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CHILD CARE QUESTIONNAIRE

Name of Business _____ . Service Code 624410
Address of Business (if different than current home) _____
Employer Tax I.D. Number _____
E-Mail Address _____

NEW PROVIDERS AND NEW CLIENTS- Please have these items available for me during our appointment.

1. The date you started your childcare: _____. Date you received your license: _____.
2. List of all of your furniture and appliances. Items that have been bought after the start of your day care and that cost over \$100.00 can be listed at the end of this form.
3. A current tax assessor's statement of property value.
4. A *copy* of your emergency evacuation map.
5. A *copy* of last year's tax return.
6. A *copy* of your childcare license.

CHILD CARE INCOME _____ (Amount from 1099's)
_____ (Amount from Private Pay Clients)

FOOD PROGRAM INCOME _____ (Do not include any reimbursements given for your own children by the food program.)

EXPENSES OF THE HOME – I will prorate these items. Please list them at 100%.

Rent _____ Mortgage Interest _____
Real Estate Taxes _____ Insurance (Home or Renters) _____
Utilities & Cable TV (include gas, electric, garbage, water, cable television, not telephone) _____.

DIRECT EXPENSES:

Advertising _____

Amortization Expenses:

Software (cost over \$100.00) _____
Start-Up Expenses _____

Automobile Expenses:

Vehicle make/model _____ Purchase Date _____
Total Business Miles Driven _____
Total Personal Miles Driven _____
Fuel and Oil _____
Insurance _____
Lease Payments _____
Registration _____
Repairs _____
Interest _____
Other _____

Insurance:

Self-Employed Health Insurance _____
Day care Insurance _____
Workers Compensation Insurance _____
Service Contract Insurance _____

Interest (on equipment used in child care) _____

Legal and Professional Fees:

Bookkeeping Fees _____
Legal Fees _____
Tax Preparation Fees _____

Office Expenses _____

Equipment Rental _____

Repairs & Maintenance:

Directly for Child Care _____
General Household _____
Computer Repairs _____
Equipment Repairs _____

Supplies:

Child Care Supplies _____
Household Supplies _____
Total Supplies _____

Licenses and Permits _____

Communication:

Cellular Phone _____
Internet Service _____
Telephone _____

Wages Paid to Employees _____

Employment Taxes:

FICA _____
Medi-Care _____
FUTA _____
SUTA _____
Total _____

OTHER EXPENSES

Adult Education _____

Bank Charges: Business Account _____
Personal Account _____

Charity (Given in your business name only) _____

Client Gifts (max. \$25 per client) _____

Dues and Publications _____

Food Expenses

Food _____
Personal Food _____

Or Number of Meals Served

Breakfast's _____
Lunches _____
Dinner's _____
Snacks _____

Laundry and Cleaning Supplies _____

Security and Safety _____

Temporary Help _____

Janitorial Services _____

Outside Services _____
Postage and Delivery _____
Printing and Reproduction _____
Toys _____

Hours Children in Care _____
Other Hours _____
Square Footage of Home _____
Any Additional Category _____

MAJOR HOME IMPROVEMENTS OR NEW FURNITURE. (Any single item that costs over \$100.00 including tax.)

Item	Date Purchased	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the space below to write down any questions you would like to ask me during our interview.