Income/Expense Sheet

Provider's Name _____

License # _____

Month of _____

Year _____

Total Monthly Expenses		
Expenditures – 100% Deductable		
Accounting services	$	
Advertising	$	
Automobile mileage	$	
Baby furniture and equipment (costing under $100)	$	
Bank charges for child care accounts	$	
Books and magazines for children or child care purposes	$	
Business association dues	$	
Education expenses (professional development)	$	
Field trips and projects	$	
Food expenses	$	
Gifts (limited to $25 per child and each parent per year)	$	
Insurance (child care liability fees are 100% deductible)	$	
Interest on business debts	$	
Licensing fees and physicals	$	
Office supplies	$	
Substitute caregiver fees	$	
Toys (if used only in child care)	$	
Telephone (long distance calls related to business, call waiting, call forwarding, extra extension, custom ringing, extra line, etc.)	$	
	$	
	$	
	$	

Partially Deductible Items*	**Full Amount**		**Percent***	**Deductible**	
Appliance repair	$			$	
Cleaning/laundry supplies	$			$	
Home repairs/maintenance	$			$	
Household supplies	$			$	
Rent/Mortgage payment	$			$	
Cable/Satellite TV costs	$			$	
Utilities (excluding phone)	$			$	
Tax preparation	$			$	
If separate from monthly payment					
Household insurance	$			$	
Mortgage interest	$			$	
Property taxes	$			$	

Total Monthly Income From Day Care Business		
Payments from Parents		
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
CACFP Reimbursement	$	
Other Day Care Income	$	
DHS	$	
	$	
Total Monthly Income	**$**	

Insert monthly totals from each table to determine NET INCOME

INCOME	$
- EXPENSES	$
NET INCOME	**$**

*** Partially Deductible Items**
"Percent" from Federal tax form 8829 "Expenses for Business Use of Your Home" Part 1, Line 7