

Tax Organizer—Daycare Provider

Name: _____ Tax Year: _____

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

Date business started (if during tax year): _____

Note: Round all amounts to nearest dollar.

PART 1—Income (Attach any Forms 1099 received)

Gross receipts from parents	
Food program (CACFP) reimbursements	
State program receipts	
Other income: _____	
Other income: _____	

PART 2—Business Assets Purchased During the Year

Description	Date Acquired	Cost	Bus %

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 for business during the year	
Direct expenses:	
Repairs and maintenance	
Other: _____	
Indirect expenses:	
Cleaning services	
Gardener	
Homeowners insurance	
Mortgage interest	
Pool services and supplies	
Real estate taxes	
Rent	
Repairs and maintenance	
Utilities—electric, gas, water, cable, trash	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Cost and value of home (complete if first year of business use)	
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 ¹	
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—other than home phone	
Tickets and fees—field trips	
Toys and games	
Travel	
Wages to employees	
Other: _____	
Other: _____	

¹ If standard rates used, complete Standard Meal and Snack Rate Log Annual Recap Worksheet.

PART 5—Vehicle Expenses

	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: _____		

Family Daycare Provider—Standard Meal and Snack Rate Log Annual Recap Worksheet

Name of Provider: _____

TIN/SSN: _____

Tax Year: _____

Wk	Week of	Break-fasts	Lunches	Dinners	Snacks	Wk	Week of	Break-fasts	Lunches	Dinners	Snacks
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					
Subtotals						Subtotals					
		6	6	6	6	4	Subtotals from weeks 1 – 26				
							Total number served during the year				

	Total Number Served During the Year		Standard Rate		Annual Cost
Breakfast	_____	x	\$ _____	=	\$ _____
Lunch	_____	x	_____	=	_____
Dinner	_____	x	_____	=	_____
Snacks	_____	x	_____	=	_____
Total Annual Cost					\$ _____