

# DAY CARE PROVIDER

**Business Name** \_\_\_\_\_

**tax ID #** \_\_\_\_\_

*subject to % business use*

Operating expenses	
Advertising	
Books & Magazines	
Business Tax	
Child Proofing Devices	
Continuing Education	
CPR Training	
Food & Snacks	
Insurance: Bond	
Insurance: Business	
Insurance: Liability	
License & Permits	
Payroll: Wages	
Payroll: Taxes	
Professional Fees: Legal	
Tax & accounting fees	
Repairs	
Replacements	
Supplies: Art	
Supplies: formula & diapers	
Supplies: Cleaning	
Supplies: Household	
Supplies: Laundry	
Supplies: Office	
Supplies: Party	
Telephone: Cell	
Telephone: House	
Telephone: Pager	
Travel	
Mileage= miles x \$0.375	
or Actual expenses	
-fuel	
-insurance	
-repairs & maintainance	
Field Trips	
Toys	
Video Rentals	
Other:	
Other:	
Total	

Equipment purchases	
Car Seats	
Cribs	
High Chairs	
Riding Equipment	
Swing Set/Slides	
Other:	
Other:	
Computer Equipment	
Dishwasher	
Dryer	
Fencing	
Refrigerator	
Television	
VCR	
Washer	
Other:	
Total	

Business Use of Home	
Total Square Feet of Home	
Business Area of Home	
Yearly Business Hours	
Home Mortgage Interest	
Property Taxes	
Insurance	
Rents	
Cleaning Service	
Gardner	
Maintenance & Repairs	
Pool Service & Supplies	
Repairs	
Utilities: Cable	
Utilities: Gas & Electric	
Utilities: Trash	
Utilities: Water	
Other:	
Other:	
Other Information	
Total	

**RUDOLPH CPA**

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