

**Bruflat Tax Service**

Richard Bruflat/ Kathy Schrad/ Melissa Bell

Phone: 605-339-9638

Email: bruflattax@gmail.com

2005 Cardinal Dr.

Sioux Falls, SD 57105

Fax: 605-338-7077

**Daycare Income & Expense Sheet**

Name \_\_\_\_\_

Name of Day Care \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_

Date Business Started \_\_\_\_\_

Email Address \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**Income**

**Business Expense**

Wages \_\_\_\_\_

Bank Service Charges \_\_\_\_\_

1099-MISC \_\_\_\_\_

Legal/Accounting Fees \_\_\_\_\_

Prior Tax Preparation Fee \_\_\_\_\_

**Vehicle Expense**

Misc Payout Under \$600(i.e. help) \_\_\_\_\_

Total Mileage for Year \_\_\_\_\_

Per 1099 Misc Payouts \_\_\_\_\_

Business Miles \_\_\_\_\_

Interest \_\_\_\_\_  
(Business Loans & Credit Cards only)

Vehicle Make/Model \_\_\_\_\_

**Continuing Education**

Year Placed in Service \_\_\_\_\_

Workshops/Training \_\_\_\_\_

Tags & License \_\_\_\_\_

Classes (Course/Materials) \_\_\_\_\_

Car Lease Payments \_\_\_\_\_

Repairs/Auto Expense \_\_\_\_\_

**Business Travel Expenses**

Car Insurance \_\_\_\_\_

Hotel \_\_\_\_\_

Gas/Oil Changes \_\_\_\_\_

Meals/Entertainment \_\_\_\_\_

Car Interest (Loan) \_\_\_\_\_

**Miscellaneous Expenses**

Phone \_\_\_\_\_

Internet Service Fee \_\_\_\_\_

Cable Services \_\_\_\_\_

Office Supplies \_\_\_\_\_

Equipment Purchased\* \_\_\_\_\_

Professional Publications \_\_\_\_\_

Office Furniture Purchased \_\_\_\_\_

Cleaning Supplies \_\_\_\_\_

Safety Equipment/Supplies \_\_\_\_\_

Craft Supplies \_\_\_\_\_

Preschool Supplies \_\_\_\_\_

Toys/Educational Material \_\_\_\_\_

Field Trips \_\_\_\_\_

Special Events/ Entertainment \_\_\_\_\_

Gifts for Children \_\_\_\_\_  
(\$25 max per child/ per occasion)

Service Contracts \_\_\_\_\_

Advertising \_\_\_\_\_  
(Business Cards, Newspaper Ads, Flyers,  
Daycare T-shirts, Ect...)

\*i.e., answering machine/telephone,  
computer/copier/ printer/electronics

**Food & Hygiene Supplies**

Food Expense \_\_\_\_\_

# of Breakfast meals for the year \_\_\_\_\_

# of Lunch meals for the year \_\_\_\_\_

# of AM Snacks for the year \_\_\_\_\_

# of PM Snacks for the year \_\_\_\_\_

Kitchen Supplies \_\_\_\_\_

Diapering Supplies (if provided) \_\_\_\_\_

Toiletry Items \_\_\_\_\_  
(**Specifically for Childcare** - i.e. toilet  
paper, kleenex, hand soap)

**Office in Home Expense**

Gas/Electric \_\_\_\_\_

Water/Garbage/ Sewer \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

Real Estate Tax \_\_\_\_\_

House Insurance (General Policy) \_\_\_\_\_

Daycare Rider \_\_\_\_\_

Repairs/Maint. \_\_\_\_\_

Home Improvements \_\_\_\_\_

Square Feet Used for Business \_\_\_\_\_

Area Used Partly for Daycare \_\_\_\_\_

Total Square Feet of Home \_\_\_\_\_

**Health Insurance**

Amounts Paid in for Policy if  
**fully Self Employed** \_\_\_\_\_

**Itemized Deductions**

Medical/Dental Expenses \_\_\_\_\_

Personal Property Tax(car) \_\_\_\_\_

Investment Interest \_\_\_\_\_

Cash Contributions \_\_\_\_\_

Non-Cash Contributions \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_

Professional/ Union Dues \_\_\_\_\_

Taxes Paid on Large Purchases \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_

Unreimbursed Employee Exp. \_\_\_\_\_

**Federal Quarterly Estimates**

April 15 \_\_\_\_\_

June 15 \_\_\_\_\_

September 15 \_\_\_\_\_

January 15 \_\_\_\_\_

**State Quarterly Estimates**

April 15 \_\_\_\_\_

June 15 \_\_\_\_\_

September 15 \_\_\_\_\_

January 15 \_\_\_\_\_

**BE SMART ABOUT YOUR TAXES:**

- Keep good records.
- Keep Receipts for EVERY business expense.

**Being a Business Owner is a wonderful opportunity!** Make sure your tax preparer understands your business, keeping good records will allow for an accurate tax return.

Have a great day!

**MISCELLANEOUS INFORMATION**

Name and date of birth \_\_\_\_\_

Spouse's name and date of birth \_\_\_\_\_

Did you or your spouse become legally disabled/ blind during the year? YES/ NO

Children's names, date of birth and social security numbers, (be sure to include your newborn.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your dependents have income? \_\_\_\_\_

How long have you lived at the current address \_\_\_\_\_

Previous Address \_\_\_\_\_

(If less than one year)

Moving Expenses \_\_\_\_\_

(Transportation of goods, storage, hotel/motel, gas, etc. see your tax preparer for addl information)

Dates of Move \_\_\_\_\_

Overnight travel information: **ITEMIZE OVERNIGHT STAYS ACCORDING TO CITY/STATE AND NUMBER OF NIGHTS IN EACH LOCATION. PUT IN DATE ORDER. ATTACH ON SEPARATE SHEET**

