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www.acdkids.org

ASSOCIATION FOR CHILD DEVELOPMENT

MONTHLY REVENUE AND EXPENSE STATEMENT

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

Provider Name: _____ Account: _____

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**.

Indirect Expenses – Please calculate your business percentage to determine the final expense amount for indirect expenses. List your expense after you have calculated in your business percentage _____%

▪ Vehicle 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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- Insurance (other than health)..... \$ _____
- Mortgage/Rent..... \$ _____
- Repairs/Maintenance..... \$ _____
- Utilities (Phone, Electric, Heat, Water, etc.)..... \$ _____
- Other, _____..... \$ _____

Direct Expenses

- Legal and Professional Service..... \$ _____
- Advertising..... \$ _____
- Daycare Liability Insurance..... \$ _____
- License/Registration Fees..... \$ _____
- Supplies..... \$ _____
- Food (Meal expenses)..... \$ _____
 - *Can only deduct up to the amount of CACFP Reimbursement*
- 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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