Tax Organizer—Daycare Provider Name: Tax Year: Business name and address (if different from residence): Date business started (if during 2014): Note: Round all amounts to nearest dollar. **PART 4—Operating Expenses** 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 Cost Business % Date Acquired 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/internet, 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

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 S	Standard Meal and Snack

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:		