



Tax and Bookkeeping Services

Please remember that YOU, the client, are responsible for justifying any figures to the IRS

Day Care Business

Name: _____ Tax Year: _____
Day Care Name: _____

Hours of Operation..... _____
Days of Week Open..... _____
Total Square Footage of Building..... _____
Square Footage Used for Day Care... _____

Private Pay Income..... _____ State Paid Day Care 1099... _____
State Paid Food Pgm 1099.. _____

Expenses

Advertising..... _____ Rent..... _____
Consumable Supplies..... _____
(crayons, paper, craft supplies, etc) Mortgage Interest..... _____
Business License(s)..... _____ Building Property Taxes..... _____
Business Insurance..... _____ Building Insurance..... _____
Business Taxes..... _____ Electrical..... _____
Work Clothing / Uniforms. _____ Gas..... _____
Continuing Education..... _____ Water..... _____
Dues / Membership Fees... _____ Waste Disposal..... _____
Legal & Professional Fees. _____ Sewer..... _____
Supplies..... _____ Cable / Satellite..... _____
Toys..... _____ Phone..... _____
Pet Vaccinations..... _____ % of Phone for Business.... _____
Food..... _____ Cell Phone..... _____
Office Supplies..... _____ Client Gifts..... _____
Subscriptions..... _____

Interest Expense

Business Credit Card(s).... _____
Business Loan(s)..... _____

Other Interest Expenses / Amount

Entertainment Expenses

Business Meals..... _____
Business Outings..... _____

Wages / Labor / Taxes

Gross Payroll Wages..... _____
Subcontracted Labor..... _____
Outside Labor..... _____
Day Labor..... _____
Payroll Taxes Paid..... _____
Workers Compensation..... _____
Unemployment Insurance.... _____