DAY CARE <u>OR</u> OFFICE IN THE HOME EXPENSES

Please list the expenses for the following items so we can determine what your office in the home deduction will be

		aeau	ction will be.				
	Elect to use	Safe Harbo	or Deduction (\$1	,500 maximum)			
Mortgage Intere	st	(Cost of Your Hom	e			
Real Estate Taxe		F	MV of Your Hom	ne	_		
		/	alue of Land/Ho	ome	_		
Home Insurance			Basis of Home	-	_		
Home Repairs	<u></u>			-	_		
Rent Paid for Ho	ome		Part of Home Use	ed for Business			
<u>Utilities</u>			# Sq. ft. used for business				
Electricity			otal sq. ft. in hor		=%		
Propane/Gas			4		_ ^ _		
Water/Sewer							
Cable TV		DAY CARE INFORMATION ONLY					
Total Utilities				used for child care			
2 0 0 0 1 1 0 0 1 1 1 0 1 0 1 0 1 0 1 0				for the year (2014)	_	8,760	
				ed for business	_		
			**Add 1 hour for		_		
				8			
TOTAL	EXPENSES						
101112	X	%					
TOTAL HOMI							
1011111111							
	DAY	CARE IN	FORMATION C	<u>ONLY</u>			
		MEALS	FOR DAY CARE				
	# Breakfast	X	\$1.28	\$			
	# A.M. Snacks	X	\$0.71	\$	_		
	# Lunches	X	\$2.40	\$	_		
	# P.M. Snacks	X	\$0.71	\$	_		
				•			

\$2.40

TOTAL MEAL COST:

X

____# Suppers