

SPECIALTY WORKSHEET for DAY CARE CENTERS

In order to maximize your deductions, please complete this form.

TAXPAYER _____

TAX YEAR _____

Advertising	
Automobile Expenses	Complete Auto Worksheet
Books & Publications	
Business Mileage	Attach Log Book
Child Proofing Devices	
Continuing Professional Education	
CPR Training	
Field Trip Expenses	Attach a List
Food - Breakfast	
Food - Lunch & Dinners	
Food - Snacks Up to 3/day/child	
Insurance - All Types	
Licenses & Permits	
Payroll - Taxes	
Payroll - Wages	
Professional Fees	
Repairs	
Replacements	
Supplies	Attach a List
Telephone - Business Line	
Telephone - Cell	
Toys	
Video Rentals	

MAJOR PURCHASES

Attach a list showing date purchased, and cost.

Car Seats	
Cribs	
High Chairs	
Riding Equipment	
Swing Set/Slides	

OTHER MAJOR PURCHASES

Attach a list showing date purchased, cost, & amount of business usage

Computer	
Dishwasher	
Fencing, Yard	
Refrigerator	
Television	
VCR/DVD/MP3 Players	
Washer/Dryer	
Other	

BUSINESS USAGE OF HOME

Total Square Feet of Home	
Business Area of Home	
Business Hours (Total per Year)	
Home Mortgage/Rental Payment	
Real Property Taxes	
Personal Property Taxes	
Cleaning Service	
Gardner	
Insurance - Not Business Insurance	
Maintenance & Repairs	
Pool Service	
Utilities - Cable	
Utilities - Gas/Propane	
Utilities - Trash	
Utilities - Water & Power	

REIMBURSEMENTS

Attach a List
