

Based on the information you have given us, we will be filing a business form for income you received as a Care Provider

First, complete the following information:

Signature _____ SSN _____ Date _____

Next, put in the amount of income for the entire year

Finally:

ONLY FILL IN THE EMPTY BOXES



Number of children

Number of days watched per week

Number of weeks watched per year

THIS AREA FOR PREPARER USE ONLY

DAYS WKS 2014 TOT

On school days:

How many you fed breakfast on school days

1.28

How many you fed lunch on school days

2.40

How many you fed supper on school days

2.40

Number of snacks per day per child

0.71

On non school days:

How many you fed breakfast

1.28

How many you fed lunch

2.40

How many you fed supper

2.40

Number of snacks per day per child

0.71

Money spent on:

Toys

Entertainment

Cleaning supplies

Mileage

Child Care Provider 624410