

DAYCARE TAX ORGANIZER

DAYCARE INFORMATION	
Daycare Name (if applicable) Daycare Address	
Daycare Start Date	

PART I: DAYCARE INCOME	
Form 1099(s)	\$
Cash or Checks	\$
Reimbursements from Child Food Care Program	\$
TOTAL GROSS INCOME	\$

PART II: DAYCARE EXPENSES			
Advertising (business cards, flyers)	\$	Paper products	\$
License & inspection fees	\$	Cleaning products	\$
Health care plans	\$	Child safety products	\$
Daycare liability insurance	\$	Toys, books, videos, art supplies	\$
Interest on business loans or business credit cards	\$	Children's furniture (high chairs, potty chairs, etc.)	\$
Legal and professional fees	\$	Field trips, projects, movies	\$
Office supplies	\$	Baby supplies (bibs, baby wipes, diapers, etc.)	\$
Rent or lease of equipment & property	\$	Birthday/holiday party expenses	\$
Repairs & maintenance of equipment	\$	Gifts to children (limited to \$25 per child per year)	\$
Telephone for business use only	\$	Other	\$
Bank charges	\$	Other	\$
Training & development	\$	Other	\$
Dues and publications	\$	Quarterly tax payments to IRS	\$
Computer software for business	\$	Quarterly tax payments to state	\$

EXPENSES: Major Purchases Over \$100

Playground equipment, computer, DVD player, television, daycare furniture

New item purchased in current tax year	Date of Purchase	Cost	% used for daycare
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

EXPENSES: Standard Meal & Snack Rate

You can use actual expenses for food purchased and served to eligible children or you can use the Standard Meal & Snack Rate using the chart below. You cannot deduct the cost of food consumed by you or your family.

Eligible children are minor children receiving family daycare in the home. You cannot include children who live in the home where the daycare is provided.

<u>Child 1</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 2</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 3</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 4</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____
<u>Child 5</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 6</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 7</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____	<u>Child 8</u> (Total served per year) Bkfst _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack _____

EXPENSES: Office in Home	
Area used for daycare	Sq ft
Total area of home or apartment	Sq ft
Daily start & end time of daycare operations	A.M. to P.M.
Number of days daycare was open for the year	
Rent	\$
Mortgage interest	\$
Real estate taxes	\$
Renter or homeowner insurance	\$
Repairs, maintenance, pest control	\$
Gas and electric	\$
Water and sewer	\$
If homeowner, date the home was: (a) purchased and (b) placed into business use.	(a) ____/____/____ (b) ____/____/____

PART IV: VEHICLE INFORMATION	
Month/day/year your vehicle was placed in service:	____/____/____
Total business miles:	
Total commuting miles:	
Total personal miles:	
Parking and tolls:	\$
Do you (or your spouse) have another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No