

TAX RETURN DAYCARE SUMMARY

YEAR: _____

	Jan.	Feb.	Mar.	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Gross Income:													
EXPENSES:													
Accounting and legal:													
Advertising:													
Bank charges:													
Field trip costs:													
Food: (see calc below)													
Household costs (see sheet)													
Postage and stationery:													
Repairs:													
Salaries:													
Supplies:													
Telephone: (LD portion only)													
Training:													
Vehicle (see sheet):													
Net Income (Loss) :													

FOOD EXPENSE:													
Total children meals:													
Total family meals:													
Total Meals:													
Total Groceries:													

% OF HOME USE													
Hours per day													
Days per week													
Square footage used													
Total square footage													

Note: Please remember that you can't use household costs to increase or create a business loss.



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