

**DAY CARE PROVIDER DEDUCTIONS**

Client: \_\_\_\_\_

ID# \_\_\_\_\_

Tax Year \_\_\_\_\_

Ordinary Supplies	
Advertising	
Books & Magazines	
Business Tax	
Child Proofing Devices	
Continuing Education (child care)	
CPR Training	
Food & Snacks	
Insurance: Bond	
Insurance: Business	
Insurance: Liability	
License & Permits	
Payroll: Wages	
Payroll: Taxes	
Professional Fees: Legal	
Professional Fees: Tax Preparation	
Repairs	
Replacements	
Supplies: Art	
Supplies: Bottles, Formula, Diapers	
Supplies: Cleaning	
Supplies: Household	
Supplies: Laundry	
Supplies: Office	
Telephone: Party	
Telephone: Cell	
Telephone: House	
Telephone: Pager	
Tickets, Fees, etc. - Field Trips	
Toys	
Video Rentals	
<b>Total</b>	
Major Purchases	
Car Seats	
Cribs	
High Chairs	
Riding Equipment	
Swing Set/Slides	
<b>Total</b>	

Purchases (Subject to Percentage of Business Use)	
Computer Equipment	
Dishwasher	
Washer/Dryer	
Refrigerator	
Television/VCR	
<b>Total</b>	
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	
<b>Total</b>	
Allocated Expenses (Subject to % of Business Use)	
Cleaning Service/Gardening	
Maintenance & Repairs	
Pool Service & Supplies	
Utilities: Cable	
Utilities: Water, Gas, Electric, Trash	
Other	
<b>Total</b>	
Vehicle & Travel	
See Vehicle, Travel & Entertainment Worksheet	