

**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.

| <b>Source of Income</b>         | <b>Income Amount</b> |
|---------------------------------|----------------------|
| _____ 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..... \$ \_\_\_\_\_
- 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