

# Accounting Associates, Inc

## DAY CARE INCOME and EXPENSE WORKSHEET

YEAR 2025

YOUR NAME \_\_\_\_\_

SS # or Federal ID # \_\_\_\_\_

NAME OF DAY CARE BUSINESS \_\_\_\_\_

ADDRESS (if different than your residence) \_\_\_\_\_

How many months was this business in operation during the year?  
Were you still in business on December 31st ?

12 Months  OR From \_\_\_\_\_ To \_\_\_\_\_  
Yes  No

### DAY CARE INCOME

INCOME DIRECTLY FROM PARENTS _____	FOOD PROGRAM PAYMENTS:
PAYMENTS FROM GOVERNMENT AGENCIES _____	Total received _____
CASH GIFTS FROM PARENTS _____	Amount for your children _____
SALES OF EQUIPMENT USED FOR DAY CARE _____	Amount for others _____
AND IN THE PAST _____	Other income _____

### OFFICE IN HOME (if licensed, or not required to be)

Date Home Acquired	_____
Total Cost	_____
Cost of Land	_____
Cost of Improvements	_____
Square Footage of Home	_____
Square Footage Used for Day Care (regularly)	_____
Square Footage Used for Day Care (exclusively)	_____

~ If your work hours are irregular, you may claim the hours that you advertise as business hours as long as you actually care for children all of those hours at least some days during the year.  
~ Keep a daily log with "Time In and Time Out" entries.  
~ In addition to the hours spent on Day Care, you may claim the time spent

HOME RELATED EXPENSES	100% Day Care	Partial
Real Estate Taxes		
Mortgage Interest		
Casualty Loss		
Electricity		
Heat		
Insurance - General Policy		
Insurance - Day Care Rider		
Repairs / Maintenance		
Water / Sewer / Garbage / Cable TV		
Rent Paid - if you are a renter		
Other (specify)		

on Day Care related jobs such as:  
 \_\_\_\_\_ cleaning up after children  
 \_\_\_\_\_ food preparation  
 \_\_\_\_\_ record keeping  
 \_\_\_\_\_ planning and preparation  
 \_\_\_\_\_ other (specify) \_\_\_\_\_  
 \_\_\_\_\_ DAY CARE hours per day  
 \_\_\_\_\_ Number of days during the year when children were in your care  
 \_\_\_\_\_ If hours vary, total of hours for year

IN CASE OF AN AUDIT, THESE RECORDS WILL BE REQUIRED.

<p><b>AUTO EXPENSE:</b> Keep records of mileage for Day Care meetings, shopping trips for supplies, banking, educations, taking children home, to doctor, or to events.</p> <p>If you take expense on mileage basis, complete line 1-10.</p> <p>1. Year &amp; Make of Auto (Bring in purchase/sale papers) _____</p> <p>2. Date Purchased: Month, Date, Year _____</p> <p>3. Ending Odometer Reading: December 31 _____</p> <p>4. Beginning Odometer Reading: January 1 _____</p> <p>5. Total Miles Driven Jan 1 - June 30: Lines 3 less Line 4 _____</p> <p>6. Total Miles Driven July 1 - Dec 31: Lines 3 less Line 4 _____</p> <p>7. Total Day Care Miles in Line 5 (do you have evidence to support?) _____</p> <p>8. Daily Round Trip Miles (if Day Care not in your home) _____</p> <p>9. Parking and Tolls _____</p> <p>10. Licenses and Taxes (not sales tax) _____</p> <p>11. Interest (continue below if you take actual expense) _____</p> <p>12. Gasoline, oil, lube, repairs, tires, batteries, insurance, etc. _____</p> <p>13. Lease (fair market value at time of lease \$ _____)</p> <p>14. Other _____</p>	<p><b>FOOD</b></p> <p>Your total grocery bill _____</p> <p>(In a audit, you must prove a reasonable amount spent for personal.)</p> <p>Amount spent on Day Care _____</p> <p>IRS has used the federal food program allowance to determine cost of food provided to the children. List below the number of all meals served during year in your home, not just those reimbursed - plus cost of meals purchased in a restaurant, etc.</p> <table style="width: 100%;"> <tr><td>BREAKFAST</td><td style="text-align: right;">Total Count</td><td>_____</td></tr> <tr><td>LUNCHESES</td><td style="text-align: right;">Total Count</td><td>_____</td></tr> <tr><td>DINNERS</td><td style="text-align: right;">Total Count</td><td>_____</td></tr> <tr><td>AM SNACKS</td><td style="text-align: right;">Total Count</td><td>_____</td></tr> <tr><td>PM SNACKS</td><td style="text-align: right;">Total Count</td><td>_____</td></tr> <tr><td>Cost of Meals Purchased in Restaurant</td><td></td><td>_____</td></tr> </table>	BREAKFAST	Total Count	_____	LUNCHESES	Total Count	_____	DINNERS	Total Count	_____	AM SNACKS	Total Count	_____	PM SNACKS	Total Count	_____	Cost of Meals Purchased in Restaurant		_____
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**BUSINESS EXPENSES (continued)**

ADVERTISING/PROMOTION: Newspapers ads, business cards, Day Care t-shirts/sweatshirts, etc.		WAGES (bring your copy of W/2s/941s if they have been filed)	
INSURANCE: Business Liability		Wages to spouse (subject to Payroll tax)	
INTEREST: On items used for day care only		Children under 18 (not subject to FICA)	
Paid to financial institution		Other Wages	
Day Care only credit card		BANK CHARGES/OVERDRAFTS: Business account only - cost of printed checks, service charges.	
LEGAL & PROFESSIONAL: Day care only attorney or accountant fees		CLOTHES: For Day Care Children - caps, mittens, diapers, etc.	
OFFICE SUPPLIES: Postage, stationary, pens, pencils, small office equipment, Christmas or birthday cards, Day Care record books, calendars		DUES & PUBLICATIONS: Day Care licenses, assn. dues, Day Care magazines, for you or children.	
RENT: Building (if Day Care not in home)		EDUCATION: Workshop registration, books, supplies	
REPAIRS and MAINTENANCE		FOOD: (see other side)	
SUPPLIES: Household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable cutlery, etc.	100%	GIFTS: For Day Care children and true employees - Christmas, Easter, Birthday, etc.	
Activity or children's supplies, games, toys, crayons, craft items	Shared	LAUNDRY & CLEANING: Professional cleaning of furniture, carpeting, drapes: only a % will be allowed unless you can show that Day Care was 100% responsible for cleaning.	
TAXES: Real Estate		Directly related to Day Care	
TRAVEL & ENTERTAINMENT: Costs for entertainment of parents, tickets to events, etc.		Partially related to Day Care	
DOCUMENT WHO, WHEN, WHY		UNIFORMS: Furnished to employees & for yourself	
UTILITIES & TELEPHONE		OTHER EXPENSES: (not listed elsewhere)	
Telephone (business line - if you have one)		_____	
Personal Phone (base phone cost not deductible)		_____	
Extra Extension (phone options for Day Care)		_____	
Long Distance costs for Day Care		_____	

**MAJOR PURCHASED and IMPROVEMENTS**

(Computers, office equipment, furnishings)

Item Purchased	Date Purchased	Cost	Item Purchased	Date Purchased	Cost

**CHECK LAST YEAR'S DEPRECIATION FORM TO SEE IF ALL ITEMS ARE CURRENT**

\* 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

~ You are required to withhold tax on the payment if recipient does not furnish his/her social security number.  
 ~ Due date of form is January 31.

Name	Address	Social Security #	Amount	Purpose of Payment

I certify that the amounts shown are true and correct. \_\_\_\_\_  
 Signature