

## Child Care Provider Income Worksheet (Schedule C)

|                                          |      |
|------------------------------------------|------|
| Income from Child Care Services Provided | \$   |
| Income Reported on 1099-G/MISC/NECs      | + \$ |
| Income from Food Program                 | + \$ |
| Other Income from Related Services       | + \$ |
| Total Income                             | = \$ |

### Business Expenses

| Advertising                                        | Rent                                         |
|----------------------------------------------------|----------------------------------------------|
| Description                                        | Description                                  |
| \$                                                 | \$                                           |
| Commissions and fees                               | Repairs of toys or equipment                 |
| \$                                                 | \$                                           |
| Contract labor (1099-MISC/NEC required)            | Supplies                                     |
| \$                                                 | \$                                           |
| Insurance (specific to the business)               | Taxes and licenses                           |
| \$                                                 | \$                                           |
| Interest (business use loan, credit card, or auto) | Travel (airfare, bus/taxi, lodging, parking) |
| \$                                                 | \$                                           |
| Legal and professional services                    | Wages (W-2 wages paid to employee(s))        |
| \$                                                 | \$                                           |
| Office expense                                     |                                              |
| \$                                                 |                                              |

### Child Care Specific Expenses

| Dues/ Publications          | Description |
|-----------------------------|-------------|
| \$                          |             |
| CEU/Meetings                |             |
| \$                          |             |
| Food Costs (meals & snacks) |             |
| \$                          |             |
| Laundry/Household/Cleaning  |             |
| \$                          |             |
| Art/Craft Supplies          |             |
| \$                          |             |
| Party/Gifts                 |             |
| \$                          |             |
| Toys/Games/Videos           |             |
| \$                          |             |

### Other Expenses

| Description |
|-------------|
| \$          |
| \$          |
| \$          |
| \$          |
| \$          |
| \$          |
| \$          |

Continued on back

## Items Purchased in 2025 to Add to Depreciation Schedule

| Description | Date Purchased | Cost     | Business Use % |
|-------------|----------------|----------|----------------|
| _____       | _____          | \$ _____ | _____          |
| _____       | _____          | \$ _____ | _____          |
| _____       | _____          | \$ _____ | _____          |
| _____       | _____          | \$ _____ | _____          |

## Business Mileage

In order to take the business mileage deduction, you must be able to substantiate the following information:

|                                                                                 | Business Vehicle 1 | Business Vehicle 2 |
|---------------------------------------------------------------------------------|--------------------|--------------------|
| Vehicle Description (Year, Make & Model)                                        | _____              | _____              |
| Date placed in service                                                          | _____              | _____              |
| Was the business vehicle available for personal use during off-duty hours?      | Yes / No           | Yes / No           |
| Did you (or your spouse) have another vehicle available for personal use?       | Yes / No           | Yes / No           |
| Do you have evidence to support business use of vehicle expenses (mileage log)? | Yes / No           | Yes / No           |
| Total Business Miles Driven in 2025                                             | _____ miles        | _____ miles        |
| Total Other Miles Driven in 2025 +                                              | _____ miles +      | _____ miles        |
| Total Miles Driven in 2025 =                                                    | _____ miles =      | _____ miles        |

## Self-Employed Health Insurance

Annual cost of health/dental insurance for self-employed individual/family:  
(if not covered by your or your spouse's employer)

\$ \_\_\_\_\_

## Business Use of Home Expenses

|                                     |          |                                                                  |           |
|-------------------------------------|----------|------------------------------------------------------------------|-----------|
| Business use area (square footage)  | _____    | Hours used for day care                                          | _____ hrs |
| Total area of home (square footage) | _____    | Total hours in 2025 (365 x 24 hrs)                               | 8,760 hrs |
| Home Mortgage Interest              | \$ _____ | Home Repair                                                      | \$ _____  |
| Home Property Taxes                 | \$ _____ | Home Utilities (gas, electric, water, sewage, garbage, internet) | \$ _____  |
| Home Insurance                      | \$ _____ |                                                                  |           |
| Other: _____                        | \$ _____ |                                                                  |           |

Any other questions or concerns in 2025 or 2026 that we should know about?

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