

Western Accounting & Tax Solutions

11855 SW Ridgecrest Dr, Ste 201 Beaverton, OR 97008

Foster Care Check List

Client Name: _____ Tax Year: _____

Renting: ☐
Buying: ☐

Original cost: \$ _____

Date starting AFC: _____

Remodeling Expenses before putting into business: \$ _____

Total square footage of house: _____

Square footage used exclusively by residents: _____

If home was purchased in current year, bring settlement papers

Income

Amount paid by state \$ _____

(Non-taxable only if patient resides in your primary residence)

Amount paid by private patients (room and board) \$ _____

Expenses for clients only

Auto Expense:

Standard Mileage: Interest _____
total miles _____
parking fee _____
Business Miles _____

Accounting _____
Advertising _____
Bank Expenses _____
Client Activity _____
Continuing Education _____
Entertainment _____
Client Food Total _____

Fixed Assets

<u>Item</u>	<u>Cost</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Interest paid on credit cards	\$ _____	
Laundry	\$ _____	

Legal and Professional Fees	\$
Miscellaneous Expense	\$
Office Expense	\$
Payroll Wages	\$
Payroll Taxes	\$
Phone	\$
Provider or Agency Fees	\$
Tax and Licenses	\$
Rental of Equipment	\$
Supplies	\$
Dues and Subscriptions	\$
Traveling Expense	\$

Office in Home Expenses

Fire/Home Insurance	\$
Interest paid on home	\$
Rent paid on home	\$
Property Taxes	\$
Yard Card Expenses	\$

Remodeling Expense:

Description:	% Client Use:	Date:	Cost:
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Repairs:

Description:	% Client Use:	Date:	Cost:
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Utility Expenses:

Electricity	\$
Water & Sewer	\$
Cable	\$
Heat	\$
Garbage	\$
Internet	\$

Residents Name

Total Number of Days Resident in Home

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Members First Name Living Home _____

I HAVE RECEIPTS OR OTHER VERIFICATION FOR ALL DEDUCTIONS CLAIMED ABOVE.

Signature: _____