

DAY CARE & SELF EMPLOYMENT INCOME WORKSHEET – 2024

BUSINESS USE OF HOME (FOR DAYCARE OR SELF EMPLOYMENT INCOME)

Total Square Footage of your home _____ Total Square footage used for business _____
 Total number of hours you did child care during the year including preparation and cleanup _____
 Total Electricity paid for the year _____ Total Gas (heat) paid for the year _____
 Total Sanitation paid for the year _____ Total Cable TV paid for the year _____
 Total Water paid for the year _____ Homeowner's Insurance Paid for the year _____
 Repair & Maintenance paid exclusively for you home _____

DAY CARE

DAY CARE INCOME _____ Food Assistance Program Payments _____

EXPENSES:

Paper Products _____	Cleaning & Laundry Supplies _____
Office Supplies _____	Toys & Books _____
Entertainment for Children _____	Gifts for Children _____
Professional Dues & subscriptions _____	Education & Workshop Fees _____
Bank Charges _____	Postage _____
Insurance for Daycare only _____	Repair & Maintenance _____
Cell Phone _____	Telephone (second line) _____
Business Mileage _____	
Total number of Breakfast served during the year _____	
Total number of Lunches & Suppers served during the year _____	
Total number of Snacks served during the year _____	
Other Expenses or Equipment Purchased for the Day Care _____	

BUSINESS NAME _____ **ADDRESS** _____

BUSINESS ACTIVITY _____ **CASH BASIS**

HOW MANY MONTHS IN BUSINESS DURING YEAR # _____

INCOME:

Gross Receipts _____ Other Income _____

EXPENSES:

Cost of goods Sold _____	Office Expense _____
Advertising _____	Rent/ Lease (veh/equip) _____
Car/ Expenses _____	Rent/Lease (other) _____
Commissions & Fees _____	Repairs & Maintenance _____
Contract Labor _____	Supplies _____
Employee Benefit Program _____	Taxes (Payroll) _____
Insurance (business only) _____	Taxes (other) _____
Interest (Pd to Banks) _____	Licenses _____
Interest (other) _____	Meals & Entertainment _____
Legal & Professional services _____	Travel _____
Bank charges _____	Utilities (other than home) _____
Subscriptions _____	Cell phone _____
Off Road Fuel Expense _____	Gross Wages _____
Total Miles Driven _____ Business Miles _____ Personal Miles _____	

NEW EQUIPMENT PURCHASED/CAPITAL IMPROVEMENTS

Description	Date Purchased	Cost	Trade in
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS SOLD OR DISPOSED OF

Description	Date Sold	Date Acquired	Original Cost	Amt Received	-
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***FARM WORKSHEET ON OTHER SIDE**