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CHILD CARE QUESTIONNAIRE

Service Code 624410

Business Owner's Name: _____

Name of Business: _____

Address of Business: _____

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) Repairs & Maintenance:

Rent _____ Direct _____

Mortgage Insurance (PMI) _____ Indirect _____

Real Estate Taxes _____ Alarm _____

Insurance (Home/Renters) _____ HOA Dues _____

Home Warranty _____ Other _____

Utilities (include tv cable/satellite, gas/electric, water, garbage) _____

DO NOT include internet or telephone _____

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)

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

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