |
| Homeowners Insurance | |
| Mortgage Interest | |
| Pool Services & Supplies | |
| Real Estate Taxes | |
| Rent | |
| Repairs & Maintenance | |
| Utilities - electric, gas, water, cable, trash | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
| Cost & Value of Home (Complete if first year of business use) | |
| Cost Plus Cost of Improvements | |
| Value at Time First Used For Business | |
| Value of Land | |

| PART 4 - Operating Expenses | |
|---|--|
| Advertising | |
| Bank Fees & Charges | |
| Child Proofing Devices | |
| Education & Training | |
| Food & Meals - For Children * | |
| Food & Meals - For Employees | |
| Insurance - Liability | |
| Insurance - Other (Not Homeowners) | |
| Legal & Professional | |
| Licenses & Permits | |
| Subscriptions | |
| Supplies - Art, Children's Activities | |
| Supplies - Cleaning | |
| Supplies - Office | |
| Taxes - Business | |
| Taxes - Payroll | |
| Telephone - Other Than Home Phone | |
| Tickets & Fees - Field Trips | |
| Toys & Games | |
| Travel | |
| Wages to Employees | |
| Other: | |
| Other: | |
| *If standard rate used, complete Standard Meal and Snack Rate Log Recap Worksheet . | |

| PART 5 - Vehicle Expenses | |
|----------------------------------|--|
| Vehicle Description | |
| Date Acquired | |
| Cost | |
| Miles this year Business | |
| Commuting | |
| Personal | |
| Total | |
| Actual Cost This Year: | |
| Gas, Oil, Etc | |
| Insurance | |
| Lease Payments | |
| Repairs/Maintenance/Tires | |
| Other: | |