

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

**TAX ORGANIZER 2025 -**

**PROFIT OR LOSS FROM BUSINESS**

Taxpayer's Name: \_\_\_\_\_

**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Purchases less cost of items withdrawn for personal use \_\_\_\_\_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

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Health Insurance Premiums Paid from January 1 to December 31, 2025:

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