


# Tax Organizer—Daycare Provider

Name: \_\_\_\_\_ Tax Year: \_\_\_\_\_

Business name and address (if different from residence): \_\_\_\_\_

Date business started (if during 2010): \_\_\_\_\_

 **Note:** Round all amounts to nearest dollar.

| PART 1—Income (Attach any 1099s 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*        |  |
| 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: _____                        |  |

\* If standard rates used, complete *Standard Meal and Snack Rate Log 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-<br>fasts | Lunches | Dinners | Snacks | Wk   | Week of | Break-<br>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   |         |                 |         |         |        |
| <b>Subtotals</b> |         |                 |         |         |        | <b>Subtotals</b>                           |         |                 |         |         |        |
|                  |         | ↓               | ↓       | ↓       | ↓      | <b>Subtotals from weeks 1 – 26</b>         |         |                 |         |         |        |
|                  |         |                 |         |         |        | <b>Total number served during the year</b> |         |                 |         |         |        |

|                          | Total Number Served<br>During the Year |   | Standard<br>Rate |   | Annual<br>Cost |
|--------------------------|--|---|------------------|---|----------------|
| Breakfast                | _____                                  | x | \$ _____         | = | \$ _____       |
| Lunch                    | _____                                  | x | _____            | = | _____          |
| Dinner                   | _____                                  | x | _____            | = | _____          |
| Snacks                   | _____                                  | x | _____            | = | _____          |
| <b>Total Annual Cost</b> |  |   |                  |   | \$ _____       |