

DAY CARE PROVIDER

Client: _____ ID# _____ Tax Year _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

Ordinary Supplies	
Advertising	
Books & Magazines	
Business Tax	
Child Proofing Devices	
Continuing Education (child care)	
CPR Training	
Food & Snacks	
Insurance: Bond	
Insurance: Business	
Insurance: Liability	
License & Permits	
Payroll: Wages	
Payroll: Taxes	
Professional Fees: Legal	
Professional Fees: Tax Preparation	
Repairs	
Replacements	
Supplies: Art	
Supplies: Bottles, Formulas, Diapers	
Supplies: Cleaning	
Supplies: Household	
Supplies: Laundry	
Supplies: Office	
Supplies: Party	
Telephone: Cell	
Telephone: House	
Telephone: Pager	
Tickets, Fees, etc. - Field Trips	
Toys	
Video Rentals	
Other: _____	
Other: _____	
Total	

Vehicle & Travel
See Vehicle, Travel & Entertainment Worksheet

Major Purchases	
Car Seats	
Cribs	
High Chairs	
Riding Equipment	
Swing Set/Slides	
Other: _____	
Other: _____	
Purchases (Subject to Percentage of Business Use)	
Computer Equipment	
Dishwasher	
Dryer	
Fencing	
Refrigerator	
Television	
VCR	
Washer	
Other: _____	
Other: _____	
Total	

Business Use of Home	
Total Square Feet of Home	
Business Area of Home	
Business Hours (Total for Year)	
Home Mortgage Interest	
Property Taxes	
Insurance	
Rents	
Allocated Expenses (Subject to Percentage of Business Use)	
Cleaning Service	
Gardner	
Maintenance & Repairs	
Pool Service & Supplies	
Repairs	
Utilities: Cable	
Utilities: Gas & Electric	
Utilities: Trash	
Utilities: Water	
Other: _____	
Other: _____	
Total	

Other Information



1620 ELTON ROAD SUITE 204
SILVER SPRING, MD 20903
TEL: 301-589-2040 FAX 301-589-2042
Email: Integratedmultiservices@gmail.com
Website: www.integratedmultiservices.com