

STATEMENT OF SUPPORT	TAX YEAR
DAYCARE – OFFICE IN HOME	

TAXPAYER NAME	SSN OR FEIN

BUSINESS INCOME	AMOUNT
DAYCARE SERVICES	
FOOD PROGRAM INCOME <small>Not included in Daycare Services</small>	
FOSTER CARE INCOME <small>Not included in Daycare Services</small>	
OTHER: <small>Please State Source</small>	
OTHER: <small>Please State Source</small>	

DIRECT BUSINESS EXPENSES	AMOUNT
ADVERTISING <small>Newspaper, Flyers, Letters, Business Cards, Internet</small>	
COMMISSIONS <small>Issue Form 1099MISC to Individuals if more than \$600</small>	
EMPLOYEE BENEFITS <small>Health ins, Things paid to employee other than wages</small>	
INSURANCE <small>Daycare Ins, Service Contracts, Warranties</small>	
INTEREST <small>Bankcard Interest, Business Loans (Daycare use only)</small>	
PROFESSIONAL <small>Attorney, Accountant, Tax Preparer</small>	
OFFICE EXPENSE <small>Postage, Business Cards, Stationary, Etc</small>	
RENTS OR LEASE <small>Equipment, Rug Cleaner, Videos, Storage, Office Space</small>	
REPAIRS <small>To Business Equipment or Direct Office Space</small>	
REPAIRS <small>Direct Daycare Damage to Household, Sewer, Etc</small>	
TAX & LICENSE <small>License, Property Tax for Business Equipment</small>	
TRAVEL <small>Motels, Lodging, Food, Car Rental, Air-Bus-Taxi-Uber-Lyft</small>	
ENTERTAINMENT <small>Business Meals (Record Date, Place, Persons Attending)</small>	
BANK CHARGES <small>Service Chg, Check Printing, Return Check CHG, ATM fees</small>	
SECURITY/SAFETY <small>Locks, Latches, Fencing, Alarm, First Aid, Etc</small>	

MILEAGE	VEHICLE 1	VEHICLE 2
VEHICLE DESCRIPTION		
DATE PLACED IN SERVICE		
TOTAL ANNUAL MILES		
DAYCARE MILES <small>Trips to Schools, Field Trips, Etc</small>		
EDUCATION MILES <small>Education and Training Purposes</small>		
MEETING MILES <small>Business Meetings, Seminars,, Etc</small>		
BANK/SHOPPING MILES <small>Banking Business Funds, Shopping, Etc</small>		

DIRECT BUSINESS EXPENSES	AMOUNT
SUPPLIES <small>Household, Etc</small>	
SUPPLIES <small>Activity, Toys, Etc</small>	
EDUCATION EXPENSE <small>For DC Nutrition, Nursing , First Aid, Business Classes</small>	
LAUNDRY/CLEANING <small>Supplies used for house Cleaning ,Drapes, Window, Carpets</small>	
OTHER SITTERS <small>Temp help paid more than \$50 per Quarter/Person</small>	
OUTSIDE SERVICES <small>Payment to Persons for Services Rendered, Issue 1099 if more than \$600</small>	
DUES/PUBLICATIONS <small>Costco, Sams, Magazines, AAA, Amzn Prime, Prof Mem, Etc</small>	
TELEPHONE <small>Separate Line for DC, LD/Toll, Call Waiting, Cell Phone</small>	
INTERNET/CABLE <small>Internet and Premium TV Channels</small>	
ACTIVITIES <small>Outside Activities, Field Trips, Park Fees</small>	
OTHER: <small>Please Specify</small>	
OTHER: <small>Please Specify</small>	
OTHER: <small>Please Specify</small>	
OTHER: <small>Please Specify</small>	
OTHER: <small>Please Specify</small>	

PLEASE NOTE

THIS WORKSHEET IS PROVIDED BY YOUR TAX PREPARER TO ASSIST YOU IN CLAIMING ALL POSSIBLE EXPENSES RELATED TO YOUR BUSINESS.

THIS WORKSHEET IS NOT PROVIDED TO THE IRS. THIS DOCUMENT IS USED AS A BACKUP DOCUMENTATION FOR FUTURE REFERENCE.

FOR HOUSEHOLD EXPENSES USE TOTALS FOR ENTIRE YEAR REGARDLESS OF STARTING DATE	
HOUSEHOLD EXPENSES	AMOUNT
MORTGAGE INTEREST <small>Home Owners Only</small>	
PROPERTY TAXES <small>Home Owners Only</small>	
MORTGAGE INS PREMIUMS <small>Home Owners Only</small>	
INSURANCE <small>Home Owners Policy, Renters Ins, Liability or Fire</small>	
ELECTRIC	
GAS	
WATER/SEWER/GARBAGE	
TRASH HAULING <small>Dump Fees, List Mileage on Vehicle</small>	
CABLE SERVICE <small>Base Service Rate</small>	
MAINTENANCE <small>Painting, Minor Repairs, Not Direct DC Damage</small>	
LAWN & GARDEN <small>Lawn Service, Seed, Fertilizer</small>	

NOTE BRING TO THE INTERVIEW THE LAST 5 QUARTERLY REPORTS FOR BOTH FEDERAL AND STATE	
PAYROLL EXPENSE	AMOUNTS
PAYROLL SERVICE <small>Service Fees for Outside Payroll Service</small>	
WAGES <small>Total Wages Paid to Employees</small>	
EMPLOYER FICA <small>Employer Share of Social Security Taxes</small>	
EMPLOYER MEDICARE <small>Employers Share of Medicare Insurance Premiums</small>	
EMPLOYER SUI <small>California State Unemployment Insurance</small>	
EMPLOYER EXT <small>California State Employer Training Tax</small>	
EMPLOYER FUTA <small>Federal Unemployment Tax</small>	

**ASSETS
(BUSINESS PROPERTY)**

PLEASE BRING TO THE INTERVIEW A LIST OF ALL MAJOR PURCHASES OF BUSINESS EQUIPMENT (APPLIANCES, FURNITURE, COMPUTER, ETC) FOR ITEMS COSTING \$200 OR MORE. LIST SHOULD INCLUDE PURCHASE PRICE (INCLUDING TAXES & DELIVERY FEE) AND DATE PURCHASED. ITEMS PREVIOUSLY LISTED IF SOLD OR DISPOSED OF SHOULD BE NOTED. PLEASE LIST DISPOSAL DATE, METHOD OF DISPOSAL AND IF IT WAS SOLD, LIST SELLING PRICE.

GENERAL INFORMATION	DATE
DAYCARE LICENCE RECEIVED	
BUSINESS STARTED <small>This Year Only</small>	
BUSINESS ENDED <small>This Year Only</small>	

BUSINESS AREA	SQ FT
TOTAL AREA <small>Measure Entire Living Area of Home and Calculate Total</small>	
DAYCARE AREA <small>Area used for Daycare Purposes</small>	
BUSINESS AREA <small>Area of Household used for Business Area</small>	

OPERATING HOURS	HOURS TOTAL
MONDAY Open at Closed at	
TUESDAY Open at Closed at	
WEDNESDAY Open at Closed at	
THURSDAY Open at Closed at	
FRIDAY Open at Closed at	
SATURDAY Open at Closed at	
SUNDAY Open at Closed at	

FOOD EXPENSE	TOTAL
TOTAL HOUSEHOLD <small>Total cost of All Food Items Purchased (Including Daycare)</small>	
DAYCARE PURCHASED <small>Total Food Purchased for Daycare</small>	
OUTSIDE MEALS <small>McDonalds, etc, Restaurants for Family & Daycare</small>	
OTHER:	

DAYCARE MEALS SERVED	AMOUNT
BREAKFAST	
MORNING SNACK	
LUNCH	
AFTERNOON SNACK	
DINNER	

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