

Daycare Provider: Income & Expenses

Income

Gross receipts (parents)	
Food program (CACFP) reimbursements	
State program receipts	
Other:	

Expenses

Advertising	
Business Cards	
Website	
Payroll	
Wages Paid	
Payroll Taxes Paid	
Contract Labor	
Insurance	
Liability / E&O	
Business	
Bond	
Health (if qualified)	
Interest	
Business Credit Card	
Legal/Professional	
Legal	
Tax Prep / Accounting	
SEP / SIMPLE / other	
Repairs / Maintenance	
Taxes/Licenses	
MTA / MCTMT	
State LLC Fee	
State licenses	
Other	
Field Trips	
Child-proofing Devices	
CPR / First Aid Training	
Video Rentals	
Postage & Shipping	

Professional Orgs	
Professional Publications	
Seminars/Conventions	
Continuing Ed (child care)	

Supplies (Food & Snacks, see page 2)

Arts & Crafts	
Bottles / Kitchen supplies	
Diapers	
Cleaning / Household	
Laundry	
Office / Computer	
Toys / Party supplies	

Telephone

Business/Fax (2nd) Line	
Business Cell Phone	
Business Internet (100% non-personal)	

Vehicle / Travel / Entertainment:

See "Vehicle, Meal, Travel & Entertainment" worksheet

Business Use of Home

See "Home Office/Business Use of Home" worksheet

Equipment Purchases

Description	Cost	Purchase Date
Car Seats / Cribs		
Tables / Chairs		
Playground Equipment		
Computer		
Dishwasher		
Washer / Dryer		
Refrigerator		
TV / VCR /DVD		

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Food and Snacks:

Day care providers may deduct actual food costs **OR** the *Standard Meal & Snack Rates Table*. Use of the standard rates does not eliminate all record-keeping requirements. You are required to have accurate records of each breakfast, lunch, dinner and snack served to your daycare children. Non-food supplies (paper goods, cleaning supplies, plastic wrap) are not included in the food reimbursement amount and should be tracked separately.

Yearly Meal Count

You are entitled to deduct up to 1 breakfast, 1 lunch, 1 supper, and 3 snacks per day per child, if you serve them.

Children (clients) are those children for which services are being provided through your business. **Others** includes client's parents, your own children, and any other extended family or friends to whom you provide meals. You should keep a daily log showing the name of each child, dates and hours of attendance in the daycare, and the type and quantity of meals and snacks served (see attached example).

	Children (Clients)	Family	TOTAL
Breakfast			
Morning Snack			
Lunch			
Afternoon Snack			
Dinner			
Evening Snack			
TOTAL FOR THE YEAR			

Yearly Food & Supply Costs

You do not need to provide totals by month if you do not have them available.

	Food		Supplies		TOTAL	
	Shared	100% Child Care	Shared	100% Child Care	Shared	100% Child Care
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						
TOTAL						

Yearly Food Reimbursements

Any reimbursements you receive (e.g., Child and Adult Food Care Program of the Department of Agriculture payments) must be accounted for, and are taxable if they exceed your qualified food expenses.

Family Daycare Meal & Snack Log

Week of: _____

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTALS SERVED
	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours attended: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Breakfast: _____ Lunch: _____ Dinner: _____ Snacks: _____
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