

If you provide childcare, the pay you receive must be included in your income. If you are a day care provider, you must include payments for your services on Schedule C, Profit or Loss from a Business. This organizer is based on Schedule C.

Step 1 – Eligibility

- Total annual household income of \$53,000 or less.
- Sole proprietors, independent contractors and single member LLC's only. We do not prepare returns for corporations, partnerships or businesses with employees.
- No income from rental property, taxi drivers, clergy, or day traders.

Step 2 – Documentation

Organize your income and expense documents from last year. Examples:

- Tax documents: Form 1099, W-2, and last year's tax return. Bring these to your tax appointment.
- Supporting documentation – invoices, receipts, bank or credit card statements, and mileage logs. You do not need to bring the supporting documents to your appointment.

See our website for tools such as a mileage log, monthly income and expense worksheets, tips on making estimated tax payments, and a cheat sheet for filling out the organizer. Also check out irs.gov for useful tools and videos. Key words: small biz and irsvideos.gov.

Step 3 – Filling out the form

- Use your documents to fill out the organizer listing only the income and expenses from your day care. Preparers will use this information to input the *annual* totals onto the tax return. The organizer has different sections and not all apply to your business. Fill out the sections that do apply. Also, do not round off; use an exact amount.
- The sections are:
 - Day care income
 - Expenses
 - Use of the home for business
 - Standard Meal & Snack Rate
 - Major purchases
 - Vehicle information (business mileage)

If you don't find a category for an expense, feel free to write it in.

Step 4 – What to bring to your tax appointment

- The Day Care Tax Organizer must be completed **before** your tax appointment; we cannot prepare your tax return without this completed form.
- Photo ID
- Social Security cards or the ITIN numbers for all persons to be listed on the return.
- Birth dates for everyone to be included on the return.
- All tax documents: W-2's, 1099's, and any other tax document.
- Copy of last year's return – this can be especially important for self-employed taxpayers as it may contain needed information concerning business use of the home, previous years big purchases and more.
- Both spouses must be present for a joint return.
- For direct deposit - account information (bring a blank or voided check).

Tip: If on your previous year's tax return you have the names and Social Security numbers of **all** persons to be listed on this year's return we can use that instead of the Social Security cards.

Appointments are limited and there is much demand. Please be considerate of others when booking appointments.

Contact information

Self-Employment Hotline

651-262-2169

Thomas Larson

Self-Employment Manager

thomas@prepareandprosper.org

651-262-2159

Note: We are located in the Court West Building and our parking lot is located diagonally across the street from the building. Use access code **4321#** to enter the lot.

DAY CARE TAX ORGANIZER

Day Care name (if applicable) _____

Business address, city, state, zip _____

Business Telephone _____

Business start date (1st day) _____

INCOME	
Forms 1099 including 1099-MISC and 1099-K	\$
Total cash, checks, and credit card payments (to you)	\$
Reimbursement from USDA Child and Adult Care Food Program or other food reimbursement programs	\$
Total Gross Income	\$

Tip: Keep separate business accounts (checking or credit) to simplify your finances and your deposits into these accounts should match, or come close to, your total gross income.

HEALTH INSURANCE PREMIUMS		
Did you pay health insurance premiums in 2014?	Yes	No
If yes, how much?	\$	

ESTIMATED TAX PAYMENTS		
Did you pay estimated tax payments to the IRS or the Minnesota Department of Revenue in 2014?	Yes	No
If yes, how much?	IRS	\$
	MNDOR	\$

DAY CARE TAX ORGANIZER

DAY CARE EXPENSES - LIST DOLLAR AMOUNT UNLESS OTHERWISE NOTED			
Advertising, flyers, business card, Internet		Telephone – 2 nd line into home only	
Day care liability insurance		Cell phone – annual charges	
Interest – business loan or credit card		Cell phone – business use percent	%
Legal and professional fees (legal or accounting)		Paper products	
Office supplies		Child safety equipment	
Rent of space or equipment		Toys/books/videos/art supplies	
Repairs and maintenance of equipment		Day care furniture (high chairs, cribs)	
Day care license and inspection fees		Field trips/projects Activities/parties	
Training & Development (CPR, child care training)		Supplies (bibs, wipes, diapers, etc.)	
Business meals		Gifts to children (\$25 limit per child)	
Bank charges		Other (list item)	
Professional association dues & business publications		Other (list item)	

Tip: For your expenses, use an exact figure, don't round off.

EXPENSES: USE OF HOME FOR DAY CARE BUSINESS		
Daily start and end time of day care operations	AM to	PM
Area used for business or storage		Square feet
Total area of house or apartment		Square feet
Yearly rent	\$	
Mortgage interest (homeowners)	\$	
Yearly real estate taxes (homeowners)	\$	
Annual renter or homeowner insurance premiums	\$	
Repairs and maintenance	\$	
Gas and electric	\$	
Water, sewer, garbage	\$	
Homeowners only: A) What was the purchase price of the home? B) What date was the home purchased? C) What date was the home first placed into business?	A) \$ B) C)	

DAY CARE TAX ORGANIZER

EXPENSES: STANDARD MEAL & SNACK RATE 2014

You can use actual expenses for food purchased and served to eligible children **or** you can use the Standard Meal & Snack Rate using the chart below. You cannot deduct the cost of food consumed by you or your family. Eligible children are minor children receiving family day care in the home. You cannot include children who live in the home where the day care is provided.

To deduct the Standard Meal & Snack Rate you don't need receipts for food purchases. Attendance records of children attending the day care are used to calculate the meals and snacks served during day care hours.

<p align="center">Child 1</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 2</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 3</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>
<p align="center">Child 4</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 5</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 6</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>
<p align="center">Child 7</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 8</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>	<p align="center">Child 9</p> <p>Name: _____ (total served per year)</p> <p>Bkfst _____ X \$ 1.28 = _____ Snack _____ X \$.71 = _____ Lunch _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____ Dinner _____ X \$ 2.40 = _____ Snack _____ X \$.71 = _____</p>

Tip: To deduct the Standard Meal and Snack Rate, calculate the days and hours the children attended your day care. Did the child attend your day care Monday to Friday? For how many weeks? What meals were consumed?

DAY CARE TAX ORGANIZER

EXPENSES: MAJOR PURCHASES PLUS PREVIOUS YEARS DEPRECIATION (large purchases)		
Item	Month/day/year of purchase	Cost
	/ /	
	/ /	
	/ /	

VEHICLE INFORMATION			
Month/day/year vehicle first used for business: / /			
2014 Mileage.	Total business miles:	Commuting miles:	Personal miles:
Parking and tolls: \$		Interest paid on car loan:	
Was your vehicle available for personal use during off-duty hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (or your spouse) have another vehicle available for personal use?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deduction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the evidence in writing?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Tip: If you are taking the business use of the home deduction list **business** and **personal** miles. If you are **not** taking the business use of the home deduction list **business** and **commuting** miles.