

Adult Care / Child Care Business

Do You Take Care of Anyone in YOUR Home? YES _____ NO _____

Watch Anyone in THEIR Home? YES _____ NO _____

You need to fill out the following to protect yourself , if audited.

Do you have records of your income & expenses? YES _____ NO _____

Names of your customers:

1. _____ 3. _____

2. _____ 4. _____

Did You Receive a 1099 or W-2 from them? YES _____ NO _____

Square Footage of Area Used for your Business _____ Sq. Ft. of Entire Home _____

Total Days Used for the Year _____ Total Hours Per Day _____

Total Income \$ _____

Expenses you paid for this year ONLY, and if you used for business:

Food _____ Rent you paid on your home _____

Toys _____ Real Estate Taxes _____

DVD's/Video's _____ Interest on your home _____

Cell Phone _____ Insurance on your home _____

Mileage to the Park _____ Value of Fence _____

Blankets/Pillows _____ Value of Refrig/Stove _____

Cribs/Beds _____ Value of TV/ DVD _____

Repairs/Supplies _____ Value of Microwave _____

I agree to the above Income & Expenses. I also acknowledge documents supporting this information is in my possession if IRS or state requests it.

Sign _____ Date _____

Printed Name _____