

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

**TAX ORGANIZER 2021 – 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	_____	_____
-------------------	-------	-------

Insurance	_____	_____
-----------	-------	-------

Repairs and maintenance	_____	_____
-------------------------	-------	-------

Utilities:

Electricity	_____	_____
-------------	-------	-------

Gas	_____	_____
-----	-------	-------

Water	_____	_____
-------	-------	-------

Sewage	_____	_____
--------	-------	-------

Cost of Improvements:

Carpet	\$ _____	\$ _____	Date _____
--------	----------	----------	------------

Room Additions	_____	_____	_____
----------------	-------	-------	-------

Home Improvements	_____	_____	_____
-------------------	-------	-------	-------

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

Health Insurance Premiums Paid from January 1 to December 31, 2021:
