

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:	