## **2024 DAYCARE INCOME & EXPENSE WORKSHEET**

**Business** Name SSN/Federal ID# **Total Income** \$\_\_\_\_\_ **Office in Home Expenses** Income from parents Date Home Acquired Govt. /food program pmts Total Cost Other income Total Square Footage of Home (cash gifts, sale of equipment, etc) Total hours spent on daycare (see below) Mortgage Interest **Real Estate Taxes** \_\_\_\_\_ Expenses Advertising Insurance Insurance – Business Repairs/Maintenance Tax & Accounting Fees Utilities (not exclusive to daycare use) Electricity Office Supplies Water/Sewer Garbage Supplies Cable TV Internet/Phone Taxes/Licenses Other (specify) Travel/Entertainment **Hours of Operation** W-2 Wages Paid Daycare hours Non-W-2 Wages Paid (hours open per day x days per week x weeks per year) Cleaning hours **Other Expenses** Postage Bookkeeping **Dues/Publications** Planning/Preparation Education **Standard Mile Deduction** Total Miles Gifts/Toys **Business Miles:** Other (List): Other Miles **Food Expenses** – (number served times daily rate) \*Do you have another vehicle for personal use? Y Ν x \$1.65 = Breakfast \*Do you have evidence to Morning Snack x \$0.93 = support your deduction? Y Ν \*Is the evidence written? Y Ν \_\_\_\_\_ x \$3.12 = \_\_\_\_ Lunch \*\*\*\*\*\* Afternoon Snack \_\_\_\_\_ x \$0.93 =\_\_\_\_\_ SIGNATURE – PLEASE SIGN I certify that all the information listed is correct and Dinner x \$3.12 = complete, and may be relied upon to prepare my income tax returns.

Please list any business assets purchased or sold on another sheet, <u>AND</u> indicate if it is new or used.