

Name

Description	✓	Estimated \$ value per month	Amount paid	Estimated miles used per month	Do you have any receipts for this item?	Date purchased
<b>General</b>						
arts & crafts (crayons, etc)						
books						
educational toys						
toys						
bottles						
diapers						
wipes						
formula						
meals						
snacks						
video rentals						
supplies						
party supplies						
cleaning supplies						
toilet paper						
paper towels						
first aid supplies						
laundry supplies						
child proof devices						
<b>CPR/First Aid Training</b>						
Fees for licensing						
advertising						
insurance						
High chairs						
car seats						
cribs						
playpens						
<b>Utilities</b>						
Internet						
Telephone						
Cable						
Electric						
Water						
Gas						
Trash						
<b>Miscellaneous Items</b>						
Start-up Costs						
Inspection Fees						
Bank Charges						
Rent/Mortgage						
<b>Depreciation Items</b>						
Television						
DVD/VCR						
Computer						
Refrigerator						
Dishwasher						
Wash Machine						
Dryer						
Kitchen Appliances						
Playground Equipment						
Furniture						
Equipment						
Cameras						
<b>Mileage</b>						
Store (food/supplies)						
Errands						
Bank for daycare						
trips						
training						
Pick up/drop off of children						

Square footage used for daycare	Total Square footage of house	Square Footage of Rooms used
---------------------------------	-------------------------------	------------------------------

Vehicle that is used	
Cost of Vehicle	\$
Year and Make of Vehicle	
Taxes paid on Vehicle	\$
Date Purchased	
Insurance monthly	
Interest paid on vehicle if you have a loan	
Total mileage used for business & personal	
Estimated mileage for business (see breakdown under expenses)	
Estimated costs for gasoline/oil	\$
Estimated costs for repairs	\$
Estimated costs for parking	\$
Estimated costs for tolls	\$
Estimated costs for upkeep (car washes)	\$
Cost of insurance - monthly	\$
Triple A (or other) costs	\$

Other information

Income from customers  
Income from Government  
Other Income (list)

	\$
	\$
	\$

Please breakdown the # of children you care for and how many days week and hours per day.

	# children	# hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Hours per week for preparation: (includes cooking, cleaning and preparing activities		

Date you begin your daycare:	
------------------------------	--

Name used for daycare (if any) \_\_\_\_\_

Do you have an EIN?

If so, what is it.

Other Information: