

DAYCARE REVENUE AND EXPENSES

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NAME OF PROPRIETOR: _____ **TAX YEAR:** _____

NAME OF BUSINESS: _____ **EIN OF BUSINESS:** _____

IF YOU STARTED YOUR BUSINESS THIS YEAR, ENTER DATE: _____

IF YOU CLOSED YOUR BUSINESS THIS YEAR, ENTER DATE: _____

REVENUE

*** FROM CLIENTS: _____

*** FROM FOOD PROGRAM: _____

*** FROM OTHER SOURCES: **Please Submit Forms** _____ **0.00**

DAYCARE OPERATING EXPENSES

MAIN CATEGORY	SUBCATEGORY	\$ AMOUNT	TOTALS
ADVERTISING	BUSINESS CARDS	_____	
	WEBSITE	_____	
	SIGNS, FLYERS, T-SHIRTS	_____	
	OTHER:	_____	0.00
CONTRACT LABOR			
<input type="checkbox"/> 1099/1096 Forms Filed?	_____	_____	
	_____	_____	
	_____	_____	0.00
INSURANCE:	LIABILITY FOR DAYCARE	_____	
	SELF EMPLOYED HEALTH INSURANCE	_____	
	OTHER:	_____	0.00
BUSINESS LOAN INTEREST:	_____	_____	
LEGAL/PROFESSIONAL FEES:	_____	_____	0.00
OFFICE EXPENSE:	GENERAL SUPPLIES	_____	
	COMPUTER SUPPLIES	_____	
	POSTAGE	_____	
	INTERNET	_____	
	SOFTWARE	_____	
	OTHER:	_____	
	OTHER:	_____	0.00
RENT & LEASE	EQUIPMENT RENTAL	_____	
	STORAGE RENTAL	_____	0.00
REPAIRS & MAINTENANCE:	COMPUTER REPAIRS	_____	
	APPLIANCE REPAIRS	_____	0.00
DAYCARE SUPPLIES:	DAYCARE SUPPLIES @ 100%	_____	
	DAYCARE SUPPLIES - SHARED	_____	
	HOUSEHOLD SUPPLIES @ 100%	_____	
	HOUSEHOLD SUPPLIES - SHARED	_____	
	FIRST AID SUPPLIES	_____	
	ACTIVITY DAYS	_____	
	ARTS & CRAFTS	_____	
	EDUCATIONAL/CURRICULUM	_____	
	PHOTO SUPPLIES & PROCESSING	_____	
	MOVIE RENTALS	_____	
	CLEANING SUPPLIES	_____	
	OTHER:	_____	
	OTHER:	_____	0.00
TAXES & LICENSES	OCCUPATIONAL	_____	
	HRS	_____	
	FIRE EXTINGUISHER	_____	
	FIRE INSPECTIONS	_____	
	OTHER:	_____	0.00

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FACILITY EXPENSES

NAME OF PROPRIETOR:	TAX YEAR:
RENT PAID:	
MORTGAGE INTEREST:	
MORTGAGE #1	
MORTGAGE #2	
EQUITY LINE	
OTHER:	0.00
PROPERTY TAXES:	
INSURANCE:	
HOMEOWNERS INSURANCE	
FLOOD INSURANCE	
MORTGAGE INSURANCE	
OTHER:	0.00
REPAIRS & MAINTENANCE:	
GENERAL REPAIRS	
INTERIOR REPAIRS	
EXTERIOR REPAIRS	
REPAIRS @ 100%	
GENERAL MAINTENANCE	
INTEREIOR MAINTENANCE	
EXTERIOR MAINTENANCE	
MAINTENANCE @ 100%	
LAWN MAINTENANCE	
POOL MAINTENANCE	
PEST CONTROL	
OTHER:	
OTHER:	
OTHER:	0.00
RENOVATIONS:	
GENERAL RENOVATIONS	
RENOVATIONS @ 100%	
OTHER:	
OTHER:	0.00
UTILITIES:	
ELECTRICITY:	
WATER:	
WATER/SEWER:	
TRASH REMOVAL:	
CABLE:	
SECURITY SYSTEM:	
BOTTLED WATER SERVICE:	
NATURAL GAS:	
HEATING OIL:	
FIRE WOOD:	
HOMEOWNERS ASSOCIATION DUES:	
HOME WARRANTY:	

ROOM DESCRIPTION	(LENGTH X WIDTH) TOTAL SQ. FT.	100% OR SHARED	OFFICE USE
LIVING ROOM			
FAMILY ROOM			
DINING ROOM			
KITCHEN			
LAUNDRY ROOM			
MASTER BEDROOM			
MASTER BATH			
BEDROOM 2			
BEDROOM 3			
BEDROOM 4			
BATHROOM 2			
BATHROOM 3			
SCREENED ROOM			
OFFICE (100%)			

DAYCARE AUTO MILEAGE and EXPENSE SUMMARY SHEET

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NAME OF PROPRIETOR: _____

TAX YEAR: _____

MAIN BUSINESS VEHICLE - VEHICLE 1

MAKE & MODEL: _____

DATE ACQUIRED: _____

IS YOUR VEHICLE A LEASE: YES

NO

PURCHASE PRICE: _____

LEASING PAYMENTS: _____

DATE DISPOSED: _____

TOTAL MILES INCLUDING PERSONAL

ODOMETER READING AT THE BEGINNING OF THE YEAR

ODOMETER READING AT THE END OF THE YEAR

TOTAL MILES FOR THE YEAR _____ -

BUSINESS MILEAGE CALCULATION

	# OF MILES	# OF TRIPS		TOTAL
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
_____	_____	X	=	-
TOTAL BUSINESS MILES				-

PERCENTAGE OF BUSINESS USE: _____ **#DIV/0!**

EXPENSES FOR THE ENTIRE YEAR

GAS	_____
OIL CHANGES	_____
REPAIRS	_____
MAINTENANCE	_____
INSURANCE	_____
TAG	_____
LOAN INTEREST	_____
AAA OR OTHER AUTO CLUB	_____
TOLLS	_____
PARKING	_____
INSPECTIONS	_____
TIRES	_____
CAR RENTAL	_____
BATTERY	_____
_____	_____
_____	_____
TOTAL EXPENSES	-

