

# DAY CARE TAX ORGANIZER

Questions? Need Appointment? Call: 801-796-5937



Corporation Name:		Tax ID Number(EIN):	
Address:		Date Incorporated:	
Phone:	Fax:	Email:	
Owner:			

Did you have long distance phone service between Feb. 2003 - Aug. 2006? Yes/No

Description of Business Activity (Please Check One): \_\_

Sole Proprietorship: \_\_ S-Corp: \_\_ Corporation: \_\_ LLC: \_\_ Partnership: \_\_

## INCOME

Gross Receipts			
Other Income (such as Interest)			
Refunds			
# of Hours Available per week		# of weeks available per year	

## DEDUCTIONS

Advertising		Preschool Expenses	
Business Phone/Cell		Professional Cleaning	
Cleaning Supplies		Rent on Equipment	
Commissions Paid		Rent on Property	
Contract Labor		Repairs/Maintenance	
Day Care Insurance		Supplies	
Day Care Licenses		Taxes	
Educational		Travel	
Household Maintenance		Uniforms/Protective	
Interest (Loans/Credit Cards)		Utilities	
Legal/Professional		Vehicle Expense	
Meals and Entertainment		Wages	
Mileage		Yard Maintenance	
Office Expense			
Toys-Part Day Care		Toys 100% Day Care	
# of Breakfasts		# of Lunches	
# of Snacks		# of Dinners	

## HOME OFFICE

Home Interest		General Repairs	
Home Insurance		Sq. Ft. of Office Area	
Home Taxes		Sq. Ft. of Home	
Rent(if not owned)		Direct Repairs (by Child)	

\*Provide a list of all equipment purchased, date purchased, and amount paid for.

