

# CHILD CARE PROVIDERS

2024

Name \_\_\_\_\_ Business Name \_\_\_\_\_

INCOME \$ \_\_\_\_\_ + FOOD REIMBURSEMENT \$ \_\_\_\_\_

+ ANY OTHER INCOME \_\_\_\_\_ = TOTAL INCOME \$ \_\_\_\_\_

Is this business registered as a Limited Liability Company (LLC)? [ ] YES [ ] NO

Did you pay any individual/business over \$600 in interest, rents, or other compensation? [ ] YES [ ] NO

If YES, did you or will you file the required Forms 1099? [ ] YES [ ] NO

Did you receive any business INCOME from virtual currency transactions in 2024? [ ] YES [ ] NO

If YES, please provide full details.

**SEE SEPARATE MILEAGE WORKSHEET, IF NEEDED**

## EXPENSES:

ADVERTISING - \_\_\_\_\_ LAUNDRY - \_\_\_\_\_

ACCOUNTING/TAX - \_\_\_\_\_ TOYS - \_\_\_\_\_

OFFICE EXPENSE - \_\_\_\_\_ PARTIES/GIFTS - \_\_\_\_\_

SUPPLIES - \_\_\_\_\_ TELEPHONE - \_\_\_\_\_  
Paper products, art supplies etc. \_\_\_\_\_ Business line or the cost of 2nd cell phone on Family Plan -not the cost of the phone -if included on the bill

DUES/PUBLICATIONS - \_\_\_\_\_ BUSINESS BANK CHARGES - \_\_\_\_\_

OTHER EXPENSES—LIST \_\_\_\_\_ EDUCATION - \_\_\_\_\_

FOOD -Actual food expense - or - menu per meal method:

cost of breakfast X # of children X # of meals/year

snacks X # of children X # of meals for year

dinner/lunch X # of children X # of meals for year

2024 allowances: Lunch / Dinner \$ 3.12

Breakfast \$ 1.65

Snacks \$ .93

**MUST HAVE A DAILY LOG OF: # OF MEALS/SNACKS SERVED TO EACH CHILD**

*I hereby certify that I have included all income received in conducting my business including both 1099 income, all cash, checks, charge card, and any virtual currency received. I have adequate written receipts, records, cancelled checks, and books to substantiate all expenses claimed. Accurate Tax has explained all of the recordkeeping requirements for these expenses and also the consequences for failing to keep the records, including full or partial disallowance of the expenses which will result in additional taxes, interest and penalties.*

Business Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Have you ***sold or disposed of any BUSINESS property or equipment*** that we are currently or previously depreciated? [ ] YES [ ] NO  
 IF "YES", List what was disposed of and date. If sold, list what was sold, date sold, and sales.

**NOTE:** There are many rules that affect child care providers. You do not have to be licensed, however, IRS does **NOT ALLOW** child care providers to take some deductions against their income when the provider *is not operating legally according to their state law*. **WE** do not determine if you are legal or not.

**OFFICE IN HOME -  
 IF OPERATING LEGALLY:**

If you have moved during the year, you need to report the following expenses separately for each home.

Sq. ft. of your home used for business \_\_\_\_\_  
 Total area of your home (sq. ft.) \_\_\_\_\_  
 (includes basement) \_\_\_\_\_  
 # of days children were in your care \_\_\_\_\_  
 # of hours per day \_\_\_\_\_  
 (if hours vary, total # hrs for the year) \_\_\_\_\_

In addition to the hours spent on day care, you may claim the time spent on day care related jobs, such as: cleaning up after children, food preparation, record keeping, planning and preparation.

TOTAL "OTHER" HOURS PER DAY \_\_\_\_\_  
 (DO NOT INCLUDE IN TOTAL HOURS ABOVE)

***IN CASE OF AN AUDIT THESE RECORDS WILL BE REQUIRED.***

**HOME EXPENSES:**

MORTGAGE INTEREST..... \_\_\_\_\_  
 REAL ESTATE TAXES..... \_\_\_\_\_  
 INSURANCE  
     general policy..... \_\_\_\_\_  
     day care rider..... \_\_\_\_\_  
 REPAIRS/MAINTENANCE  
     general.....,..... \_\_\_\_\_  
     because of day care.....,..... \_\_\_\_\_  
 UTILITIES..... \_\_\_\_\_  
 SEWER/GARBAGE/CABLE..... \_\_\_\_\_  
 RENT PAID - if you are a renter..... \_\_\_\_\_  
 OTHER (specify)  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAJOR BUSINESS PURCHASES OR HOME IMPROVEMENTS**

DESCRIPTION OF ITEM	DATE PURCHASED	COST (INCLUDES TAX)

**FOR DEPRECIATION PURPOSES WE WILL NEED:**  
 (We will only need the following information if you have not depreciated your home in any prior year or have moved this year.)

Total cost of the ENTIRE home \_\_\_\_\_  
 Total cost of ALL improvements to the home \_\_\_\_\_  
 Land value of the ENTIRE property \_\_\_\_\_