

Statement of Day Care Home Business Income and Expenses

For use by newly licensed providers or if the IRS 1040 is not appropriate (See Questions from Tier I Eligibility Worksheet for Provider)

Part I -- Instructions: You **MUST** check one of the following two boxes:

- My signature certifies that this statement accurately reflects my actual circumstances. Receipts and/or other appropriate documentation, which I retain on file, support income and expenses listed.
- My signature certifies that this is an estimate of my income and expenses to be used for a temporary eligibility determination. After 45 days, I will submit a statement based on actual income and expenses, as supported by receipts and/or other appropriate documentation that I will retain on file.

Part II -- Instructions: Complete the Following:

The income and expenses reported below are for:

MONTH	YEAR
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Part III --

A. INCOME

Parent Fees	\$
CACFP Reimbursement	\$
Other (Describe)	\$
GROSS DAY CARE INCOME	\$

B. EXPENSES

Food Including Nonfood Supplies (such as paper supplies)	\$
Day Care Supplies Such as Toys	\$
Other (Describe) Such as Liability Insurance	\$
Consult IRS regulations or your tax preparer for guidance	\$
TOTAL DAY CARE EXPENSES	\$

C. NET DAY CARE INCOME

(Gross Income Minus Total Expenses) \$

Part IV -- Instructions: You **MUST** sign and date this statement.

I hereby certify that this information is true and correct in all respects; I understand that this information is being given in connection with receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

LICENSED PROVIDERS SIGNATURE	DATE SIGNED
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