



DAY CARE PROVIDERS

Non Reimbursed Business Expenses Only. Deductions Subject to Tax Authority Regulations.

Name: _____ Soc Sec. #: _____ Tax year _____

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|----------------------------------|--|-------------------------|--|
| | | | |
| Advertising | | Licenses & permits | |
| Auto Expenses - Mileage for Year | | Maintenance | |
| Mileage, business only | | Painting | |
| Fuel | | Payroll-Wages | |
| Repairs/Maintenance (wash) | | Taxes | |
| Insurance/License Fee | | Professional Fees-Legal | |
| Parking/Tolls/Bus/Garage | | Tax Professional | |
| Books & Magazines | | Bookkeeping | |
| Business Tax | | Refrigerator | |
| Business Use of Home | | Repairs-Exterior | |
| Total Sq Ft of Home | | Interior | |
| Business Area of Home | | Yards, Fences | |
| Business Hours (Total of Year) | | Replacements | |
| Home Mortgage Interest | | Riding Equipment | |
| Property Tax | | Supplies: Art | |
| Insurance | | Bottles | |
| Rents | | Formula | |
| Cleaning Services | | Diapers | |
| Gardener | | Cleaning | |
| Pool Services & Supplies | | Household | |
| Repairs | | Laundry | |
| Car Seats | | Office | |
| Child Proofing Devices | | Party | |
| Computer | | Paper | |
| Continuing Education | | Swing Set/Slides | |
| CPR Training | | Taxes | |
| Cribs | | Telephone : Home | |
| Dishwasher | | Cell | |
| Dryer | | Pager | |
| Fencing | | Television | |
| Field Trips: Tickets | | Toys | |
| Fees | | Utilities - Cable | |
| Transportation | | Gas | |
| First Aid Supplies | | Electric | |
| Food & Snacks | | Trash | |
| High Chairs | | Water | |
| Insurance: Liability | | VCR | |
| Bond | | Video Rentals | |
| Business | | Washer | |
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