

FAMILY DAY CARE PROVIDER EXPENSE WORKSHEET

NAME:	TAX YEAR:
S.S.N.:	GROSS INCOME: \$

DIRECT EXPENSES		INDIRECT EXPENSES (LIST TOTAL)	
ACTIVITIES FOR CHILDREN	\$	CABLE TV	\$
ADVERTISING	\$	GARDENER	\$
BANK CHARGES	\$	HAUSEHOLD SERVICE	\$
BOOKS & SUBSCRIPTIONS	\$	INSURANCE (HOMEOWNER'S)	\$
CLEANING	\$	INTERNET	\$
DUES	\$	MORTGAGEINTEREST1ST	\$
EDUCATION & SEMINARS	\$	MORTGAGE INTEREST 2ST	\$
FOOD FOR CHILDREN	\$	PEST CONTROL	\$
GIFTS FOR CHILDREN	\$	RENT	\$
INSURANCE (DAY CARE)	\$	REPAIRS & MAINTENANCE	\$
INSURANCE (WORKMAN'S)	\$	SUPPLIES (HOUSEHOLD)	\$
LEGAL & PROF FEES	\$	TAXES (PROPERTY)	\$
LICENSE FEES	\$	UTILITIES	
MISCELLANEOUS	\$	ELECTRICITY	\$
OUTSIDE SERVICE	\$	GAS	\$
PAPER GOODS	\$	PROPANE	\$
POSTAGE	\$	OTHER	\$
REPAIRS (DAY CARE ONLY)	\$		
SUPPLIES (DAY CARE ONLY)	\$	OTHER EXPENSES NOT LISTED:	
TAXES	\$		\$
TOYS	\$		\$
WAGES (AMP GROSS ONLY)	\$		\$

We will prepare your Federal and State Tax Returns based on the information you have submitted to us. It is your responsibility to retain all documents, receipts,

TAXPAYER SIGNATURE	DATE
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