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.

		acaace	ion win be.			
	Elect to use Sat	fe Harbor	Deduction (\$1,500 r	naximum)		
Mortgage Interest Real Estate Taxes Home Insurance		FN Va	st of Your Home IV of Your Home lue of Land/Home sis of Home		- - -	
Home Repairs Rent Paid for Home Utilities Electricity Propane/Gas		# 5	ort of Home Used for Sq. ft. used for business Stal sq. ft. in home		_=%	
Water/Sewer Cable TV Total Utilities			DAY CARE INFORM *A. Total hours used B. Total hours for th % of hours used for *Add 1 hour for clear	for child care ne year (2015) business	_ _ _	8,760
TOTAL EXPE	X	<u></u> %				
			ORMATION ONLY			
]	MEALS FO	OR DAY CARE			
	# Breakfast	X	\$1.31		-	
	# A.M. Snacks	X	\$0.73		-	
	# Lunches	X	\$2.47	_	-	
	# P.M. Snacks	X	\$0.73		_	
	# Suppers	X	\$2.47			

TOTAL MEAL COST: