Daycare Income

\$_			Income from parents				
\$_			Income from grants				
\$_	Income from food program						
			Home Expenses				
	_Yes, or	_ No:	Was your daycare "space" the same as last year? New clients: I will ask you for more information.				
			Daycare hours: Total number of hours at your home that you performed work for daycare.				
	_Yes, or	_ No:	Do your daycare hours include both time when children are present AND time BEFORE and AFTER children are present? For example, don't forget to include time for cleaning, record-keeping, online shopping, online classes, planning, etc. Do NOT include any time for personal work (including cleaning for your own family).				
\$			Mortgage interest #1 – Give me your Form 1098 from your mortgage company.				
	_Yes, or	_ No:	When you took out (or refinanced) that mortgage, was the ENTIRE amount used to purchase your home and/or do substantial improvements (remodel, roof, furnace) to the home? If you took "cash out" to pay off other bills, or used any money for other purposes, check "No".				
\$			Second mortgages, etc. Give me your Form 1098 from your mortgage company				
	_Yes, or	_ No:	When you took out (or refinanced) that second mortgage, was the ENTIRE amount used to purchase your home and/or do substantial improvements (remodel, roof, furnace) to the home? If you took "cash out" to pay off other bills, or used any money for other purposes, check "No".				
\$			Mortgage Insurance (not homeowner's insurance)				
\$			Property taxes on your home				
\$			Homeowner's insurance (total amount)				
\$			Add-on fee (if any) to homeowner's insurance because you are doing daycare				
\$			Repairs and maintenance to the home – shared spaces				
\$			Repairs and maintenance to the home – exclusively daycare				
\$			Utilities – Electric				
\$			Utilities – Gas/propane				
\$			Utilities – Water/sewer				
\$			Utilities Garbage				
\$			Utilities – Streaming services used for daycare (Netflix, Disney+, Spotify, etc.)				
\$			Utilities – Cable/satellite and Internet				
	_Yes, or	_ No:	Utilities – Does the amount above for your cable/internet also include a phone line?				
\$			Homeowner's Association fees				
\$			Security system fees				

_____ Other fees or expenses for your home

Daycare Expenses (first page)

Yes, or _	No: Are you on the "food program"? If yes, please give me your year-end statement.			
Number of Breakfasts NOT reported to the "food program"				
\$	Number of Lunches NOT reported to the "food program"			
\$	Number of Snacks NOT reported to the "food program". Although the food program is limited to one snack per day, for tax purposes you can claim two snacks per day (or in some cases, three) if you actually give the kids a second snack (even something small, such as a Popsicle).			
\$	Number of Dinners NOT reported to the "food program".			
\$	Advertising.			
\$	Payments to Independent Contractors that you are NOT listing the expenses elsewhere on this worksheet (you may need to issue them a 1099-NEC).			
\$	Business insurance (not part of your homeowners insurance).			
\$	License fees, training, classes.			
\$	Office expenses – Shared expenses.			
\$	Office expenses – Daycare-only expenses.			
\$	Wages to Employees. Please include a copy of all payroll forms and filings.			
\$	Gifts to children and parents. Limited to \$25 per year per person, plus any costs for shipping, wrapping, etc. If the "gift" is first used at the daycare for all children, then later sent home with the child, don't include that here – add the FULL cost to "toys" or "supplies".			
\$	Cell phone – Cost of ONLY your line.			
\$	Cell phone – Percentage of time your phone is used for daycare purposes.			
Yes, or _	No: Cell phone – Are there any other phone lines in your home (landline, spouse's cell phone)?			

Daycare expenses (second page)

For the items below, only include items \$200 or less each. If an item is over \$200, please see the "Large Purchases" section after this section.

*** It is not important which category you use for an expense, so use your own judgment***

\$	Toys -Shared (both daycare and personal use).					
\$	Household supplies – Shared (both daycare and personal use).					
\$	Cleaning supplies – Shared (both daycare and personal use).					
\$	Activity supplies – Shared (both daycare and personal use).					
\$	Other – Shared (both daycare and personal use).					
\$	Toys – 100% Daycare (used ONLY for daycare).					
\$	Household supplies – 100% Daycare (used ONLY for daycare).					
\$	Cleaning supplies – 100% Daycare (used ONLY for daycare).					
\$	Activity supplies – 100% Daycare (used ONLY for daycare).					
\$	Other – 100% Daycare (used ONLY for daycare).					
Yes, or _	No: Did you have any large purchases (over \$200 per item)? This may include furniture appliances, remodeling projects, new roof, etc.					
\$	Total dollar amount of "shared" expenses (both daycare and personal use) that each item cost \$200-\$2500.					
\$	Total dollar amount of 100% Daycare expenses (used ONLY for daycare) that each item cost \$200-\$2500.					
Items over \$25						
	500, for EACH item, I need:					
	500, for EACH item, I need: (1) Description of item					
\$	(1) Description of item					

Business Vehicles and Estimated Taxes

	Y	ear, Make and Mod	del of vehicle used for most day	care purposes.					
	Odometer reading at end of year (new clients and new vehicles, I also need the odometer reading at the beginning of the year, or when it was first used for daycare during the year)								
	E	Business miles Janu	uary 1 st – December 31st						
	Include miles where the "primary" purpose was for business. That can include grocery stores, Target, the bank, continuing education classes, field trips and more. Just be sure not to count <i>all</i> your trips to places like grocery stores and Target, because you are also purchasing personal items on some of those trips.								
\$	L	oan interest on you	ır business vehicle						
	L	icense plate numbe	er (so I can look up the cost of y	our registration 'tabs')					
\$	F	Parking fees and toll	ls (daycare only)						
Yes, or	_ No:	Was there another	vehicle available for personal u	se?					
Yes, or	_ No:	Was this vehicle av	vailable for personal use during	off-duty hours?					
Yes, or	_Yes, or No: Was this vehicle used primarily by you, or a related person?								
Yes, or	Yes, or No: Do you have evidence of the business use? (Hopefully this will be "yes").								
Yes, or	Yes, or No: Is the evidence of your business use "written"? (If it is not written, please record your evidence somewhere so you can answer "yes" to this question).								
Yes, or	Yes, or No: Did you sell or trade-in any business vehicle? If so, please include the sales paperwork that shows all of the itemized selling details.								
Yes, or		•	or start using a different vehicle aperwork that shows all of the it		е				
Yes, or	No:	Did you make any	Estimated Tax payments? If so	o, please give details.					
IRS Amount:		Date:	MN Amount:	Date:					
IRS Amount:		Date:	MN Amount:	Date:					
IRS Amount:		Date:	MN Amount:	Date:					
IRS Amount:		Date:	MN Amount:	Date:					
IRS Amount:		Date:	MN Amount:	Date:					