

Child Day Care Tax Information

Income received from parents _____

Income received from state/county for child care _____

Reimbursement from food program _____

Other income _____

Advertising _____

Car and truck expenses	Vehicle 1	Vehicle 2	
------------------------	-----------	-----------	--

Date started using for business	_____	_____	
---------------------------------	-------	-------	--

Business miles			
January 1-Dec 31	_____	_____	

Commuting miles	_____	_____	
-----------------	-------	-------	--

Total miles	_____	_____	
-------------	-------	-------	--

Parking and tolls for business _____

If using actual expense method:

Gas and oil _____

Repairs and maintenance _____

Auto insurance _____

Auto club fees _____

Car washes _____

Interest on car loan _____

Contract labor (amounts paid to substitute child care providers if they are not an employee) _____

Business assets (such as computer, copier)

	Asset 1	Asset 2	Asset 3
Name of asset	_____	_____	_____
Date purchased	_____	_____	_____
Amount paid for asset (including tax)	_____	_____	_____
Percent used for business	_____	_____	_____
Insurance (liability insurance, do not include home owners insurance)			_____
Interest (business loan interest, do not include mortgage interest)			_____
Legal and professional (Business tax preparation, Hitt Record Keeping System, other professional or legal services)			_____
Office expense (Postage, UPS, office supplies, business cards, photocopies)			_____
Rent or lease: vehicles, machinery or equipment			_____
Rent or lease: other business property			_____
Repairs and maintenance (for assets used in business)			_____
Supplies (used 100% in business)			_____
Supplies (used partially in business) Business percentage _____			_____
Supplies (used partially in business) Business percentage _____			_____
Taxes and licenses (day care license, payroll taxes if you have employees)			_____
Travel (air travel, taxi, bus, lodging, gratuities)			_____
Meals and entertainment (meals when away from home overnight or for business meetings, entertainment)			_____
Phone (long distance calls, additional business features, second business line or cell phone for business)			_____
Wages (W-2 wages paid to employees)			_____
Bank service charges (business checking and savings account fees, printing business checks)			_____
Continuing Education			_____

Internet and software _____

Total meals served to children for the year (do not count your own children)

Number of breakfasts _____

Number of lunches _____

Number of suppers _____

Number of snacks _____

Any other expense (please specify) _____

Office in the Home Deduction

Mortgage interest (only include interest from mortgages that were used to purchase, build, or improve the home) _____

Real estate taxes _____

Home owners (or renters) insurance _____

Repairs and maintenance for entire home and yard _____

Repairs and maintenance for area used for day care _____

Utilities: Gas and electric _____

Water and sewer _____

Rent (if living in apartment or rented home) _____

Home's adjusted basis _____

Value of land _____

Date home first used for office in home _____

Square feet of entire home _____

Square feet of area used for day care _____

Number of hours day care provided during the year (include time caring for children, time for preparation and cleaning time) _____

Please contact me if you have any questions filling out this form.