

Jill A. Crim
"The Tax Lady"

TAX ORGANIZER 2024 -

3705 N 775 E PROFIT OR LOSS FROM BUSINESS Manilla, IN 46150

Taxpayer's Name:
(765) 544-2373

General Information:

Business name: _____

Business address: _____

Email address: _____

Principal business, product, or service: _____

Employer I.D. Number: _____ Office in home? Yes _____ No _____ Square
footage of home _____ Square footage of office _____ **Income:**

Gross Receipts or Sales: \$ _____

Returns and Allowances _____

Other Income (Specify) _____

Sales of Property:

Kind of Property	Date of Purchase	Cost	Date of Sale	Sale Price	Expense of Sale

Cost of Goods Sold and/or Operations

Inventory at beginning of year \$ _____

Purchases less cost of items withdrawn for personal use _____

Cost of labor (Do not include salary paid to yourself) _____

Materials and supplies _____

Other costs _____

Inventory at the end of year _____

(See other side)

Expenses:

Advertising	\$ _____	Taxes & Licenses	\$ _____
Bad Debts	_____	Travel Expense	_____
Car/Truck Expenses	_____	Meals & Entertainment	_____
Commissions & Fees	_____	Business Utilities:	
Insurance	_____	Electricity	_____
Interest:	_____	Phone (business % only)	_____
Mortgage	_____	Cell Phone (business %)	_____
Other Interest	_____	Wages	_____
Legal & Prof. Services	_____	Other Expenses:	
Tax Advice	_____	Bank Charges	_____
Office Expense	_____	Dues & Publications	_____
Rent or Lease:	_____	Laundry & Cleaning	_____
Machinery & Equipment	_____	No. of Business Miles	_____
Other Business Property	_____	_____	_____
Repairs & Maintenance	_____		_____
Supplies	_____		_____

Property Purchased:

Kind of Property	Date of Purchase	Cost

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