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MONTHLY REVENUE AND EXPENSE STATEMENT

This form is solely for the Childcare Provider. Please list all other household income on the Provider Income Eligibility Application. Do NOT complete this form if you are receiving food stamps or cash assistance.

Provider Name: _____ ACD #: _____

License Number: _____ Month: _____

Income: Do NOT document any other Household Members Income in this area except that of the Childcare Provider.

| Source of Income | Income Amount |
|---------------------|--------------------------------|
| CACFP Reimbursement | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ Total Gross Income |

Expenses: The following is not a complete list of allowable expenses. Please consult an IRS instruction manual or review a Schedule C form for more detail. Please note, expenses such as mortgage/rent, vehicle expenses, insurance, repair/maintenance and utilities are most often **indirect expenses**. This means **only a portion of the monthly amount paid can be deducted as an expense**.

“Educating parents and caregivers about nutrition to promote the development of children and establish healthy eating habits to last a lifetime.”

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Indirect Expenses – Please list the total monthly amount of your indirect expenses in the column titled “total” and the amount used toward the child care in the “child care” column.

| Indirect Expense | Total | Child Care |
|---|--------------|-------------------|
| Vehicle Expense..... | \$ | \$ |
| Insurance (other than health)..... | \$ | \$ |
| Mortgage/Rent..... | \$ | \$ |
| Repairs/Maintenance..... | \$ | \$ |
| Utilities (Phone, Electric, Heat, Water, etc.)..... | \$ | \$ |
| Other, _____..... | \$ | \$ |
| Other, _____..... | \$ | \$ |

Direct Expenses

| | |
|-------------------------------------|----------|
| Legal and Professional Service..... | \$ _____ |
| Advertising..... | \$ _____ |
| Daycare Liability Insurance..... | \$ _____ |
| License/Registration Fees..... | \$ _____ |
| Supplies..... | \$ _____ |
| Food (Meal expenses)..... | \$ _____ |
| Wages paid to employees..... | \$ _____ |
| Other, _____..... | \$ _____ |
| Other, _____..... | \$ _____ |

Total Expenses: \$ _____

Net Income: (Total Gross Income minus Total Expenses) \$ _____

I certify that the information provided on this form is accurate in all respects; that it is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in State or Federal prosecution.

Signature

Date

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