



# 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.		
<b>Miscellaneous:</b>		<b>Yes</b>
		<b>No</b>
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 receive forms 1099-MISC or 1099-K for income received in 2024? If yes, attach forms.		
Did you pay anyone in excess of \$600 for personal services or rent? (Other than your employees)		
<b>Income:</b>		
Gross Revenue		
Food Program		
Other Income		
Other Income		
<b>Expenses:</b>		
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		
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	Purchase	Business Use %	New or Used
<u>Purchased</u>	<u>Description of Property</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
			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)

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

## Miscellaneous:

Was your vehicle available for use during off-duty hours?	Yes	No
Do you have another vehicle available for personal use?	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 Expense 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			