

The Leading Edge Company

Tax Preparation, Bookkeeping & Notary Services

Phone: (951) 746-3737 ▪ Fax: (951) 746-1167

E-mail: eClientHotline@gmail.com ▪ Website: theleadingedgeco.com

DAYCARE HOME BUSINESS

Home business is owned by: Taxpayer Spouse Joint
 Do you use any part of your home regularly and exclusively for business? Yes No

If yes, please complete the following information:

Description of work done in home office: _____

Description of work done outside of home office: _____

Estimated percentage of time spent in home office compared to total time spent in this business activity (e.g. 10%, 40%, etc.): _____

Total area of home: _____ Total area of home used regularly for business: _____

*Please provide the following expenses at 100%. Do not prorate.	Direct Costs	Indirect Costs
1. Casualty Losses	\$	\$
2. Depreciation (Complete Depreciation Worksheet or Leave Blank)	\$	\$
3. Home Insurance	\$	\$
4. Homeowner's Association Fees (HOA)	\$	\$
5. Mortgage Interest	\$	\$
6. Real Estate Taxes	\$	\$
7. Rent (If renting)	\$	\$
8. Repairs & Maintenance	\$	\$
9. Telephone (2 nd phone & business portion of long distance phone calls on 1 st phone)	\$	\$
10. Utilities	\$	\$
a) Electricity	\$	
b) Gas	\$	
c) Water	\$	
d) Internet	\$	
e)	\$	
<i>Other Expenses - Please Specify:</i>		
11.	\$	\$
12.	\$	\$
13.	\$	\$
14.	\$	\$
15.	\$	\$
TOTAL EXPENSES		\$
Cost of home and improvements.		\$
Prior year carryover of unallowed losses.		\$

To compute the following information below, please use the "Daycare Facilities Worksheet."

Total number of days used as daycare facility for the year: _____

Hours per day home is used as daycare facility: _____

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DAYCARE FACILITIES WORKSHEET

(HOME NOT USED EXCLUSIVELY FOR DAYCARE BUSINESS)

Please use a calendar to exactly calculate the number of days you used your home for daycare. This is necessary to determine the percentage you used your home for daycare business. This business percentage is then used to accurately calculate your home business deduction.

Tax Year _____	A No. of Days Open / Week	B No. of Hours Used / Day	C (A x B) Total No. of Hours Used / Week	Tax Year _____	A No. of Days Open / Week	B No. of Hours Used / Day	C (A x B) Total No. of Hours Used / Week
JANUARY				JULY			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29 - 31				29 - 31			
Total No. of Hours Used in January				Total No. of Hours Used in July			
FEBRUARY				AUGUST			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29				29 - 31			
Total No. of Hours Used in February				Total No. of Hours Used in August			
MARCH				SEPTEMBER			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29 - 31				29 - 30			
Total No. of Hours Used in March				Total No. of Hours Used in September			
APRIL				OCTOBER			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29 - 30				29 - 31			
Total No. of Hours Used in April				Total No. of Hours Used in October			
MAY				NOVEMBER			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29 - 31				29 - 30			
Total No. of Hours Used in May				Total No. of Hours Used in November			
JUNE				DECEMBER			
1 - 7				1 - 7			
8 - 14				8 - 14			
15 - 21				15 - 21			
22 - 28				22 - 28			
29 - 30				29 - 31			
Total No. of Hours Used in June				Total No. of Hours Used in December			
GRAND TOTAL NO. OF HOURS USED FOR THE YEAR							