

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
_____ [24]		
_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____ [25]		
_____ [25]		
Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2018	_____ [30]	_____
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [40]	_____
Long-term care premiums paid by this activity	+ _____ [44]	_____
Amount of wages received as a statutory employee	+ _____ [47]	_____

Business Income

	2018 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2018 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals+

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Principal business or profession _____

	2018 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel and meals:		
Travel	+ _____ [43]	_____
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Control Totals +