



9890 south 300 West Suite 100
 Sandy, UT 84070
 Office: 888.400.4236
 Fax: 888.415.1262

DAY CARE TAX ORGANIZER

Day Care Name: _____ EIN#: _____
 Address: _____ E-mail: _____

(Please Check One)

Sole Proprietorship S-Corp Corporation LLC Partnership

Owner: _____ SSN#: _____

INCOME

Gross Receipts: _____
 Other Income (such as Interest): _____
 Refunds: _____

of Hours Available Per Week: _____ #of Weeks Available Per Year: _____

DEDUCTIONS

Advertising	
Business Insurance	
Business Phone/Cell	
Cleaning Supplies	
Commissions Paid	
Contract Labor	
Day Care Insurance	
Day Care Licenses	
Educational	
Household Maintenance	
Interest (Loans/Credit Cards)	
Legal/Professional	
Meals and Entertainment	
Mileage	
Office Expense	

Outside Services	
Postage	
Preschool Expenses	
Professional Cleaning	
Rent on Equipment	
Rent on Property	
Repairs/Maintenance	
Supplies	
Taxes	
Travel	
Uniforms/Protective	
Utilities	
Vehicle Expense	
Wages	
Yard Maintenance	

Toys - Part Day Care	
# of Breakfasts	
#of Snacks	

Toys – 100% Day Care	
# of Lunches	
# of Dinners	

HOME OFFICE

Home Interest	
Home Insurance	
Home Taxes	
Rent (if not owned)	
Direct Repairs caused by kids	

Repairs/Maintenance	
Sq. Ft. of Office Area	
Sq. Ft. of Home	
Utilities	

EQUIPMENT PURCHASED FOR BUSINESS

Equipment Description	Date Purchased	Amount Paid

