

STOP!!!!

Only fill out this worksheet if you are a **self-employed** Daycare Provider and do not receive W-2 as a Daycare Provider!

OR

If you receive W-2 income in one of the following States:
AL, AK, CA, HI, IA, MN, NY, & PA as a Daycare Provider

Notes for special situations:

- **If you are both self-employed and receive a W-2 as a Daycare Provider from one of the above - mentioned states** - You must complete two copies separating self-employment expenses and travel from W-2 expenses and travel.
- **If both of you and your spouse are self-employed** – Fill out a separate worksheet for each of your businesses. If you have some shared experiences, like internet access for example, just write the word “shared” or “both” next to the expense
- **If you have an expense that relates to your W-2 work and your Non-W-2 self-employment** – Fill in only the amount that applies to your self-employment, or if unsure how to allocate just put a ? besides the number and we'll review it with you.
- Do not send receipts with your worksheets. Keep them in your file at home.

Lincoln Tax Professionals, LLC

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Taxpayer's Name _____

Tax Year _____

Daycare Provider Expense Worksheet

We will need the following items to prepare your tax return. Please list all business expenses.

Income Received (the total of ALL Non-W2 income): \$ _____

Stimulus Relief Payments received in 2020: PPP Loans \$ _____ EDIL Loan \$ _____

General Expenses

	Cost		Cost
Tax Preparation	\$ _____	Internet Access	\$ _____
Personal land line phone (Total Year)	\$ _____	Cell Phone (Total Year, Your Line Only)	\$ _____
What % do you use land line for business?	_____ %	What % do you use cell phone for business?	_____ %

Business Insurance (Not vehicle or health)

	Cost		Cost
Liability Insurance	\$ _____	_____	\$ _____
Workman's Compensation Insurance	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Supplies

	Cost	Related Mileage		Cost	Related Mileage
Snacks and Paper Products	\$ _____	_____	Arts and Crafts Supplies	\$ _____	_____
Cleaning Supplies	\$ _____	_____	_____	\$ _____	_____
Party and Holiday Supplies	\$ _____	_____	_____	\$ _____	_____
Incidental Supplies (Kleenex, First Aid, Etc)	\$ _____	_____	_____	\$ _____	_____
Office Supplies	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

Computer and Other Equipment

List each item over \$2,500 separately. Combine smaller items.

	Cost	Related Mileage		Cost	Related Mileage
Small Tech & Equipment (Total all items under \$2,500)	\$ _____	_____	_____	\$ _____	_____
Computer Software / Upgrades (Include Anti-virus - Security)	\$ _____	_____	_____	\$ _____	_____
Web/Domain Fees	\$ _____	_____	_____	\$ _____	_____

Professional Expenses

	Cost	Related Mileage		Cost	Related Mileage
Business Meals Local	\$ _____	_____	Books and Publications	\$ _____	_____
Meeting Expenses	\$ _____	_____	Toys and Videos	\$ _____	_____
Business Meals Overnight (See Travel Chart On Page 3)			Stationary and Greeting Cards	\$ _____	_____
Business Gifts (\$25/person/year)	\$ _____	_____	First Aid Certification/Classes	\$ _____	_____
Equipment Repair	\$ _____	_____	Business Credit Card Interest	\$ _____	_____
Daycare Decor	\$ _____	_____	Membership Dues (Costco/Sams)	\$ _____	_____
Clothes with Daycare Logo	\$ _____	_____		\$ _____	_____
Licenses	\$ _____	_____		\$ _____	_____

Continuing Education & Graduate School

	Tuition Paid By You	Tuition Reimbursed	Books and Supplies	# of Trips	Mileage One Way
Spring	\$ _____	\$ _____	\$ _____		
Summer	\$ _____	\$ _____	\$ _____		
Fall	\$ _____	\$ _____	\$ _____		
Other	\$ _____	\$ _____	\$ _____		

Other Mileage – If your business has multiple vehicles please ask us for our Vehicle Chart

	Related Mileage	Related Mileage
Meetings / Training	_____	_____
Driving Kids To/From School	_____	_____
Buying Groceries	_____	_____
_____	_____	_____

Travel Chart Category expenses should be totaled per trip

# of <u>DAYS</u> Gone Over Night	City/State	Expenses from Plane, Train, Subways, Rental Car, Taxi, Uber, Lyft	Lodging Expenses	Tolls Parking	Miles Driven in Personal Vehicle	Amounts Reimbursed, If Any, or NONE	Office Use Only
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	

Office in Home

Not everyone qualifies to take an office in home deduction. You must work from home for the convenience of your employer AND not have a dedicated office space you could go in and work at. Ask us if you think you qualify.

Mortgage Interest	Bring your End of Year 1098 Mortgage Statement	Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$
HOA/Condo Association Fees	\$	Improvements to the office space	\$
Trash Pick-up	\$	Improvements to your home	\$
Security	\$		
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²

If you move during the year please separate your Home Offices

Date you moved into your new residence: _____

Mortgage Interest NEW HOME	Bring your End of Year 1098 Mortgage Statement	Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$
HOA/Condo Association Fees	\$	Improvements to the office space	\$
Trash Pick-up	\$	Improvements to your home	\$
Security	\$		
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²

Other Issues

Owner's Post Tax Health Insurance \$ _____

Fringe Benefit Programs & Employee Compensation

_____ Code Sec 105 Approval Form
 _____ Pension Contributions \$ _____
 _____ Pension Type _____

_____ HSA Contributions
 _____ Complete copy of Payroll if we do not prepare your payroll (Forms W-3, W-2, 941 / 944 / 940, SUTA, FUTA, year end payroll journal)

If these are not currently in place, are appropriate and you qualify, we will set up a separate appointment to discuss after the tax season.

Other Expenses – Expenses you're not sure where to categorize or not sure if you can deduct

_____ Cost
\$ _____
\$ _____
\$ _____
\$ _____

_____ Cost
\$ _____
\$ _____
\$ _____
\$ _____

Additional Notes or Questions: