

**Jill A. Crim, EA**  
**“The Tax Lady”**  
**3705 N 775 E**  
**Manilla, IN 46150**  
**(765) 544-2373**

**TAX ORGANIZER 2020 – PROFIT OR  
LOSS FROM DAYCARE BUSINESS**

Taxpayer's Name:

\_\_\_\_\_

**General Information:**

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

**Part of Home Used for Business:**

Total area of home \_\_\_\_\_ square feet

Area used **exclusively** for business \_\_\_\_\_ square feet

Area used **partly** for business \_\_\_\_\_ square feet

Number of **days** home used for daycare \_\_\_\_\_

Number of **hours** home used for daycare per day \_\_\_\_\_

**Depreciation of Home:**

Smaller of adjusted basis or fair market value of home \$ \_\_\_\_\_

Less value of land included above - \_\_\_\_\_

Basis of home \$ \_\_\_\_\_

**Expenses of Home:**

	Direct Expenses	Indirect Expenses
Mortgage interest	\$ _____	\$ _____

Real estate taxes	_____	_____
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Insurance	_____	_____
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Repairs and maintenance	_____	_____
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Utilities:

Electricity	_____	_____
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Gas	_____	_____
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Water	_____	_____
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Sewage	_____	_____
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**Cost of Improvements:**

Carpet	\$ _____	\$ _____	Date _____
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Room Additions	_____	_____	_____
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Home Improvements	_____	_____	_____
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**Income:**

Income from clients \$ \_\_\_\_\_

Income from programs \_\_\_\_\_

Other Income (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expenses:**

Advertising	\$ _____	Rents & Leases	\$ _____
Bank Service Charges	_____	Repairs & Maintenance	_____
Car/Truck Expenses	_____	Supplies	_____
Mileage 01/01 – 06/30; 7/01 – 12/31	_____	Taxes & Licenses	_____
Commissions & Fees	_____	Travel	_____
Dues and Publications	_____	Wages Paid	_____
Entertainment	_____	Other Expenses:	_____
Insurance	_____	_____	_____
Interest Expense	_____	_____	_____
Laundry & Cleaning	_____	_____	_____
Legal & Prof. Services	_____	_____	_____
Tax Advice	_____	Meal Expense:	
Office Expense	_____	Number of Breakfasts (\$1.31)	_____
Phone:		Number of Lunches (\$2.46)	_____
Business long distance	_____	Number of Dinners(\$2.46)	_____
Cell Phone	_____	Number of Snacks (3/day)(\$.73)	_____

**Property Purchased:**

Kind of Property	Date of Purchase	Cost

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Health Insurance Premiums Paid from January 1, 2020, to December 31, 2020:

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