

Child-Care Business Form For Taxes

Year _____
Social security# or Tax Identification# _____
Name Of Child-Care _____
Address _____
Phone# _____

INCOME

Total collected from parents _____
Total from Dept..Of Social Services _____
Food Program Reimbursement _____

Total Income: _____

DIRECT EXPENSES

Food: _____
Household /Kitchen supplies _____
Arts& crafts supplies _____
Classroom/home Decorations _____
Parties _____
Field trip Costs _____
Small Toys&Games _____
Furniture _____
Toys shared _____
Outside toys/equipment _____
Gifts to parents(up to \$25.00 a couple) _____
Gifts to childcare children _____
Children paid to work(4,550.00perchild) _____
Computer Supplies _____
Computer/printer/etc. _____
Software _____
Internet service/web pages _____
Music/cd's/instruments _____
Video's & rentals _____
Licensing Fees _____
Inspection fees _____
Dues & subscriptions _____
Educational/Training _____
Books/Materials _____
Legal & Accounting fees _____
Office Expenses _____
Postage/mail etc... _____
Bank Charges _____
Insurance/home _____

Insurance/health	_____
Co-pays/prescriptions/etc...	_____
Advertising	_____
Repairs/related to childcare	_____
Telephone	_____
Cell Phone	_____
Credit cards	_____
Animals: Dog/cat etc.(food)	_____
Vet Bills	_____
First aid supplies	_____
Cleaning supplies	_____
Legal & professional fees	_____
Other:_____	_____
Other:_____	_____
Other:_____	_____
Other:_____	_____

Total: _____

INDIRECT EXPENSES

Shared by your family & child care

Food:	_____
Household /Kitchen supplies	_____
Arts& crafts supplies	_____
Classroom/home Decorations	_____
Parties	_____
Field trip Costs	_____
Small Toys&Games	_____
Furniture	_____
Toys shared	_____
Outside toys/equipment	_____
Gifts to parents(up to \$25.00 a couple)	_____
Gifts to childcare children	_____
Children paid to work(4,550.00perchild)	_____
Computer Supplies	_____
Computer/printer/etc.	_____
Software	_____
Internet service/web pages	_____
Music/cd's/instruments	_____
Video's & rentals	_____
Licensing Fees	_____
Inspection fees	_____
Dues & subscriptions	_____
Educational/Training	_____
Books/Materials	_____
Legal & Accounting fees	_____
Office Expenses	_____

Postage/mail etc... _____
 Bank Charges _____
 Insurance/home _____
 Insurance/health _____
 Co-pays/prescriptions/etc... _____
 Advertising _____
 Repairs/related to childcare _____
 Telephone _____
 Cell Phone _____
 Credit cards _____
 Animals: Dog/cat etc.(food) _____
 Vet Bills _____
 First aid supplies _____
 Cleaning supplies _____
 Other: _____
 Other: _____
 Other: _____
 Other: _____

Total: _____

TIME PERCENTAGE CALCULATION

Working hours when Children are present in your home

Normal # of hours children in the home _____
 Times of Days a week _____
 Times of weeks _____
 Total A year _____
 How many Holidays do you take off? _____
 Vacation time? _____
 Illness? _____

Total off a year _____

ADDITIONAL TIME SPEND BY CHILDREN IN HOME

Outside of regular hours included above

Early arrivals _____
 Late Stayers _____
 Occasional Overnights _____
 Do you do overnight childcare? Hours _____
 Weekend childcare? Hours _____

Total A year _____

WORKING HOURS WHEN CHILDREN ARE NOT PRESENT

Set-up tear down time	_____
Cleaning the home for childcare:	_____
Childcare meal preparation	_____
Reading mag. For recipe/craft ideas	_____
Preparing lesson plans	_____
Preparing newsletter/flyers etc.	_____
Decorating for childcare	_____
Keeping business records	_____
Meal planning	_____
Preparing childcare shopping lists	_____
Food program paperwork	_____
Conducting parent interviews	_____
Parental discussions on phone	_____
Parent/child conferences	_____
Networking with other providers	_____
Computer time	_____
Laundry time	_____
House and lawn Maintenance	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Total _____

SPACE PERCENTAGE CALCULATION

IF 100% USE WRITE THE PERCENTAGE

Total Square Footage of home:

Footage used by Childcare

EXPENSES RELATED TO BUSINESS USE OF HOME

Mortgage interest	_____
Real estate taxes	_____
Home owners Insurance	_____
UTILITIES:	
Gas & water/sewage	_____
Electricity	_____
Cable	_____
Garbage	_____
Wood	_____
Other: _____	_____

Other: _____
Other: _____
Other: _____

Total Utilities: _____

OTHER:

Housecleaning _____
Lawn Maintenance _____
Yard Supplies _____
Other: _____
Other: _____
Other: _____
Other: _____

Total: _____

GENERAL REPAIRS AND MAINTENANCE

Plumbing _____
Electrical _____
Telephone repairs _____
Appliance Repairs _____
Painting _____
Chimney sweep _____
Pest control _____
Carpet cleaning _____
Furniture cleaning _____
Cleaning services _____
Remodeled? _____
Other: _____
Other: _____
Other: _____
Other: _____

Total: _____

AUTO EXPENSES

ASSUMING YOU ARE TAKING STANDARD MILEAGE DEDUCTION, THEN THE FOLLOWING INFORMATION IS NEEDED..

	Vehicle 1	Vehicle 2
Total miles this year	_____	_____
Childcare related Miles	_____	_____
License and fees	_____	_____
Interests Expense	_____	_____

IF YOU ARE TAKING ACTUAL EXPENDITURES, THE FOLLOWING ADDITIONAL

INFORMATION IS NEEDED:

	Vehicle 1	Vehicle 2
Gas/oil, etc.	_____	_____
Repairs	_____	_____
Insurance	_____	_____
Car wash	_____	_____
Lease payments	_____	_____
Miscellaneous expenses	_____	_____

COST OF AUTOMOBILE:

Actual cash down payment	_____	_____
Sales tax paid	_____	_____
Total Vehicle 1	_____	Total Vehicle 2 _____

Total: _____

TAX WORKSHEET FOR DEPRECIATION

Depreciation of item

House- original cost	_____
Land	_____

HOUSE HOLD IMPROVEMENTS

Siding	_____
Landscaping	_____
Furnace/air conditioning	_____
Fence	_____

FURNITURE & APPLIANCES:

Refrigerator	_____
Stove	_____
Dishwasher	_____
Washer/dryer	_____
Microwave	_____
Kitchen table & chairs	_____
Mixer	_____
Bread machine	_____
Toaster Oven	_____
Wood stove	_____
Living room couch/chairs	_____
Entertainment center	_____
TV	_____
VCR/DVD	_____
Stereo	_____
End tables/lamps	_____
Beds	_____

Bathroom: _____
Laundry Room _____
Garage _____
Other: _____
Other: _____
Other: _____
Other: _____

OUTSIDE EQUIPMENT:

Lawn mower _____
Swing set _____
Large Toys _____
Other: _____
Other: _____
Other: _____
Other: _____

Total: _____

COLLEGE AND COLLEGE EXPENSES

College Tuition:

Books _____
Supplies _____
Other: _____
Other: _____
Other: _____
Other: _____

ANY MAJOR PURCHASES?

Item: _____
Item: _____
Item: _____
Item: _____

Total: _____

MEETING CHILDREN'S NEEDS

Diapers/wipes etc..

Item: _____
Item: _____
Item: _____
Item: _____

Total: _____

BUSINESS LOSS

Nonpayment

Description: _____	Amount: _____
Description: _____	Amount: _____
Description: _____	Amount: _____
Description: _____	Amount: _____
Description: _____	Amount: _____
Description: _____	Amount: _____

Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Total: _____

Gross Income: _____

Total Expences: _____

Business Loss: _____

Net Income: _____

Form © Leah's Place Childcare
WWW.LeahsPlacecc.angelcities.com

Permission was granted from Leah's Place Child Care for Kaleidoscope Child Care to place this form on the Free Forms For Child Care Providers website. www.kaleidoscopechildcare.com