

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 patrons | |
| Food program (CACFP) reimbursements | |
| State program receipts | |
| Other income: _____ | |
| Other income: _____ | |

PART 2—Business Assets Purchased During the Year

| Description | Date Acquired | 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 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 | Breakfasts | Lunches | Dinners | Snacks | Wk | Week of | Breakfasts | 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 | | | | | |
| | | ↓ | | | | 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 | | | | | \$ _____ |