

Jill A. Crim, EA
“The Tax Lady”
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**TAX ORGANIZER 2024 – 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	_____
No. of Business Miles	_____	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 (\$1.65)	_____
Phone:		Number of Lunches (\$3.12)	_____
Business long distance	_____	Number of Dinners (\$3.12)	_____
Cell Phone	_____	Number of Snacks (3/day)(\$.93)	_____

Property Purchased:

Kind of Property	Date of Purchase	Cost

Health Insurance Premiums Paid from January 1 to December 31, 2024:
