

**THIS SECTION IS FOR PEOPLE WHO ARE SELF-EMPLOYED OR HAVE OTHER BUSINESSES.**

INCOME: WHAT WAS YOUR GROSS EARNINGS FROM YOUR BUSINESS? \_\_\_\_\_  
IF YOU ARE IN SALES WHAT DID YOU PAY FOR THE PRODUCTS THAT YOU SOLD? \_\_\_\_\_  
DO YOU HAVE ENDING INVENTORY? \_\_\_\_\_

**EXPENSES:**

Advertising and Promotion \_\_\_\_\_  
Commissions or Sub Contractors \_\_\_\_\_  
Equipment Purchased in 2024 \_\_\_\_\_  
Insurance - Business/Auto \_\_\_\_\_  
Interest - Business Loan/Credit Cards \_\_\_\_\_  
Auto and Truck Expense \_\_\_\_\_  
Legal and Professional Services \_\_\_\_\_  
Office Expense \_\_\_\_\_  
Rent/Lease of Vehicles/Equipment \_\_\_\_\_  
Rent of Business Property \_\_\_\_\_  
Repairs and Maintenance \_\_\_\_\_  
Supplies \_\_\_\_\_  
Taxes and Licenses \_\_\_\_\_  
Travel \_\_\_\_\_  
Meals \_\_\_\_\_  
Internet \_\_\_\_\_  
Wages Paid to Employees \_\_\_\_\_  
Employee Benefits \_\_\_\_\_  
Dues and Subscriptions \_\_\_\_\_  
Research and Education \_\_\_\_\_  
Bank Charges \_\_\_\_\_  
Computer Software \_\_\_\_\_  
Props, Production Cost, Etc. \_\_\_\_\_  
Printing and Film Processing \_\_\_\_\_  
Parking/Tolls \_\_\_\_\_  
Self Employed Health Insurance \_\_\_\_\_  
Total Miles Driven For the Year \_\_\_\_\_  
Business Miles Driven \_\_\_\_\_  
Business Phone/Cell Phone \_\_\_\_\_  
Federal Estimated Tax Paid For 2024 \_\_\_\_\_  
State Estimated Tax Paid For 2024 \_\_\_\_\_  
Amenities \_\_\_\_\_  
Other \_\_\_\_\_

**ADDITIONAL EXPENSES FOR DAYCARE PROVIDER:**

Food \_\_\_\_\_  
Paper Products \_\_\_\_\_  
Gifts \_\_\_\_\_  
Crafts - Art Supplies Etc. \_\_\_\_\_  
Recreation and Outings \_\_\_\_\_  
Education and Science \_\_\_\_\_  
Research \_\_\_\_\_  
First Aide and Safety \_\_\_\_\_  
Laundry and Cleaning Supplies \_\_\_\_\_  
Toys, Games and Books \_\_\_\_\_  
New Furnishings/Equipment \_\_\_\_\_

**\* IF THIS IS YOUR FIRST YEAR AS A DAYCARE PROVIDER, MAKE A LIST OF HOUSEHOLD FURNISHINGS WITH A FAIR MARKET VALUE. LIST TOYS AND EQUIPMENT WITH FAIR MARKET VALUE SEPARATE.**

**IN HOME OFFICE:**

Square Feet of Home \_\_\_\_\_  
Square Feet of Office \_\_\_\_\_  
Daycare Providers Need Number of Hours Worked in the Year Including Prep and Clean Up Time \_\_\_\_\_  
Interest on Home \_\_\_\_\_  
Property Tax on Home \_\_\_\_\_  
Insurance on Home \_\_\_\_\_  
Utilities \_\_\_\_\_  
Cable TV \_\_\_\_\_  
Repairs and Maintenance on Home \_\_\_\_\_  
Sanitation \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**THIS SECTION IS FOR PEOPLE WHO HAVE RENTAL PROPERTY OR RENT OUT PART OF THEIR HOME**

INCOME: HOW MUCH RENT DID YOU RECEIVE? \_\_\_\_\_  
**NOTE:** SECURITY DEPOSITS ARE NOT INCOME.  
BRING ALL CLOSING PAPERS FROM BUYING, SELLING OR REFINANCING.  
BRING COPY OF 2024 PROPERTY TAX STATEMENT.

**EXPENSES:**

Advertising \_\_\_\_\_  
Miles Driven For Rental \_\_\_\_\_  
Cleaning and Maintenance \_\_\_\_\_  
Repairs \_\_\_\_\_  
Legal and Professional Fees \_\_\_\_\_  
Supplies \_\_\_\_\_

Interest on Home \_\_\_\_\_  
Property taxes on Home \_\_\_\_\_  
Insurance on Home \_\_\_\_\_  
Utilities \_\_\_\_\_  
Appliance Purchases \_\_\_\_\_  
Other \_\_\_\_\_