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**CHILD CARE QUESTIONNAIRE**

Service Code 624410

Business Owner's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Tax I.D. Number (EIN): \_\_\_\_\_

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. A list of all of your furniture and appliances. Items that have been bought after the start of your day care and that cost over \$200.00 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.
7. A copy of your driver's license

**RETURNING PROVIDERS AND CLIENTS** – Please read over the following questions and let me know if there have been ANY changes in the last year:

1. Have you moved? Y/N

If yes: New Address \_\_\_\_\_

\_\_\_\_\_

2. Have you added a child to your family (adoption, birth, etc)? Y/N

If yes: Child's Name \_\_\_\_\_

Child's SSN \_\_\_\_\_

Child's DOB \_\_\_\_\_

3. Have you gotten married or divorced? Y/N

4. Do you have any children in college? Y/N

**INCOME**

**Childcare Income:**

Amount from 1099's (Attach 1099-MISC) \_\_\_\_\_  
Amount from Private Pay Clients \_\_\_\_\_

**Food Program Income:** (Attach Food Program Meal Report) \_\_\_\_\_  
(Do not include reimbursements given for your own child)

**HOME USAGE**

**Square Footage of Home:** \_\_\_\_\_

**Hours:**

Children in Care \_\_\_\_\_  
Other Hours \_\_\_\_\_

**PRIMARY HOME EXPENSES** – I will prorate these items. Please list them at **100%** and the amount spent for the whole year (not the monthly amount):

Mortgage Interest \_\_\_\_\_ (Attach 1098- MORT INT Statement)  
Rent \_\_\_\_\_  
Mortgage Insurance (PMI) \_\_\_\_\_  
Real Estate Taxes \_\_\_\_\_  
Insurance (Home/Renters) \_\_\_\_\_  
Home Warranty \_\_\_\_\_  
Utilities (include tv cable/satellite, gas/electric, water, garbage) \_\_\_\_\_  
**DO NOT** include internet or telephone \_\_\_\_\_

Repairs & Maintenance:  
Direct \_\_\_\_\_  
Indirect \_\_\_\_\_  
Alarm \_\_\_\_\_  
HOA Dues \_\_\_\_\_  
Other \_\_\_\_\_

**EXPENSES**

**Adult Education:** \_\_\_\_\_

**Advertising:** \_\_\_\_\_

**Amortization Expenses:**

Software (costing over \$200.00) \_\_\_\_\_  
(If the total is under \$200, list under 'Office Expenses')

Start-Up Expenses \_\_\_\_\_

**Automobile Expenses:** \*Attach mileage log\*

	Vehicle 1	Vehicle 2	Vehicle 3
Year/Make/Model of Vehicle			
Date Purchased (month,day and year)			
Beginning Odometer Reading (January 1)			
Ending Odometer Reading (December 31)			
Total Business Miles Driven			
Fuel and Oil Expenses			
Insurance			
Registration Fees			
Repairs			
Interest			
Lease Payments			
Other (Parking, Car Wash, Supplies, Etc)			

**Bank Charges:**

Personal Account \_\_\_\_\_  
 Business Account \_\_\_\_\_

**Charity:** (Given in your business name only) \_\_\_\_\_

**Client Gifts:** (max. \$25 per client) \_\_\_\_\_

**Communication:**

Internet Service \_\_\_\_\_  
 Cellular Phone \_\_\_\_\_  
 How many lines? \_\_\_\_\_

**Dues and Publications:**

Costco/Sam's Club \_\_\_\_\_  
 AAA \_\_\_\_\_  
 Amazon Prime \_\_\_\_\_  
 Books/Magazines \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Equipment Rental:** (Netflix, Hulu, Movies, Jump House,  
 Post Hole Digger, Drain Snake, Etc) \_\_\_\_\_

**Employees:**

Wages \_\_\_\_\_  
Meals \_\_\_\_\_  
Gifts \_\_\_\_\_  
Other \_\_\_\_\_

**Employer Taxes:**

\_\_\_\_\_

**Food Expenses:**

Food \_\_\_\_\_  
Personal Food \_\_\_\_\_

**Or Number of Meals Served**

Breakfasts \_\_\_\_\_  
Lunches \_\_\_\_\_  
Dinners \_\_\_\_\_  
Snacks \_\_\_\_\_

**Insurance:**

Self-Employed Health Insurance \_\_\_\_\_  
Day care Insurance \_\_\_\_\_  
Workers Compensation Insurance \_\_\_\_\_  
Disability Insurance \_\_\_\_\_  
Business Liability Insurance \_\_\_\_\_

**Interest:** (on equipment used in child care) \_\_\_\_\_

**Warranty:** (on equipment used in childcare) \_\_\_\_\_

**Janitorial Services:** (housecleaning) \_\_\_\_\_

**Laundry and Cleaning Supplies:** \_\_\_\_\_

**Legal and Professional Fees:**

Bookkeeping Fees \_\_\_\_\_  
Payroll Fees \_\_\_\_\_  
Tax Preparation Fees \_\_\_\_\_  
Legal Fees \_\_\_\_\_

**Licenses and Permits:** \_\_\_\_\_

**Outside Services:**

Carpet Cleaning \_\_\_\_\_  
Pest Control \_\_\_\_\_  
Yard Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Expenses:** \_\_\_\_\_

**Postage and Delivery:** \_\_\_\_\_

**Printing and Reproduction:** \_\_\_\_\_

**Repairs:**  
Computer Repairs \_\_\_\_\_  
Equipment Repairs \_\_\_\_\_

**Security and Safety:** \_\_\_\_\_  
(Do not include alarm costs here, they go under 'Primary Home Expenses')

**Supplies:**  
Household Supplies \_\_\_\_\_  
Childcare Supplies \_\_\_\_\_  
Field Trips \_\_\_\_\_  
Curriculum \_\_\_\_\_

**Temporary Help:** \_\_\_\_\_

**Toys:** \_\_\_\_\_

**MAJOR HOME IMPROVEMENTS OR ANY SINGLE ITEM THAT COSTS OVER \$200.00 (including tax)**

<b>Item</b>	<b>Date Purchased</b>	<b>Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**ADDITIONAL INFORMATION:**

The following income and expense categories may or may not pertain specifically to you or your household. Please fill in where it is applicable and make sure to attach requested documentation

**ADDITIONAL PERSONAL INCOME**

**Other Income:** (Attach 1099-MISC) \_\_\_\_\_

**Stock Sales:** (Attach 1099-B) \_\_\_\_\_

**Interest Income:** (Attach 1099-INT) \_\_\_\_\_

**Dividend Income:** (Attach 1099-DIV) \_\_\_\_\_

**Spouse's Income:** (Attach W-2's) \_\_\_\_\_

**PERSONAL EXPENSES**

**Donations:** (Attach donation forms) \_\_\_\_\_

**Medical:**

Co-pays \_\_\_\_\_  
Dental \_\_\_\_\_  
RX \_\_\_\_\_

**Retirement:**

Contributions \_\_\_\_\_  
(Attach IRA Statement)  
Early Withdraw \_\_\_\_\_  
(Attach 1099-R)

**Health Insurance:** Attach the following: 1095-A, 1095-B or 1095-C