

Day Care Provider Checklist of Deductions

Income

Private Pays _____
 FIA _____
 Food Program _____
 Other Income _____
Total Income _____

Home Information

Original Purchase Price _____
 Closing Cost _____
 Improvements: _____
 OR Lesser of FMV and Cost _____

Ordinary Supplies

	100%	Partial
Advertising		
Assistants		
Books & Magazines		
Business Tax		
Child Proofing Devices		
Children Working in Business		
Continuing Education(Child Care)		
CPR Training		
Food & Snacks		
Gifts to Children		
Insurance:Day Care		
License & Permits		
Legal Fees		
Accounting/Tax Preparation		
Supplies: Art		
Supplies: Bottles, Formula, Diapers		
Supplies: Cleaning		
Supplies: Household		
Supplies: Laundry		
Supplies: Office		
Supplies: Party		
Telephone: Cell		
Tickets, Fees, Field Trips		
Toys		
Video Rental		
Payroll; (please provide year end tax forms)		
Payroll taxes (please provide year end forms)		
Other _____		
Other _____		
Other _____		
Other _____		

Auto Expenses

Business Mileage		
Total Mileage		

Major Purchases

	100%	Partial
Car Seats		
Cribs		
High Chairs		
Riding Equipment		
Swing Sets/slides		

Purchases Subject to Business Percent

Computer Equipment		
Dishwasher		
Dryer		
Fencing		
Refrigerator		
Television		
VCR/DVD		
Washer		
Other _____		
Other _____		
Other _____		

Business Use of Home

Business Square Feet		
Total Square Feet of Home		
Mortgage Interest		
Property Taxes		
Home Insurance		
Rent		
Cleaning Services		
Gardener		
Repairs		
Pool Service & Supplies		
Utilities: Gas, & Electric		
Oil		
Wood or Pellets		
Trash		
Water		

Business Hours Open for Business From _____ to _____ (Dates)

Hours of Operation	Daily Hours		# of Days/Wk		# of Weeks	Total Hours
Setup	_____	X	_____	X	_____ =	_____
Cleaning	_____	X	_____	X	_____ =	_____
Telephone Calls to Parents	_____	X	_____	X	_____ =	_____
Interviews	_____	X	_____	X	_____ =	_____
Bookkeeping/Recordkeeping	_____	X	_____	X	_____ =	_____
Planning Activities	_____	X	_____	X	_____ =	_____
Planning Meals	_____	X	_____	X	_____ =	_____
Overtime(parents late)	_____	X	_____	X	_____ =	_____
Children Overnight	_____	X	_____	X	_____ =	_____
Other	_____	X	_____	X	_____ =	_____

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Total Hours

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