

Daycare Business Tax Preparation Expense Summary

Tax Year: _____

Client Information

Business Name: _____

Owner Name: _____

Business Address: _____

Phone: _____ **Email:** _____

Business Structure:

- Sole Proprietorship
- Partnership
- LLC
- S Corporation
- C Corporation

Employer Identification Number (EIN): _____

Income

Total Gross Income: \$ _____

Please attach:

- Profit & Loss Statement (if available)
 - Year-end income reports
 - Forms 1099-K, 1099-NEC, or other income statements
 - Subsidy or childcare assistance payment reports
-

Business Expenses

Advertising & Marketing

\$ _____

Bank & Merchant Processing Fees

\$ _____

Business Insurance

\$ _____

Cleaning & Janitorial Supplies

\$ _____

Computer Software & Technology

\$ _____

Continuing Education & Training

\$ _____

Depreciable Equipment & Furniture

\$ _____

Educational Supplies

Books, curriculum, learning materials

\$ _____

Food & Snacks for Children

\$ _____

Kitchen Supplies

\$ _____

Toys & Play Equipment

\$ _____

Arts & Crafts Supplies

\$ _____

Office Supplies

\$ _____

Payroll Expenses

Employee Wages: \$ _____

Payroll Taxes: \$ _____

Employee Benefits: \$ _____

Contract Labor (1099): \$ _____

Occupancy Expenses

Rent or Lease

\$ _____

Mortgage Interest (if applicable)

\$ _____

Property Taxes

\$ _____

Utilities

Electric \$ _____

Gas \$ _____

Water \$ _____

Internet \$ _____

Telephone \$ _____

Trash \$ _____

Repairs & Maintenance

Building Repairs: \$ _____

Equipment Repairs: \$ _____

Yard Maintenance: \$ _____

Snow Removal: \$ _____

Pest Control: \$ _____

Licensing & Professional Fees

Business Licenses: \$ _____

Daycare Licensing Fees: \$ _____

Professional Memberships: \$ _____

Legal Fees: \$ _____

Accounting Fees: \$ _____

Vehicle Expenses

Business Miles Driven: _____

Vehicle Expenses (if not using mileage):

Gas: \$ _____

Repairs: \$ _____

Insurance: \$ _____

Registration: \$ _____

Parking/Tolls: \$ _____

Home Daycare Information (Complete if operating from home)

Square Footage of Home: _____

Square Footage Used Regularly for Daycare: _____

Hours Per Year Used for Daycare: _____

Mortgage Interest: \$ _____

Rent: \$ _____

Property Taxes: \$ _____

Homeowners/Renters Insurance: \$ _____

Utilities: \$ _____

Repairs (Home): \$ _____

Repairs (Daycare Area Only): \$ _____

Other Business Expenses

Background Checks: \$ _____

CPR/First Aid Certification: \$ _____

Child Safety Equipment: \$ _____

Security System: \$ _____

Laundry Expenses: \$ _____

Medical & Cleaning Supplies: \$ _____

Field Trips: \$ _____

Transportation Costs: \$ _____

Uniforms/Protective Clothing: \$ _____

Other Expenses:

Amount: \$ _____

Assets Purchased During the Year

Please list any equipment or assets purchased over \$500.

Description Date Purchased Cost

Employees

Number of Employees: _____

Were all payroll tax returns filed?

Yes No

Were all W-2s issued?

Yes No

Were all 1099s issued (if required)?

Yes No

Estimated Tax Payments

Federal: \$ _____

State: \$ _____

Dates Paid: _____

Additional Information

Please note any significant changes to your business during the year, including new locations, major purchases, loans received, grants, or other information that may affect your tax return.

Client Certification

I certify that the information provided on this expense summary is complete and accurate to the best of my knowledge. I understand that additional documentation may be requested to prepare my tax return.

Client Signature: _____

Date: _____