



CHILD/ELDERLY CARE INCOME AND EXPENSE WORKSHEET

(Use separate worksheet for each business)

Taxpayer's Name:

Business Location

Tax Year:

You must prove your business exist
(please check all that apply)

- Business Cards/Stationary
- Business License
- Social Media/Website
- Appointment Book
- Others

Ever filed business income before?

- YES NO

How long have you had this business?

Do you have proof of expenses paid and payments received?

- YES NO

Description of business:

INCOME

(If you have 1099's PLEASE ATTACH)

Food Reimbursement

State Subsidy

Month #Of Weeks	CHILD 1 Elderly	CHILD 2 Elderly	CHILD 3 Elderly	CHILD 4 Elderly	CHILD 5 Elderly	CHILD 6 Elderly	CHILD 7 Elderly	CHILD 8 Elderly	CHILD 9 Elderly	CHILD 10 Elderly
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTAL CHILD/ELDERLY										
Cost Per Care										
Total										

Total Annual Income Received:

EXPENSES

Type of vehicle used _____

Month	ADVERTISING <small>Cards/Flyers Social Media</small>	MILEAGE <small>Field Trips</small>	SUPPLIES <small>Toys/Learning Supplies</small>	PAYROLL <small>*Contract Labor</small>	DAY CARE <small>Supplies Repairs</small>	PROFESSIONAL <small>Start-up/Legal Annual Fees/Bus. Ins</small>	TRAINING <small>Professional Developmt</small>	PHONE <small>App Services</small>	TRAVEL <small>Tolls/Parking/Hotel/Flight</small>	OTHER <small>New Equipment Gifts for Child/Par</small>
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTAL										

*Contract Labor- 1099s are required for all payments paid to contract labors in the amount of \$600.00 or more. Non-Filing penalty can be \$150 per recipient. If recipient does not provided W-9 info you are required to withhold 31% of their payment.

Additional Notes: (Form - 8829)

Home Office Expense YES NO

Business utilities used and amounts paid

Gas _____ Water _____ Sewage _____
 Trash _____ Internet/Cable _____ Other _____

Property Taxes Paid _____
 Property Insurance Paid _____
 Mortgage Interest or House Rent Paid _____

FOR OFFICE USE: Reconstruction of Income and Expenses Prepared by ARKED Enterprises YES NO

By law you are required to keep adequate records. I am fully aware that I am Self-Employed and the information provided on this income and expense worksheet will be used for income tax purposes. By signing below under penalties or perjury, the information provided to ARKED Enterprises is true, complete and correct.

Signature

Date