Family Child Care Provider or Child Care Center Owner Monthly Income Worksheet

Instructions: This sheet is to help you determine your monthly earnings from your child care business. For each question, use the amount you made or spent in one month, or estimate for an average month based on the last six months. In addition to this completed sheet, you must send a copy of your most recent Profit/Loss statement (Schedule C) from your last income tax form for the application to be complete.



T.EA.C.H. Early Childhood® MISSOURI

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1. What is the total amount paid to you by parents each week?

Multiply by 4.33 (weeks per month)

X 4.33

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Fax: 314-754-0330

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|--|---------------------------|-------------------------------|
| 2. TOTAL MONTHLY PARENT FEES | | www.moccrrn.org/teach-mo.html |
| 3. How much was your Child and Adult Care Food Program rein | mbursement? | |
| 4. How much was the Department of Social Services subsidy fo | or children in your care? | |
| 5. TOTAL MONTHLY REVENUE | | |
| How much did you spend on the children in your child care ho | me last month in: | |
| 6. Food? | | |
| 7. Toys? | | |
| 8. Assistant / Substitute Care or Staffing | g? | |
| 9. Crafts / Supplies / Materials? | | |
| 10. Transportation? | | |
| 11. Training and Professional Developr | ment? | |
| 12. Gifts for Children / Families? | | |
| 13. Other Expenses? (Specify) | | |
| 14. TOTAL MOI | NTHLY EXPENSES (Add I | ines 6 through 13) |
| 15. MONTHLY | EARNINGS (Subtract Line | e 14 from Line 5) |

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information that I have provided is true and accurate.

| Signature of Applicant | Date |
|------------------------|------|
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