

# TAX ORGANIZER- DAYCARE PROVIDER

NAME: \_\_\_\_\_

TAX YEAR: \_\_\_\_\_

BUSINESS NAME AND ADDRESS: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

**NOTE: ROUND ALL AMOUNTS TO NEAREST DOLLAR.**

PART 1- INCOME (ATTACH ANY 1099'S)				PART 4- OPERATING EXPENSES		
GROSS RECEIPTS FROM PARENTS				ADVERTISING		
FOOD PROGRAM (CACFP) REIMBURSEMENTS				BANK FEES AND CHARGES		
STATE PROGRAM RECEIPTS				CHILD PROOFING DEVICES		
OTHER INCOME:				EDUCATION & TRAINING		
OTHER INCOME:				FOOD & MEALS (FOR CHILDREN)		
				FOOD & MEALS (FOR EMPLOYEES)		
PART 2- BUSINESS USE OF HOME				INSURANCE- LIABILITY		
TOTAL AREA OF HOME		_____ SQ. FT.		INSURANCE- OTHER (NOT HOMEOWNERS)		
AREA USED REGULARLY FOR BUSINESS		_____ SQ. FT.		LEGAL & PROFESSIONAL		
TOTAL HOURS AREA AVAILABLE FOR USE FOR BUSINESS DURING THE YEAR				LICENSES & PERMITS		
<b>DIRECT EXPENSES:</b>				SUBSCRIPTIONS		
REPAIRS & MAINTENANCE				SUPPLIES- ART, CHILDREN'S ACTIVITIES		
OTHER:				SUPPLIES- CLEANING		
INDIRECT EXPENSES:				SUPPLIES- OFFICE		
CLEANING SERVICES				TAXES- BUSINESS		
GARDENER				TAXES- PAYROLL		
HOMEOWNERS INSURANCE				TELEPHONE (OTHER THAN HOME PHONE)		
MORTGAGE INTEREST				TICKETS AND FEES- FIELD TRIPS		
POOL SERVICES & SUPPLIES				TOYS AND GAMES		
REAL ESTATE TAXES				TRAVEL		
RENT				WAGES TO EMPLOYEES		
REPAIRS & MAINTENANCE				OTHER:		
UTILITIES- ELECTRIC, GAS, WATER, CABLE, TRASH				OTHER:		
OTHER:				<b>*IF STANDARD RATES USED, COMPLETE STANDARD MEAL AND SNACK RATE LOG RECAP WORKSHEET</b>		
OTHER:						
OTHER:						
OTHER:						
PART 3- BUSINESS ASSETS PURCHASED DURING YEAR				PART 5- VEHICLE EXPENSES		
DESCRIPTION	DATE ACQUIRED	COST	% USED FOR BUSINESS PURPOSES		VEHICLE 1	VEHICLE 2
				VEHICLE DESCRIPTION		
				DATE ACQUIRED		
				COST		
				MILES THIS YEAR:		
				BUSINESS		
				COMMUTING		
				PERSONAL		
				TOTAL:		
				ACTUAL COSTS THIS YEAR:		
				GASOLINE, OIL, ETC.		
				INSURANCE		
				LEASE PAYMENTS		
				REPAIRS/MAINTENANCE		
				TIRES		
				OTHER:		