

IN-HOME CHILDCARE PROVIDER INFORMATION SHEET

Your Name: _____

Social Security #: _____

Business Name: _____

Federal Employer ID#: _____

Business Address: _____

Phone: _____

Email: _____

How long have you owned your business? _____

Total square footage of your home: _____

Do you maintain a separate bank account exclusively for your business? _____

Percent of home used for daycare: _____

Operating hours of daycare: _____

Number of meals served: Breakfast _____

Lunch _____

Snacks _____

Dinner _____

Check this box if you made any payments of \$600 or more that would require you to file Form(s) 1099

Check this box if you filed all required 1099's for payments of \$600 or more

GROSS RECEIPTS OR 1099 TOTAL

(Include all cash amounts and amounts not included on 1099's AND provide all 1099's)

\$ _____

HOME EXPENSES

Utilities: _____

Telephone Landline: _____

Internet: _____

Electric _____

Total bill _____

Total bill _____

Gas _____

Percent used for business _____

Percent used for business _____

Water _____

Cell Phone: _____

Mortgage Interest: _____

Trash _____

Total bill _____

Home Insurance: _____

Real estate tax: _____

Percent used for business _____

Home repairs: _____

OTHER EXPENSES

Advertising \$ _____

Licenses and permits \$ _____

Bank charges \$ _____

Movies/DVD's \$ _____

Bedding \$ _____

Office expense \$ _____

Books \$ _____

Security \$ _____

Cleaning \$ _____

Supplies \$ _____

Computer Software \$ _____

Taxes - payroll \$ _____

Contract labor \$ _____

Toys \$ _____

Dues and subscriptions \$ _____

Wages \$ _____

Education/training \$ _____

Other expenses (describe below) \$ _____

Food/groceries \$ _____

_____ \$ _____

Insurance - business \$ _____

_____ \$ _____

Interest - other (credit card, non-auto loans) \$ _____

_____ \$ _____

Laundry \$ _____

_____ \$ _____

Legal and professional fees \$ _____

_____ \$ _____

Vehicle Expenses

Vehicle year, make & model: _____

Date vehicle was placed in service: _____

Date purchased: _____

TOTAL mileage driven during the year: _____

Vehicle purchase price: _____

BUSINESS mileage driven during the year: _____

Actual Expenses

Fuel _____

Parking _____

Repairs _____

Insurance _____

Interest _____

Tires _____

Licenses _____

Property tax _____

Tolls _____

Oil _____

By signing this form, you are acknowledging that the information that you have provided is true to the best of your knowledge.

Authorized Company Representative: _____

Date: _____

Office Use Only

Drop Date: _____

Preparer: _____

Pick Up Date: _____

Taken By: _____