

STATEMENT OF SUPPORT	TAX YEAR
DAYCARE – OFFICE IN HOME	

TAXPAYER NAME	SSN OR FEIN

BUSINESS INCOME	AMOUNT
DAYCARE SERVICES	
FOOD PROGRAM INCOME <small>Not included in daycare services</small>	
FOSTER CARE INCOME <small>Not included in daycare services</small>	
OTHER: <small>Please specify</small>	
OTHER: <small>Please specify</small>	

GENERAL INFORMATION	DATE
DAYCARE LICENCE RECEIVED	
BUSINESS STARTED <small>This year only</small>	
BUSINESS ENDED <small>This year only</small>	

BUSINESS AREA	SQ FT
TOTAL AREA <small>Measure entire living area of home and calculate total</small>	
DAYCARE AREA <small>Area used for daycare purposes</small>	
BUSINESS AREA <small>Area of household used for business area</small>	

FOR HOUSEHOLD EXPENSES USE TOTALS FOR ENTIRE YEAR REGARDLESS OF STARTING DATE	
HOUSEHOLD EXPENSES	AMOUNT
MORTGAGE INTEREST <small>Homeowners only</small>	
PROPERTY TAXES <small>Homeowners only</small>	
INSURANCE <small>Homeowners policy, renters', liability, fire, umbrella insurance, etc.</small>	
UTILITIES <small>Gas, electric, water, sewer, garbage, wood, pellets, etc.</small>	
TRASH HAULING <small>Dump fees</small>	
TV/CABLE SERVICE <small>Base service rate</small>	
MAINTENANCE <small>Painting, minor repairs, pest control, pool/spa, etc.</small>	
LAWN & GARDEN <small>Lawn service, seed, fertilizer, landscaping</small>	
OTHER: <small>Please Specify</small>	

DIRECT BUSINESS EXPENSES	AMOUNT
ADVERTISING <small>Newspaper, flyers, letters, business cards, website, etc.</small>	
COMMISSIONS <small>Issue Form 1099NEC to Individuals if more than \$600</small>	
EMPLOYEE BENEFITS <small>Health insurance, retirement plan, education/training provides, etc.</small>	
INSURANCE <small>Daycare insurance, service contracts, warranties, work comp, etc.</small>	
INTEREST <small>Bankcard interest, equipment loan, business line of credit, etc.</small>	
LEGAL & PROFESSIONAL <small>Attorney, accountant, bookkeeper, payroll services, QuickBooks, etc.</small>	
OFFICE EXPENSE <small>Postage, printer ink, receipt books, stationery, pens, etc.</small>	
RENTS OR LEASE <small>Equipment, rug cleaner, videos, storage, copier, daycare facility, etc.</small>	
REPAIRS <small>To business equipment or direct office space, etc.</small>	
TAX & LICENSE <small>License, property tax for business equipment, permit</small>	
TRAVEL <small>Motels, Lodging, Food, Car Rental, Air-Bus-Taxi-Uber-Lyft</small>	
ENTERTAINMENT <small>Business Meals (Record Date, Place, Persons Attending)</small>	
BANK CHARGES <small>Service Charge, Return Check Fees, ATM fees</small>	
SECURITY/SAFETY <small>Locks, latches, alarm, cameras, first aid, safe, etc.</small>	
SUPPLIES <small>Paper products, plastic storage, gloves, cleaning wipes, etc.</small>	
SUPPLIES <small>Activity, toys, craft supplies, books, etc.</small>	
EDUCATION EXPENSE <small>Nutrition, nursing, CPR, first aid, business classes, special needs, etc.</small>	
LAUNDRY/CLEANING <small>Cleaning supplies, drapes, window, carpets, detergent, etc.</small>	
OTHER SITTERS <small>Temp help paid more than \$50 per Quarter/Person</small>	
OUTSIDE SERVICES <small>Third party services, payroll service, bookkeeping service, etc.</small>	
DUES/PUBLICATIONS <small>Costco, Sam's, AAA, Amzn Prime, professional membership, etc.</small>	
TELEPHONE <small>Separate line for DC, LD/Toll, call waiting, cell phone, voicemail, etc.</small>	
INTERNET/CABLE <small>Internet and Premium TV Channels</small>	
ACTIVITIES <small>Outside activities, field trips, park fees</small>	
OTHER: <small>Please Specify</small>	
OTHER: <small>Please Specify</small>	

J & C TAX SERVICES
3400 BRADSHAW RD STE A-5
SACRAMENTO, CA 95827
(916) 573-4829

VEHICLE MILEAGE		VEHICLE 1	VEHICLE 2
YEAR/MAKE/MODEL OF VEHICLE			
DATE PLACED IN SERVICE			
TOTAL VEHICLE MILES			
TOTAL BUSINESS MILES			
TOTAL EDUCATION MILES			
ACTUAL EXPENSES (FULL YEAR)	GAS, LUBE, OIL		
	REPAIRS		
	TIRES		
	INSURANCE		
	MISC (CAR WASH, ETC)		
	VEHICLE REGISTRATION		
	INTEREST ON LOAN		
	VEHICLE RENT/LEASE		

HOURS OPEN FOR BUSINESS	HOURS TOTAL
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

NOTE	
BRING TO THE INTERVIEW THE LAST 5 QUARTERLY REPORTS FOR BOTH FEDERAL AND STATE	
PAYROLL EXPENSE	AMOUNTS
PAYROLL SERVICE Service fees for outside payroll service	
WAGES Total wages paid to employees	
EMPLOYER FICA employer share of social security taxes	
EMPLOYER MEDICARE Employers share Medicare insurance premiums	
EMPLOYER SUI California state unemployment insurance	
EMPLOYER EXT California state employer training tax	
EMPLOYER FUTA Federal unemployment tax	

FOOD EXPENSE	TOTAL
TOTAL HOUSEHOLD Total cost of all food items purchased (including daycare)	
DAYCARE PURCHASED Total food purchased for daycare	
OUTSIDE MEALS McDonald's, etc., restaurants for family & daycare	
OTHER: Please specify:	

EQUIPMENT PURCHASED		
EQUIPMENT	DATE	PRICE

DAYCARE MEALS SERVED	AMOUNT
BREAKFAST	
MORNING SNACK	
LUNCH	
AFTERNOON SNACK	
DINNER	

EQUIPMENT SOLD		
EQUIPMENT	DATE	PRICE

THIS WORKSHEET IS NOT PROVIDED TO THE IRS. THIS DOCUMENT IS USED AS A BACKUP DOCUMENTATION FOR FUTURE REFERENCE.

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