

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)				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 and training		
Other income: _____				Food and meals-for children*		
PART 2 - Business Assets Purchased During the Year				Food and meals-for employees		
Description	Date Accepted	Cost	Bus %	Insurance-liability		
				Insurance-other(not homeowners)		
				Legal and professional		
				Licenses and permits		
				Subscriptions		
				Supplies-art, children's activities		
				Supplies-cleaning		
				Supplies-office		
Part 3 - Business Use of Home				Taxes-business		
Total area of home		_____ sq.ft.		Taxes-payroll		
Area used regularly for business		_____ sq.ft.		Telephone-other than home phone		
Total hours area available for use for business during the year				Tickets and fees-field trips		
Direct expenses:				Toys and games		
Repairs and maintenance				Travel		
Other:				Wages to employees		
Indirect expenses:				Other: _____		
Cleaning services				Other: _____		
Gardener				* If standard rates used, complete Standard Meal and Snack Rate Log Annual Recap Worksheet		
Homeowners insurance				PART 5 - VEHICLE EXPENSES		
Mortgage interest					Vehicle 1	Vehicle 2
Pool services and supplies				Vehicle description		
Real estate taxes				Date acquired		
Rent				Miles this year: Business		
Repairs and maintenance				Commuting		
Utilities - electric, gas, water, cable, trash				Personal		
Other: _____				Total		
Other: _____				Actual costs this year		
Other: _____				Gasoline, oil, etc.		
Other: _____				Insurance		
Cost and value of home (complete if first year of business use)				Lease payments		
Cost plus cost of improvements				Repairs/maintenance		
Value at time first used for business				Tires		
Value of land				Other: _____		

Name of Provider _____ TIN/SSN _____

Tax Year _____

Wk	Week of	Breakfast	Lunches	Dinners	Snacks	Wk	Week of	Breakfast	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					
	Sub-totals						Sub-totals				
						Subtotals from weeks 1-26					
						Total number served during the year					

	Total Number Served During the Year		Gasoline, oil, etc.		Annual Cost
Breakfast	_____	x	\$ _____	=	\$ _____
Lunch	_____	x	\$ _____	=	\$ _____
Dinner	_____	x	\$ _____	=	\$ _____
Snacks	_____	x	\$ _____	=	\$ _____
			Total Annual Cost		\$ _____