

Name: \_\_\_\_\_  
Print Name

Tax Year: \_\_\_\_\_

**Home Dimensions**

Total area of home . . . . . \_\_\_\_\_ sq ft  
 Area of home used exclusively for business \_\_\_\_\_ sq ft  
 # of months used for business purposes . . . \_\_\_\_\_ months  
 Total hours used for daycare business  
 (include one hour for prep and clean up) . . \_\_\_\_\_ hrs

**Daycare Business**

Are you a licensed daycare? . . . . . Yes  No   
 Do you care for more than one family? . Yes  No

**Home Expense**

**Annual Cost**

Mortgage interest . . . . .	\$ _____
Rent Paid (if you rent) . . . . .	\$ _____
Real estate taxes . . . . .	\$ _____
Casualty losses . . . . .	\$ _____
Home owners insurance . . . . .	\$ _____
Repairs and maintenance. . . . .	\$ _____
Utilities:	
▪ Cable/Satellite . . . . .	\$ _____
▪ Electricity . . . . .	\$ _____
▪ Natural gas or heating fuel . . . . .	\$ _____
▪ Trash. . . . .	\$ _____
▪ Water. . . . .	\$ _____

**Additional Information or Questions**

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**Auto Expense (choose only one, either the actual or standard method)**

**Standard Mileage Rate**

Total miles . . . . . \_\_\_\_\_ miles  
 Total business miles . . . . . \_\_\_\_\_ miles

✓ **Business Mile Examples**

- Bank trips
- Childcare trips to park, zoo, etc.
- Continuing education
- Purchasing supplies
- Professional meetings

**Actual Expenses**

Year and Make of Vehicle . . . . . \_\_\_\_\_  
 Date purchased . . . . . \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total miles driven . . . . . \_\_\_\_\_ miles  
 Total business miles driven . . . . . \_\_\_\_\_ miles  
 Fuel . . . . . \$ \_\_\_\_\_  
 Insurance . . . . . \$ \_\_\_\_\_  
 Interest on auto loan or lease payments . . . . \$ \_\_\_\_\_  
 License plates . . . . . \$ \_\_\_\_\_  
 Maintenance (oil changes, tires, washings) . . . \$ \_\_\_\_\_  
 Parking fees and tolls . . . . . \$ \_\_\_\_\_

# DAYCARE PROVIDER WORKSHEET

### Business Income and Food Expense

Income		Food Expenses	
Gross receipts .....	\$ _____	Total amount paid .....	\$ _____
Food program .....	\$ _____	Number of lunches served .....	_____
Reimbursements .....	\$ _____	Number of snacks served .....	_____
Bank account interest .....	\$ _____	Number of breakfast served .....	_____
Other .....	\$ _____		

### Other Expenses Paid For Daycare Use

Advertising .....	\$ _____	Gifts (\$25 max/person or couple) .....	\$ _____
Books .....	\$ _____	Movie rentals .....	\$ _____
Calendar/planner .....	\$ _____	Napkins .....	\$ _____
Computer ( % of business use _____ ) .....	\$ _____	Paper towels .....	\$ _____
Computer games .....	\$ _____	Office supplies .....	\$ _____
Craft items .....	\$ _____	Parties .....	\$ _____
Daycare/home insurance .....	\$ _____	Professional subscriptions (not news paper) .....	\$ _____
Daycare license .....	\$ _____	Supplies .....	\$ _____
Education .....	\$ _____	Toilet paper .....	\$ _____
Entertainment .....	\$ _____	Toys .....	\$ _____
Equipment purchased for daycare .....	\$ _____	Water Testing .....	\$ _____
Furniture purchased for daycare .....	\$ _____	_____ .....	\$ _____

### Assets Used for Daycare That Were Owned Prior to Tax Year (complete only if you are a new client or new daycare business)

Couches .....	\$ _____	Music .....	\$ _____
Beds .....	\$ _____	Outdoor toys .....	\$ _____
Blankets .....	\$ _____	Oven .....	\$ _____
Books .....	\$ _____	Playpen .....	\$ _____
Chairs .....	\$ _____	Refrigerator .....	\$ _____
Clothes dryer .....	\$ _____	Stove .....	\$ _____
Clothes washer .....	\$ _____	Swing set .....	\$ _____
Cribs .....	\$ _____	Tables .....	\$ _____
Dishwasher .....	\$ _____	Towels .....	\$ _____
Dressers .....	\$ _____	Videos/DVD .....	\$ _____
Freezer .....	\$ _____	Walkers .....	\$ _____
High chairs .....	\$ _____	Water softener .....	\$ _____
Indoor swings .....	\$ _____	_____ .....	\$ _____
Microwave .....	\$ _____	_____ .....	\$ _____

### Signature is required to process this tax deduction

You should retain all original receipts, checks, bank statement and mileage logs to support these deductions. I declare that the information I have provided to Nancy L Shoemake CPA, P.A. is to the best of my knowledge is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date