

**SCHEDULE C - HOME BASED DAY CARE FACILITY**

Business Name:

EIN #:  Principal Activity:

Material Participation?  Yes  No All at Risk?  Yes  No

Gross Receipts \$

Other Income \$

**BUSINESS EXPENSES**

Advertising	<input type="text"/>	Professional Fees	<input type="text"/>
Business Mileage	<input type="text"/>	Rent, equipment	<input type="text"/>
Cell Phone	<input type="text"/>	Rent, other	<input type="text"/>
Food	<input type="text"/>	Repairs/Maintenance	<input type="text"/>
Gifts	<input type="text"/>	Subcontractors	<input type="text"/>
Insurance (excl. health)	<input type="text"/>	Supplies	<input type="text"/>
Interest Expense	<input type="text"/>	Toys, Games, etc.	<input type="text"/>
Office Expenses	<input type="text"/>	Taxes & Licenses	<input type="text"/>
Payroll Expenses	<input type="text"/>	Travel (lodging/other)	<input type="text"/>
Pension/Profit Sharing	<input type="text"/>	Travel (meals/entertain)	<input type="text"/>

Please complete the following information regarding your home based day care facility

Purchase Price of Home \$  Improvements \$  Date Placed in Service

Value of Land \$  Total Square Footage

Homeowners Insurance \$  Utilities \$  Repairs/Maintenance

Mortgage Insurance \$  Other \$