Fill out this document using Adobe Reader Software ( <a href="www.adobe.com">www.adobe.com</a> ), print, and then have the appropriate parties sign and date. You can mail to the following address.				
This must be an original signed document.				
Mail to:				
Beanstalk				
1771 Tribute Road, Suite A				
Sacramento, Ca. 95815				
If you have questions contact Juanita Royal at: (916) 344-6259 ext. 321				

## Statement of Day Care Home Business Income and Expenses

For Worl	use by newly licensed providers or if t ksheet for Provider)	he IRS 1040 is not a	approprial	te (See Questions	from Tier I Eligibility
Part	I Instructions: You MUST check on	e of the following two	boxes:		
	My signature certifies that this statement accurately reflects my actual circumstances. Receipts and/or othe appropriate documentation, which I retain on file, support income and expenses listed.				
	My signature certifies that this is an eligibility determination. After 45 days supported by receipts and/or other app	. I Will Submit a state	ment has	ed on actual incom	sed for a temporary ne and expenses, as
Part	II Instructions: Complete the Follow				
The	income and expenses reported below ar	e for:		YEAR	
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		4		
	(Gross Income Minus Total Expenses)	\$			
Part	IV Instructions: You MUST sign an	d date this statement			

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