

Child Care Attendance/Income

Name:

Month:

Year

| Name | Week 1 | | | | | | Week 2 | | | | | | Week 3 | | | | | | Week 4 | | | | | | Week 5 | | | | | | Total |
|------|--------|---|---|---|---|----|--------|---|---|---|---|----|--------|---|---|---|---|----|--------|---|---|---|---|----|--------|---|---|---|---|----|-------|
| | M | T | W | T | F | \$ | M | T | W | T | F | \$ | M | T | W | T | F | \$ | M | T | W | T | F | \$ | M | T | W | T | F | \$ | \$ |
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Child Care Expenses

Name: _____

Month: _____

Year: _____

| | | 100% Deductible | | | | | | Percent for business use of home: | % |
|---------------|---------|---|---|---|---------------------------------------|---|-----------------------------|---|--|
| Date | Paid to | Materials (toys, books, supplies) | Child Care related Dues & Subscriptions | Child Care Mileage @ \$.505 Printing | Baby furniture and equipment | Phone (long distance for child care, call waiting, call forwarding, extra extension) | Other 100% deductible | Additional 100% Deductible: | This column contains both 100% and Partially Deductable items |
| | | | | | | | | Accounting service | |
| | | | | | | | | Advertising | |
| | | | | | | | | Bank charges for child care account | |
| | | | | | | | | Business association dues | |
| | | | | | | | | Educational Expenses (professional development) | |
| | | | | | | | | Field trips and projects | |
| | | | | | | | | Gifts (limit \$25 per child and parent each year) | |
| | | | | | | | | Insurance (child care liability) | |
| | | | | | | | | Interest on business loan | |
| | | | | | | | | Licensing and visit fees | |
| | | | | | | | | Substitute caregiver fees | |
| | | | | | | | | Total Additional 100% deductible | |
| | | | | | | | | Partially Deductible Items: | |
| | | | | | | | | Appliance repair | |
| | | | | | | | | Basic cable service | |
| | | | | | | | | Cleaning/laundry supplies | |
| | | | | | | | | Home repairs | |
| | | | | | | | | Household maintenance, insurance & supplies | |
| | | | | | | | | Mortgage interest & property taxes or Rent | |
| | | | | | | | | Tax preparation | |
| | | | | | | | | Utilities (excluding phone) | |
| Totals | | \$ | \$ | \$ | \$ | \$ | \$ | Total Partially Deductible | \$ |

Total 100% deductible: _____

Times % allowed for business use of home: _____

Total Calculated Partially Deductible: _____

Deductible amount: _____

Total Expenses: _____