



Tax Organizer

DayCare Provider

Use this organizer to get ready for the upcoming tax season. Reading each line may jog your memory on an expense you may have forgotten to include.



Tax Organizer

DayCare Provider

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

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

Did you pay health insurance premiums in 2011? If yes, how much? _____

Did you pay estimated tax payments to the IRS or State of MN last year?

If yes, how much? IRS _____ State of Minnesota _____ (yearly totals)

PART II: DAYCARE EXPENSES			
Advertising (business cards, flyers)	\$	Cell phone – annual charges	\$
Daycare liability insurance	\$	Cell phone – % business use	%
Interest on business loans or business credit cards	\$	Paper products	\$
Legal and professional fees	\$	Cleaning products	\$
Office supplies	\$	Child safety products	\$
Rent or lease of equipment & property	\$	Toys, books, videos, art supplies	\$
Repairs & maintenance of equipment	\$	Children's furniture (high chairs, potty chairs, etc.)	\$
Daycare license or inspection fees	\$	Field trips, projects, movies	\$
Training & Development (CPR, other professional education)	\$	Baby supplies (bibs, baby wipes, diapers, etc.)	\$
Bank Charges	\$	Birthday/holiday party expenses	\$
Dues and publications	\$	Gifts to children (limited to \$25 per child per year)	\$
Telephone & long distance (only 2 nd line in home is allowed)	\$	Other	\$

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, sewer, and garbage	\$
If homeowner, date the home was: (a) purchased and (b) placed into business use (c) purchase price	(a) ____/____/____ (b) ____/____/____ (c) \$ _____

PART IV: VEHICLE INFORMATION		
Month/day/year your vehicle was placed in service: ____/____/____		
Business miles driven -- Jan. 1 to June 30, 2011:	July 1 to Dec. 31, 2011:	Total:
Total commuting miles:		
Total personal miles:		
Parking and tolls: \$		
Car loan interest: \$		
Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you (or your spouse) have another vehicle available for personal use?	<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