

Profit or Loss From Daycare

Schedule C

Daycare Name:

Daycare Address:

Employer Tax I.D. Number: (If applicable)

Total hours spent on daycare during the entire year: (Sum of items listed below)

Time spent during normal daycare hours of operation.

Time spent cleaning and preparing house before and after normal hours of operation.

Time spent on other activities outside normal hours of operation*.

*Such as planning and preparing meals, planning and preparing activities, interviewing prospective parents, talking to parents on the phone, keeping business records, or performing other administrative functions.

Miscellaneous:

Yes

No

Is your daycare licensed?

If not, are you exempt from being licensed?

Do you participate in the food program?

Did you pay for your own health insurance (not through employer) at anytime during the year?

Did you provide health insurance for any of your employees?

Did you pay anyone in excess of \$600 for personal services or rent? (Other than your employees)

Income:

Gross Revenue

Food Program

Other Income

Other Income

Expenses:

Advertising

Commissions and Fees

Contract Labor

Employee Benefit Programs

Insurance (Other than health or auto insurance)

Mortgage Interest (Other than personal residence)

Interest - Other

Legal and Professional Services

Office Expense

Pension and Profit Sharing Plans

Rent or Lease - Vehicles, Machinery, and Equipment

Rent - Other

Repairs and Maintenance (Other than automobile)

Supplies

Taxes and Licenses

Travel

Meals and Entertainment

Utilities

Wages

Other Expense and Asset Purchases

Schedule C

Other Expense:

| | | | |
|--------------------------------------|--|--|--|
| Association and Membership Fees | | Party Expense | |
| Bank Charges and Returned Check Fees | | Postage and Mailings | |
| Books, Movies, Toys, and Games | | Safety Equipment | |
| Business Gifts | | Seminar Expense | |
| Charitable (Made from business) | | Small Tools and Equipment | |
| Credit Card Fees | | Vet Fees and Pet Care | |
| Dues and Subscriptions | | Web Hosting | |
| Education and Training | | Other - | |
| Field Trip Costs | | Other - | |
| First Aid | | Cable TV (Daycare %, if not 100% _____) | |
| Inspector and Licensing Fees | | Internet (Daycare %, if not 100% _____) | |
| Laundry | | Telephone (Daycare %, if not 100% _____) | |

Food Expense: Provide either actual food cost or number of daycare related meals prepared during the year.

| | |
|---|--|
| Actual cost of daycare related food purchased during the year? | |
| Total number of breakfasts served during the year? (# of Breakfasts Served x # of Children per Breakfast) | |
| Total number of lunches served during the year? (# of Lunches Served x # of Children per Lunch) | |
| Total number of dinners served during the year? (# of Dinners Served x # of Children per Dinner) | |
| Total number of snacks served during the year? (# of Snacks Served x # of Children per Snack) (Max 3 per day) | |

Home Office: Complete if you are a licensed daycare or are exempt from licensing requirements.

| | | | |
|--|--|--|--|
| Mortgage Interest | | Home Information: (If not already on file) | |
| Real Estate Taxes | | Square Footage Used 100% for Daycare | |
| Home Owners Insurance | | Square Footage Used Part-Time for Daycare | |
| Rent | | Total Square Footage of Home | |
| Repairs and Maintenance | | Date your Daycare started during the year? | |
| Utilities (Gas, Electric, Water & Garbage) | | Current Fair Market Value of Your Home? | |
| Security System | | Initial Purchase Price of Your Home? | |
| Other | | Cost of Improvements made since purchase? | |

Asset Purchases:

| Date | Description of Property | Purchase Price | Business Use % | New or Used |
|------------------|-------------------------|----------------|----------------------|---------------------|
| <u>Purchased</u> | | <u>Price</u> | <u>(If not 100%)</u> | <u>(Circle One)</u> |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |
| | | | | New Used |

| | | |
|--|-----|----|
| Did you convert any personal use assets to business assets during the year? If yes, provide details. | Yes | No |
| Did you sell or otherwise dispose of any business assets during the year? If yes, provide details. | Yes | No |

Auto Expense Worksheet

Schedule C

Vehicle Information:

| | <u>Vehicle #1</u> | <u>Vehicle #2</u> | <u>Vehicle #3</u> |
|---------------------------|-------------------|-------------------|-------------------|
| Date Placed Into Service: | | | |
| Vehicle Year: | | | |
| Vehicle Make: | | | |
| Vehicle Model: | | | |

Mileage Information:

| | | | |
|---------------------------------------|--|--|--|
| Business Miles Driven During the Year | | | |
| Total Miles Driven During the Year | | | |

Other Auto Related Expense:

| | | | |
|--------------------|--|--|--|
| Auto Loan Interest | | | |
| License Tabs | | | |
| Parking Fees | | | |
| Tolls | | | |

Actual Expenses: (Only complete if not using the IRS standard mileage rate of 54.5 cents per mile)

| | | | |
|----------------|--|--|--|
| Garage Rent | | | |
| Gas | | | |
| Insurance | | | |
| Oil Change | | | |
| Repairs | | | |
| Tires | | | |
| Lease Payments | | | |
| Car Wash | | | |
| Other - | | | |
| Other - | | | |
| Other - | | | |
| Other - | | | |

Miscellaneous:

| | | |
|---|-----|----|
| Do you have another vehicle available for personal use? | Yes | No |
| Was your vehicle available for use during off-duty hours? | Yes | No |
| Do you have evidence to support your deduction? | Yes | No |
| If yes, is the evidence written? | Yes | No |

Preparer Use Only: (Only necessary if using Actual Cost Method)

| | <u>Vehicle #1</u> | <u>Vehicle #2</u> | <u>Vehicle #3</u> |
|---|-------------------|-------------------|-------------------|
| Date Purchased | | | |
| Purchase Price | | | |
| FMV (If converting from personal to business use) | | | |
| Is Loaded GVW over 6,000 lbs. | | | |
| New or Used | | | |