



SELF-EMPLOYED DAYCARE BUSINESS

Name: _____ SS # _____ Tax Year: _____

INCOME

Daycare Income \$ _____
Number of Hours Open _____

(eg. Mon-Fri 6 am-7 pm)

If this is your **FIRST YEAR** as a Day Care Provider, make a list of Household Furnishings with a Fair Market Value. List toys & equipment with a fair market value.

EXPENSES

Food \$ _____

If you provide us totals for Breakfasts, Snacks and Lunches/Dinners, we can calculate an allowed per diem.

Paper Products \$ _____

Gifts -Business (\$25. max per person/per yr) \$ _____

Crafts, Parties & Holidays: \$ _____

Recreation & Outings \$ _____

Research \$ _____

Education & Science \$ _____

First Aid & Safety \$ _____

Laundry & Cleaning \$ _____

Toys, Games, Books \$ _____

Advertising & Promotion \$ _____

Auto Expense: Actual \$ _____

OR Bus. Miles Driven \$ _____

Commissions and Fees \$ _____

Sub-Contractors \$ _____

New Equipment & Household Furnishing Purchases:

\$ _____

\$ _____

Business Insurance \$ _____

Business Interest \$ _____

(loan, business c.c. & equipment)

Legal and Accounting \$ _____

Office & Postage/Messenger \$ _____

Business Rent \$ _____

Equipment Rental/Lease \$ _____

Supplies \$ _____

Equipment Repairs \$ _____

Travel \$ _____

Meals & Entertainment/Meetings \$ _____

Wages Paid \$ _____

Payroll Taxes \$ _____

Employee Benefits \$ _____

Bank Charges \$ _____

Dues & Subscriptions \$ _____

Research & Education \$ _____

Cell Phone \$ _____

Computer Software \$ _____

Printing & Film Processing \$ _____

Parking \$ _____

Health Insurance Paid \$ _____

Business Phone & Internet \$ _____

Extra Services on Home Phone \$ _____

Other \$ _____

IN-HOME OFFICE EXPENSES:

Square Feet of Home: _____

Square Feet of Office: _____

Mortgage Interest on Home \$ _____

Property Taxes \$ _____

Insurance on Home \$ _____

Utilities \$ _____

Cable TV \$ _____

Repairs & Maintenance \$ _____

Improvements \$ _____

Rent \$ _____

Other \$ _____

ESTIMATED TAXES PAID

Federal Estimated Tax Payments:

\$ _____ date _____

State Estimated Tax Payments:

\$ _____ date _____

Use back side to list any additional information - attach all other documentation.

09 Daycare Self Employed • 2010 Tax Period

ALL FEES PAYABLE AT TIME OF SERVICE OR PRIOR TO E-FILING • CASH, CHECK, CREDIT CARD