

Daycare Income and Expenses

Name of Business: _____

Type: Daycare

Date started: _____

Gross Daycare Income \$ _____

Other Income \$ _____

Expenses - DIRECT (Daycare only)

Advertising \$ _____

Insurance –Daycare only \$ _____

Licenses \$ _____

Professional Services \$ _____

Office expenses \$ _____

Rent or Lease (Bldg, equip) \$ _____

Supplies \$ _____

Training, classes, seminars \$ _____

Food daycare only \$ _____

If using per diem # served daily times # kids

Snacks am _____ Snacks pm _____

Lunch _____ Dinner _____

OTHER EXPENSES (list type and amount)

DIRECT (Daycare Only)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

INDIRECT (Partial Daycare)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)

Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____

AUTOMOTIVE EXPENSES: Year / Make / Model _____

Total miles driven # _____ Business # _____ Commuting # _____ Personal # _____

Actual Expenses: Gas \$ _____ Repairs \$ _____ Tabs \$ _____ Other \$ _____

Was vehicle available for personal use during off-duty hours? _____

Was the vehicle used primarily by a more than 5% owner or related person? _____

Is another vehicle available for personal use? _____ Do you have evidence of mileage in writing? _____

HOUSE USE

Cost of Home \$ _____ Purchase date _____

Land Value \$ _____ Date started using for Daycare _____

Total area of home _____ sq ft Area shared for daycare & personal _____ sq ft

Area used exclusively for daycare _____ sq ft Area NOT used for daycare _____ sq ft

of days Open per year _____ # hours per year Spent on paperwork _____

Hours of operation: FROM _____ am TO _____ pm

EXPENSES

ENTIRE HOUSE

DAYCARE AREA ONLY

Cleaning \$ _____ \$ _____

Insurance \$ _____ \$ _____

Repair and maintenance \$ _____ \$ _____

Utilities \$ _____ \$ _____

Other Expenses _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

MAJOR IMPROVEMENTS

Date	Description of item	Amount	Home or Daycare area only
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Other Daycare Related items not previously noted:
