

Day Care - Worksheet

Income

Gross Receipts \$ _____

Cost of Food (Actual Expenses or allowance)

of Breakfasts Served _____ @ \$1.32 \$ _____

of Lunches Served _____ @ \$2.48 \$ _____

of Dinners Served _____ @ \$2.48 \$ _____

of Snacks Served _____ @ \$0.74 \$ _____

(maximum of one breakfast, one lunch, one dinner and three snacks per eligible child per day)

OR

Actual Food Costs (less personal) \$ _____

(need receipts)

Advertising / Business Donations \$ _____

Vehicle Expenses: (Mileage Expenses)

Permits/ Tolls/ Parking \$ _____

Documented # of Miles _____

(Shopping, Field Trips)

Insurance

Equipment/Property \$ _____

Liability Insurance \$ _____

\$ _____

Interest Paid

Equipment Loans \$ _____

Supply Loans \$ _____

Business Credit Card \$ _____

\$ _____

Legal / Professional Fees

Accounting \$ _____

Banking Fees \$ _____

Professional Licenses \$ _____

Continuing Ed/Tuition \$ _____

Bonds / Legal fees \$ _____

Magazine Subscriptions \$ _____

\$ _____

Office Expenses

Briefcase / Calculators \$ _____

Computer Supplies \$ _____

Office supplies \$ _____

Postage \$ _____

\$ _____

Rental/Lease Payments

Video Rental \$ _____

Equipment Lease \$ _____

Storage Rent \$ _____

\$ _____

Repairs / Maintenance

Equipment Repairs \$ _____

Parts \$ _____

\$ _____

Supplies

Supplies \$ _____

Safety equipment \$ _____

Cleaning Supplies \$ _____

Small Tools \$ _____

Toys, Crafts, Videos \$ _____

Cards, Gifts, Flowers \$ _____

\$ _____

Taxes

Federal Estimated Taxes \$ _____

State Estimated Taxes \$ _____

School District Estimated Taxes \$ _____

City Estimated Taxes \$ _____

Entertainment (birthday parties/field trips)

Actual Expense (need receipts) \$ _____

Major Purchases

<u>Description</u>	<u>Date Bought</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Use of Home

Are you a licensed daycare provider? _____

Average Number of kids / day: _____

Total Square Feet of House: _____

Square Feet of Area Used: _____

Hours in use each Day:

First Arrival _____ am

Last Departure _____ pm

Utilities

Cable \$ _____

Electric \$ _____

Heat \$ _____

Rubbish \$ _____

Water \$ _____

FAX / Internet Line \$ _____

Phone (business line) \$ _____

\$ _____

House

Rent \$ _____

Mortgage Interest \$ _____

Real Estate Taxes \$ _____

Lawn Care/Snow Removal \$ _____

Property Insurance \$ _____

Equipment Repairs \$ _____

Parts \$ _____