Smith's Tax Services

Child-Care Income and Business Expenses For Taxes

Tax ID Number: _____

Name of Child Care: _____

INCOME (SCH C Part I)

Total collected from parent's _____

Total collected 1099 Misc Income _____

Food Program Reimbursement _____

DIRECT EXPENSES (Sch C Part II)

Accounting fees		Inspection fees	
Advertising		Insurance for daycare	
Arts & crafts supplies		Insurance self employed health	
Bank Charges/Fees		Internet service/web pages	
Books/Materials		Legal & professional fees	
Business Interest		Licensing Fees	
Cell Phone		Office Expenses	
Charity childcare related		Outside Toys	
Contract Labor **1099 MUST BE ISSUED**		Parties	
Classroom		Postage	
Cleaning supplies		Repairs related to daycare	
Computer Supplies		Tapes/Movies/Film Processing	
Credit cards		Tax Preparation	
Dues & subscriptions		Toys and Games for Inside	
Educational/Training		Toys and Games for Outside	
Equipment		Software	
Field trip Costs		Supplies	
First aid supplies		2nd Telephone Line for child care	
Food		Video's & rentals	
Furniture			
Gifts to childcare children			
Gifts Parents			
Gift Wrapping			
Home Decorations			
Household Supplies			
		Total:	

TIME PERCENTAGE CALCULATION (For Home Office Worksheet) ***Working hours when Children are present in your home***			
Hours Children in Home Per Day	_____		_____
Days a Week	_____		_____
Number Weeks	_____		_____
Total:	_____		_____

ADDITIONAL TIME SPEND BY CHILDREN IN HOME (For Home Office Worksheet)
Outside of regular hours included above

Early arrivals per day hours ___ x days ____ = hrs _____
Late Stays per day hours ____ x days____ = hrs _____
Overnight childcare hours ___ x days ____ = hrs _____
Occasional Overnight childcare hours___x days___ = hrs _____
Weekend childcare? Hours ____ x hrs = hrs _____

Total: _____

WORKING HOURS WHEN CHILDREN ARE NOT PRESENT (For Home Offce Worksheet)

Set-up tear down time	_____	Preparing newsletter, fliers etc	_____
Childcare meal preparation	_____	Decorating for childcare	_____
Cleaning the home for Childcare	_____	Preparing childcare shopping lists	_____
Reading mag. For recipe/craft ideas	_____	Meal planning	_____
Preparing lesson plans	_____	Conducting parent interviews	_____
Keeping business records	_____	Parental discussions on phone	_____
Food program paperwork	_____	Parent/child conferences	_____
Networking with other providers	_____	Computer time	_____
House and lawn Maintenance	_____	Laundry time	_____
Other	_____		_____

Total: _____

GRAND TOTAL ALL HOURS:_____

SPACE PERCENTAGE CALCULATION (For Home Office Worksheet)

IF 100% USE WRITE THE PERCENTAGE

Total Square Footage of home _____

Footage used by Childcare _____

EXPENSES RELATED TO BUSINESS USE OF HOME (For Home Office Worksheet)

Mortgage interest (Sch A) _____

Rent _____ (Military Privation Need Copy of Lease)

Real estate taxes (Sch A) _____

Home owners/Renters Insurance _____

Electricity _____

Gas _____

Water _____

Cable _____

Trash _____

Other _____

Total: _____

OTHER Expenses (For Home Office Worksheet)			
Lawn Maintenance	_____		
Yard Supplies	_____		
Pest Control	_____		
Carpet Cleaning	_____		
Cleaning Service	_____		
Other	_____		
Other	_____		
	Total:	_____	
	Total:	_____	

GENERAL REPAIRS AND MAINTENANCE (For Home Office Worksheet)			
Plumbing	_____	Electrical Repairs	_____
Telephone repairs	_____	Appliance Repairs	_____
Painting	_____	Other	_____
Furniture cleaning	_____	Other	_____
Remodeled?	_____	Other	_____
	_____	Other	_____
	_____	Other	_____

Auto Expenses (For Fixed Assets Depreciation)			
	Vehicle 1	**Vehicle 2**	**Vehicle 3**
Begging Miles Jan 1	_____		_____
Ending Miles Dec 31	_____		_____
Total miles this year	_____		_____
Childcare related Miles	_____		_____
IF YOU ARE TAKING ACTUAL EXPENDITURES, THE FOLLOWING ADDITIONAL INFORMATION IS NEEDED			
Cost of automobile	_____		_____
Actual cash down payment	_____		_____
Sales tax paid	_____		_____
Gas/oil, etc	_____		_____
Insurance	_____		_____
Car wash	_____		_____
License	_____		_____
Interest Expense	_____		_____
Lease payments	_____		_____
Miscellaneous expenses	_____		_____
Repairs	_____		_____
Total:	_____	**Total:**	_____

Conferences and Work Shops (For Schedule C)

Airline Tickets _____
Lodging _____
Meals/tips _____
Parking _____
Rentals _____

TAX WORKSHEET FOR DEPRECIATION (For Home Office Worksheet)

Depreciation of item

House- original cost _____
Land _____

HOUSEHOLD IMPROVEMENTS

Siding _____
Furnace/air conditioning _____
Landscaping _____
Fence

Total: _____

NEW CLIENTS FURNITURE AND APPLIANCES BOUGHT
OR EXISTING ONLY NEW ITEMS BOUGHT **(For Fixed Assets Depreciation)**

Refrigerator	_____	Stove	_____
Dishwasher	_____	Microwave	_____
Kitchen table &chairs	_____	Mixer	_____
Bread machine	_____	Toaster Oven	_____
Dishes/Pots/Pans etc	_____	Other	_____
Living room			
Wood stove	_____	Couch chairs	_____
Entertainment center	_____	TV	_____
VCR/DVD/Stereo	_____	Game consoles	_____
End tables/lamps	_____	Carpet	_____
Other	_____	Other	_____
Bedrooms			
Beds	_____	Lamps	_____
Dressers	_____	Carpet	_____
Other	_____	Other	_____
Bathrooms			
Storage compartments	_____	Other	_____
Other	_____	Other	_____
Laundry room			
Washer	_____	Dryer	_____
Freezer	_____	Other	_____
Other	_____	Other	_____
Garage			
Storage	_____	Other	_____
Outside equipment			
Lawn mower	_____	Swing set	_____
Other	_____	other	_____

Total: _____

INDIRECT SHARED EXPENSES (For Home Office Worksheet)

Arts & Crafts Supplies	_____	Home Decorations	_____				
Classroom supplies	_____	Household Supplies	_____				
Cleaning Supplies	_____	Home Decorations	_____				
Computer/printer/etc	_____	Repairs Related to Childcare	_____				
Computer Supplies	_____	Software	_____				
Field Trips	_____	Supplies	_____				
Food	_____	Toys	_____				
Furniture	_____	Other	_____				
Games	_____	Other	_____				
		Total:	_____				

COLLEGE AND UNIVERSITY EDUCATION CREDITS FORM 8863 (American Opportunity and Lifetime Learning Credits)

Provide Form 1098-T Tuition Statement from College or University

Cost of Tuition for Year _____

How Tuition Paid

Non loan (Cash or Check) $_____

Private Loans $_____

Government Loans
Subsidized $_____
Un subsidized $_____

Other Expenses
Books $_____
Required Fees $_____

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