

BUSINESS EXPENSES OF DAY CARE PROVIDERS

NAME: _____

YEAR: _____

SUPPLIES

Art supplies \$ _____
 Books and Magazines _____
 Bottles, formulas & diapers _____
 Children's Books _____
 Cleaning _____
 Food and Snacks _____
 Household _____
 Laundry and Supplies _____
 Office Expense _____
 Toys _____
 Video Rentals _____
 1st Aid Supplies _____
 Other: _____
 Other: _____
 TOTAL: _____

LEGAL & PROFESSIONAL SERVICES

Bookkeeping _____
 Legal _____
 License & permits _____
 Tax preparation fees _____
 Other: _____
 TOTAL: _____

TELEPHONE

Cell _____
 Base rate for 2nd Line _____
 Pager _____
 Other: _____
 TOTAL: _____

PROMOTION

Advertising _____
 Holiday greeting cards _____
 Other: _____
 TOTAL: _____

INSURANCE

Bond _____
 Business _____
 Liability _____
 Other: _____
 TOTAL: _____

If you have any questions, please call:

GrimesTax
Enrolled Agent
2570 Gladiator Drive
Fenton, MO 63026
(636) 225-1114 Fax: (636) 225-1700

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 _____
 Cleaning service _____
 Gardening _____
 Pool service & supplies _____
 Repairs & maintenance _____
 Cable _____
 Gas & electric _____
 Trash & water _____
 TOTAL: _____

CONTINUING EDUCATION

Child care _____
 CPR training _____
 Other: _____
 TOTAL: _____

Unclassified

Ticket Fees _____
 Other: _____
 TOTAL: _____

EQUIPMENT PURCHASES

	<u>Business %</u>	<u>DATE</u>	<u>AMOUNT</u>
Care seats	_____	_____	_____
Cribs	_____	_____	_____
High chairs	_____	_____	_____
Jungle Gym	_____	_____	_____
Riding equipment	_____	_____	_____
Swing set / slides	_____	_____	_____
Other: _____	_____	_____	_____
Computer equipment	_____	_____	_____
Dishwasher	_____	_____	_____
Dryer	_____	_____	_____
Fencing	_____	_____	_____
Refrigerator	_____	_____	_____
Television	_____	_____	_____
VCR	_____	_____	_____
Washer	_____	_____	_____
Other: _____	_____	_____	_____
Total:			_____

Meal Rate: # of Kids # of Days
 Breakfast _____
 Lunch _____
 Dinner _____
 Snacks _____
 How many snacks per day? ____ (max. 3)