Tax Organizer - Daycare Provider

Name: _____ Tax Year: _____

Business name & address (if different from residence): _____

Date business started (if during the year): _____

Note: Round all amounts to nearest dollar

PART 1 - Income (attach any Forms 1099 received)	
Gross receipts from patrons	
Food program (CACFP) reimbursements	
State program receipts	
Other income:	
Other income:	

PART 2 - Business Assets Purchased During the Year			
Date Acquired	Description	Cost	Business %

PART 3 - Business Use of Home	
Total area of home	sq. ft
Area used regularly for business	sq. ft
Total hours area available for use	
Direct expenses:	
Repairs and maintenance	
Other:	
Indirect expenses:	
Cleaning services	
Gardener	
Homeowner's insurance	
Pool services and supplies	
Real estate taxes	
Rent	
Repairs and maintenance	
Utilities (electric, gas, water, internet, trash)	
Other:	
Other:	
Other:	
Other:	
Cost and value of home (complete if first year of business)	
Cost plus cost of improvements	
Value at time first used for business	
Value of land	

PART 4 - Operating Expenses	
Advertising	
Bank fees and charges	
Child proofing devices	
Education and training	
Food and meals (for children)	
Food and meals (for employees)	
Insurance - liability	
Insurance - other (not homeowners)	
Legal and professional	
Licenses and permits	
Subscriptions	
Supplies - art, children's activities	
Supplies - cleaning	
Supplies - office	
Taxes - business	
Taxes - payroll	
Telephone	
Tickets and fees (field trips)	
Toys & games	
Travel	
Wages to employees	
Other:	
Other:	

PART 5 - Vehicles Expenses	
Vehicle description	
Date Acquired	
Cost	
Miles this year: Business	
Commuting	
Personal	
Total	
Actual costs this year:	
Gasoline, oil, etc.	
Insurance	
Lease payments	
Repairs and maintenance	
Tires	
Other:	