

## DAY CARE PROVIDER EXPENSES

Client: \_\_\_\_\_

ID# \_\_\_\_\_ Tax Year: \_\_\_\_\_

Operating Expenses	
Advertising and promotion	
Art and craft materials	
Books	
Bottles	
Child protection devices	
Cleaning supplies	
Continuing education	
Training	
Diapers	
Gifts for children	
First aid supplies	
Food and formula	
Insurance - business	
Laundry supplies	
Legal and professional	
Licenses	
Office supplies	
Paper - toilet	
Party supplies	
Wages	
Repairs	
Telephone and internet	
Field trips	
Toys	
Videos	
Other _____	
Other _____	
Other _____	
Other _____	

Equipment	
Car seats	
Computers	
Cribs and high chairs	
Playground	
Television	
Video Equipment	
Other _____	

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.

Auto Travel (miles)	
Education	
Field trip	
School - pickup and delivery	
Shopping - food and supplies	
Other _____	
Other _____	

Direct Business Use of Home	
Total square feet of home	
Business area of home	
Business hours (yearly)	
Home mortgage interest	
Insurance	
Property taxes	
Rent	
Other _____	

Indirect Use of Home	
Cleaning service	
Landscaping	
Maintenance	
Painting	
Repairs	
Utilities	
Electric	
Gas	
Trash	
Water and sewer	
Internet	
Other _____	
Other _____	
Other _____	

Other Information	