

# DAY CARE INCOME and EXPENSE WORKSHEET

YEAR \_\_\_\_\_

YOUR NAME \_\_\_\_\_ SS# or Federal ID # \_\_\_\_\_

NAME OF DAY CARE BUSINESS \_\_\_\_\_

ADDRESS (if different than your residence) \_\_\_\_\_

How many months was this business in operation during the year? 12 Months  OR From \_\_\_\_\_ To \_\_\_\_\_

Were you still in business on December 31st? YES  NO

## ▼ DAY CARE INCOME ▼

<b>INCOME DIRECTLY FROM PARENTS</b>	_____	<b>FOOD PROGRAM PAYMENTS</b>	_____
<b>PAYMENTS FROM GOVERNMENT AGENCIES</b>	_____	<b>Total received</b>	_____
<b>CASH GIFTS FROM PARENTS</b>	_____	<b>Amount for your children</b>	_____
<b>SALES OF EQUIPMENT USED FOR DAY CARE AND DEDUCTED IN THE PAST</b>	_____	<b>Amount for others</b>	_____
		<b>Other income</b>	_____

### OFFICE IN HOME (if licensed, or not required to be)

Date Home Acquired	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage Used for Day Care (regularly)	
Square Footage Used for Day Care (exclusively)	

If your work hours are irregular, you may claim the hours that you advertise as business hours as long as you actually care for children all of those hours at least some days during the year.

Keep a daily log with "Time In" and "Time Out" entries.

In addition to the hours spent on Day Care, you may claim the time spent on Day Care related jobs such as:

\_\_\_\_\_ cleaning up after children

\_\_\_\_\_ food preparation

\_\_\_\_\_ record keeping

\_\_\_\_\_ planning and preparation

\_\_\_\_\_ other (specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DAY CARE hours per day

\_\_\_\_\_ Number of days during the year when children were in your care

\_\_\_\_\_ If hours vary, total of hours for Year

HOME RELATED EXPENSES	100% Day Care	Partial
Real Estate Taxes		
Mortgage Interest		
Casualty Loss		
Electricity		
Heat		
Insurance - General Policy		
Insurance - Day Care Rider		
Repairs/Maintenance		
Water/Sewer/Garbage/Cable TV		
Rent Paid - if you are a renter		
Other (specify)		

If you operated your day care business out of more than one location, call for additional worksheet.

IN CASE OF AN AUDIT, THESE RECORDS WILL BE REQUIRED.

### AUTO EXPENSE: Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, education, taking children home, to doctor or to events.

If you take expense on mileage basis complete lines 1-10	
1. Year & Make of Auto (Bring in purchase/sales papers)	_____
2. Date Purchased: Month, Date, Year	_____
3. Ending Odometer Reading: December 31	_____
4. Beginning Odometer Reading: January 1	_____
5. Total Miles Driven: Line 3 less Line 4	_____
6. Total Day Care Miles in Line 5 (do you have evidence to support?)	_____
7. Daily Round Trip Miles (if Day Care not in your home)	_____
8. Parking and Tolls	_____
9. Licenses and Taxes (Not Sales Tax)	_____
10. Interest [continue below if you take actual expense]	_____
11. Gasoline, oil, lube, repairs, tires, batteries, insurance, etc.	_____
12. Lease (fair market value at time of lease \$ _____)	_____
13. Other	_____

### FOOD

Your total grocery bill (in an audit, you must prove a reasonable amount spent for personal.)	
Amount spent on Day Care _____	
IRS has used the federal food program allowance to determine cost of food provided to the children. List below the number of all meals served during year in your home, not just those reimbursed - plus cost of meals purchased in a restaurant, etc.	
BREAKFAST	Total Count _____
LUNCHES	Total Count _____
DINNERS	Total Count _____
MORNING SNACKS	Total Count _____
AFTERNOON SNACKS	Total Count _____
Cost of Meals Purchased in Restaurant _____	

## DAY CARE BUSINESS EXPENSES (continued)

ADVERTISING/PROMOTION: Newspaper ads, business cards, Day Care t-shirts/sweatshirts, etc. AUTO EXPENSE (see other side) EMPLOYEE BENEFITS: Health insurance purchased for employees INSURANCE: Business Liability INTEREST:       on items used for day care only Paid to financial institution Day Care only credit card LEGAL & PROFESSIONAL: Day Care only attorney or accountant fees OFFICE SUPPLIES: Postage, stationery, pens, pencils, small office equipment, holiday or birthday cards, Day Care record books, calendars PENSION PLANS: for employees RENT:            Building (if Day Care not in home) Toy rental Videos / DVDs REPAIRS and MAINTENANCE SUPPLIES:       Household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable cutlery, etc.       100% Day Care   Shared Activity or children's supplies, games, toys, crayons, craft items. TAXES:       Real estate Payroll (your share Soc. Sec., Medicare) Federal unemployment State unemployment TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc. DOCUMENT WHO, WHEN, WHY	UTILITIES & TELEPHONE: Telephone (business line - if you have one) Personal phone (base phone cost not deductible) Extra extension (phone options for Day Care) Long distance costs for Day Care WAGES       (bring your copy of W-2s/941s if they have been filed) Wages to spouse (subject to payroll tax) Children under 18 (not subject to Soc.Sec. & Medicare tax) Other wages BANK CHARGES/OVERDRAFTS: Business account only - cost of printed checks, service charges. CLOTHES: For Day Care children - caps, mittens, diapers, etc. DUES & PUBLICATIONS: Day Care license, assn. dues, Day Care magazines for you or children. EDUCATION: Workshop registration, books, supplies FOOD: (see other side) GIFTS: For Day Care children and true employees – holiday, birthday, etc. LAUNDRY & CLEANING: Professional cleaning of furniture, carpeting, drapes: only a percentage will be allowed unless you can show that Day Care was 100% responsible for cleaning. Directly related to Day Care Partially related to Day Care UNIFORMS: Furnished to employees and for yourself. OTHER EXPENSES (not listed elsewhere)    
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## MAJOR PURCHASES and IMPROVEMENTS

(Computers, office equipment, furnishings)

Item Purchased	Date Purchased	Cost	Item Purchased	Date of Purchase	Cost

**CHECK LAST YEAR'S DEPRECIATION FORM TO SEE IF ALL ITEMS ARE CURRENT**

\*1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.  
 - Nonfiling penalty can be \$150 each recipient.

- You are required to withhold taxes if recipient does not furnish you with his/her Social Security Number.
- Due date of form is January 31.

Name	Address	Social Security #	Amount	Purpose of Payment

W-9s (Request for Payee's Social Security Number) are available.

I certify that the amounts shown are true and correct \_\_\_\_\_



# Day Care Providers

<b>Supplies &amp; Expenses</b>		<b>Direct Business Use of Home</b>	
Advertising		Total Square Feet of Home	
Art & Craft Materials		Business Area of Home	
Bonding		Business Hours (total for year)	
Books - Children's		Home Mortgage Interest	
Bottles - Baby		Property Taxes	
Child Protection Devices		Insurance	
Cleaning Supplies		Rents	
Continuing Education		<b>Indirect use of the Home</b>	
CPR Training		Cleaning Service	
Diapers		Gardener	
Gifts for Children		Maintenance	
First Aid Supplies		Painting	
Food & Formula		Pool Service & Supplies	
Insurance - Business		Repairs - Exterior & Interior	
Laundry Supplies		Repairs - Yard, Fence, etc.	
Legal & Professional Services		Trash Service	
License		Utilities & Cable	
Office Supplies		Electric & Gas	
Paper - Toilet		Water	
Party Supplies		Other: _____	
Payroll		Other: _____	
Repairs		<b>Capital Purchases</b>	
Tax - Business		Car Seats	
Tax Preparation		Cribs	
Telephone		High Chairs	
Tickets, Fees, etc. - Field Trips		Jungle Gym	
Toys & Educational Toys		Slides	
Video Rentals		Swings	
Other: _____		Dishwasher	
<b>Auto Travel (In miles)</b>		Dryer & Washer	
Continuing Education		Fencing	
Field Trips		Refrigerator	
School - Pickup & Delivery		Television	
Shopping - Food & Supplies		VCR	
Parking (\$)		Software	
Tolls (\$)		Computer & Printer	
Other: _____		Other: _____	



The IRS standard meal allowance rate allows you to claim your food expenses without having to keep any food receipts! Instead, you must keep the following records: the name of each eligible child, dates and hours of attendance in the family day care, and the type and quantity of meals and snacks served. **The CACFP rates to use for 2025 taxes are:**

- Breakfast: \$1.70
- Snack: \$0.96
- Lunch/dinner: \$3.22

### Step 1: Calculate How Many Meals You Served During the Year

For each meal you provided, you need to keep track of:

- how many children ate that meal,
- how many times you served that meal during each week (if you're open 5 days a week, the # would be 5. If you're open 6 days a week, the number would be 6, etc.
- how many weeks you provided care that year.

Put these numbers into the table below to get the total number of each meal you served this year. **You can count up to 3 snacks per day.**

#### Example:

You have **5** children in your program who come Monday through Friday (**5** days a week) and you care for them all year except 2 weeks in the summer ( $52 - 2 = \mathbf{50}$  weeks).

**(open 5 days a week so you provided 5 breakfasts)**

Breakfast: 5 children x 5 breakfasts per week x 50 weeks = 1250 breakfasts/year

**Breakfast:** \_\_\_ children x \_\_\_ meals per week x \_\_\_ weeks = \_\_\_ breakfasts/year

**AM Snack:** \_\_\_ children x \_\_\_ meals per week x \_\_\_ weeks = \_\_\_ AM snacks/year

**Lunch:** \_\_\_ children x \_\_\_ meals per week x \_\_\_ weeks = \_\_\_ lunches/year

**PM Snack:** \_\_\_ children x \_\_\_ meals per week x \_\_\_ weeks = \_\_\_ PM snacks/year

**Dinner:** \_\_\_ children x \_\_\_ meals per week x \_\_\_ weeks = \_\_\_ dinners/year