



CHILD/ELDERLY CARE INCOME and EXPENSE WORKSHEET

(Use separate worksheet for each business)

TAX YEAR _____

Taxpayer's Name: _____ **Business Location:** _____

You must prove your business exist, please check all that apply [] **Business Cards/Stationary** [] **Business License** [] **Social Media/Website** [] **Appointment Book** [] **Other**

Ever filed business income before? _____ How long have you had this business? _____ Do you have proof of expenses paid and payments received? _____

Description of business: _____

INCOME (If you have 1099's PLEASE ATTACH) **Food Reimbursement** _____ **State Subsidy** _____

Month #Of Weeks	CHILD 1 <i>Elderly</i>	CHILD 2 <i>Elderly</i>	CHILD 3 <i>Elderly</i>	CHILD 4 <i>Elderly</i>	CHILD 5 <i>Elderly</i>	CHILD 6 <i>Elderly</i>	CHILD 7 <i>Elderly</i>	CHILD 8 <i>Elderly</i>	CHILD 9 <i>Elderly</i>	CHILD 10 <i>Elderly</i>
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 _____

Month	ADVERTISING Cards/Flyers Social Media	MILEAGE Field Trips	SUPPLIES Toys/Learning Supplies	PAYROLL *Contract Labor	DAY CARE Supplies Repairs	PROFESSIONAL Start-up/Legal Annual Fees/Bus. Ins	TRAINING Professional Developmt	PHONE App Services	TRAVEL Tolls/Parking Hotel/Flight	OTHER New Equipment Gifts for Child/Par
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:

Home Office Expense Yes No (Form 8829) Square Footage of Home _____ Square Footage of Room Used _____

List business utilities used and amount's 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.

X Signature Required _____

Date _____