



**2020 Family Day Care Provider Meal and Snack Year-end Summary**

**Name of Provider** \_\_\_\_\_

**Tax Year Ending** \_\_\_\_\_

Total number of breakfasts served during the year:		\$1.31	Equals	\$	Breakfast cost for the year
Total number of lunches served during the year:		\$2.46	Equals	\$	Lunch cost for the year
Total number of dinners served during the year:		\$2.46	Equals	\$	Dinner cost for the year
Total number of snacks served during the year:		\$0.73	Equals	\$	Snack cost for the year
Tentative meal deduction for the year				\$	
Less any reimbursements for meals received during the year				(\$ )	
Equals the meal deduction for the year				\$	

# 2020 Family Day Care Provider Meal and Snack Log

Name of Provider \_\_\_\_\_

Week of \_\_\_\_\_ / 2020

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Hours of Attendance _____ <input type="checkbox"/> Bkfst <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Snack	Number of breakfasts served: _____ Number of lunches served: _____ Number of dinners served: _____ Number of snacks served: _____
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**Weekly Totals: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snacks \_\_\_\_\_**