

**SELF-EMPLOYED DAY CARE PROVIDER DEDUCTIONS**

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 for your business or profession. Employees: Do not include expenses for which you have been reimbursed, expect to be reimbursed, or may be reimbursed under your employer's plan. Employee business expenses are deductible only if you itemize deductions. You will benefit from deducting employee business expenses only to the extent your total miscellaneous itemized deductions exceed 2% of your adjusted gross income (AGI).

| Office Expenses               |  |
|-------------------------------|--|
| Dues and Professionals Fees   |  |
| Liability Insurance           |  |
| Legal & Professional Expenses |  |
| Professional Licenses         |  |
| Memberships                   |  |
| Publications                  |  |
| Uniforms                      |  |
| Advertising                   |  |
| Other _____                   |  |

| Supplies                      |  |
|-------------------------------|--|
| Children's books              |  |
| Child Proofing Devices        |  |
| Camera (business-use only)    |  |
| Food and Snacks               |  |
| Arts & Craft Supplies         |  |
| Cups, Bottles, Formula        |  |
| Diapers, Diaper Supplies      |  |
| Cleaning and Laundry Supplies |  |
| Toys                          |  |
| Other _____                   |  |

| Equipment                          |  |
|------------------------------------|--|
| Car Seats                          |  |
| Cribs                              |  |
| High Chairs                        |  |
| Riding Equipment                   |  |
| Swing Set/Slides                   |  |
| Computer (business-use only)       |  |
| Printer/Copier (business-use only) |  |
| Other _____                        |  |

| Continuing Education            |  |
|---------------------------------|--|
| Seminars & Classes              |  |
| Business-related Books, Manuals |  |
| CPR Training                    |  |
| Other _____                     |  |

| Miscellaneous             |  |
|---------------------------|--|
| Office Supplies           |  |
| Postage                   |  |
| Storage                   |  |
| Printing/Photocopying     |  |
| Client Gifts (name) _____ |  |
| Other _____               |  |



## CHILD AND ADULT CARE PROVIDER MEAL AND SNACK LOG

| Child's Name | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Totals   |
|--------------|---|---|---|---|---|--|
|              | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Number of breakfasts served:: _____<br>Number of lunches served:: _____<br>Number of dinners served:: _____<br>Number of snacks served:: _____ |
|              | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Hours of Attendance: _____<br><input type="checkbox"/> Bkfst<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Snack<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Snack | Number of breakfasts served:: _____<br>Number of lunches served:: _____<br>Number of dinners served:: _____<br>Number of snacks served:: _____ |
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|   |                           |            |                                  |
|---|---------------------------|------------|----------------------------------|
| Total Number of breakfasts served during the year | _____ X breakfast rate of | \$ _____ = | \$ _____ (annual breakfast cost) |
| Total number of lunches served during the year    | _____ X lunch rate of     | \$ _____ = | \$ _____ (annual lunch cost)     |
| Total number of dinners served during the year    | _____ X dinner rate of    | \$ _____ = | \$ _____ (annual dinner cost)    |
| Total number of snacks served during the year     | _____ X snack rate of     | \$ _____ = | \$ _____ (annual snack cost)     |