Monthly income

One page per month. Fill the tuition grid as payments come in, so an unpaid week shows up as an empty box instead of a surprise.

MONTH _____ YEAR _____ PREPARED BY _____

Tuition received, by family

FAMILY	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	EXPECTED	RECEIVED	BALANCE DUE	NOTES
Tuition total									

Other income

DATE	SOURCE	TYPE	AMOUNT	DEPOSITED
	Food program spor	Reimbursement		
	State subsidy	Subsidy		
		Registration fee		
		Late fee		
Other income total				

Income summary

Tuition received _____

Other income _____

Total income for the month _____

Outstanding balances carried forward _____

Deposit the same day when you can. A number without a deposit or a receipt behind it is a guess.

Monthly expenses

Log each purchase on the left as it happens, then roll it into the category totals on the right at the end of the month.

MONTH | YEAR | RECEIPTS KEPT WHERE

Expense log

DATE	CATEGORY	VENDOR	AMOUNT	RECEIPT ON FILE

Keep the receipts in an envelope with this page. Note anything shared between the program and your household so it can be split later.

Category totals

CATEGORY	PROGRAM	SHARED USE
Food and groceries		
Kitchen supplies		
Supplies and materials		
Toys and equipment		
Cleaning and safety		
Training and licensing		
Insurance		
Home, rent, and utilities		
Payroll and contractors		
Software and fees		
Other		
Total expenses		

MILEAGE AND HOURS

Program miles driven

Care hours in the home

Prep and cleaning hours

MONTH RESULT

Total income

Total expenses

Difference

Annual summary

Twelve monthly totals in one place. This is the page you hand your tax preparer, with the monthly sheets behind it.

YEAR _____ PREPARED BY _____ DATE COMPLETED _____

MONTH	TUITION	OTHER INCOME	TOTAL INCOME	FOOD	SUPPLIES	TOYS & EQUIP.	TRAINING	INSURANCE	HOME & UTIL.	OTHER	TOTAL EXPENSES	DIFFERENCE
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
Year total												

YEAR TOTALS TO CARRY OVER

Total program miles _____

Total care hours _____

Prep and cleaning hours _____

YEAR-END CHECKLIST

- [ ] All twelve monthly sheets filed
- [ ] Receipts matched to the expense log
- [ ] Unpaid balances written down and chased
- [ ] Program bank statements reconciled

NOTES FOR THE TAX PREPARER

