## 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.

		ucuuc	don win be.			
	Elect to use Sa	fe Harbo	r Deduction (\$1,5	00 maximum)		
Mortgage Interest Real Estate Taxes Home Insurance		F	ost of Your Home MV of Your Home alue of Land/Hom asis of Home	ne	_ _ _	
Home Repairs Rent Paid for Home <u>Utilities</u> Electricity Propane/Gas		#	art of Home Used Sq. ft. used for busi otal sq. ft. in home	ness	=%	
Water/Sewer Cable TV Total Utilities		**A. Total hours used for child care B. Total hours for the year (2024) % of hours used for business **Add 1 hour for cleaning				8,784
TOTAL EXF	X	<u></u> %				
	DAY C	ARE INI	FORMATION ON	<u>ILY</u>		
	]	MEALS F	OR DAY CARE			
	# Breakfast # A.M. Snacks # Lunches # P.M. Snacks # Suppers	X X X X	\$1.65 \$0.93 \$3.12 \$0.93	\$ \$ \$ \$ \$		
	# suppers	X	\$3.12	Ф		

**TOTAL MEAL COST:**