

☐ **Preparer use only**
2020 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]

 Enter an explanation if there was a change in determining your inventory: _____ [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 2020 _____ [30]
 Did you make any payments in 2020 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**2020 Information****Prior Year Information**

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

Cost of Goods Sold**2020 Information****Prior Year Information**

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

Control Totals +**Form ID: C-1**

Principal business or profession

Prior Year Information

[illegible]

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Principal business or profession _____

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

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Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2020 Model T - (EXAMPLE ASSET)	03/09/20	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1				
		Comments:		
2				
		Comments:		
3				
		Comments:		
4				
		Comments:		
5				
		Comments:		
6				
		Comments:		
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21				
		Comments:		
22				
		Comments:		
23				
		Comments:		
24				
		Comments:		
25				
		Comments:		

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Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) _____ [4]

State postal code _____ [5]

Business Use of Home

	2020 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8784	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2020 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system			_____
_____	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			_____
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

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Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="text"/>	___ [62]	<input type="text"/>	___ [64]	<input type="text"/>	___ [66]	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="text"/>	___ [70]	<input type="text"/>	___ [72]	<input type="text"/>	___ [74]	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="text"/>	___ [78]	<input type="text"/>	___ [80]	<input type="text"/>	___ [82]	<input type="text"/>
Is this evidence written? (Y, N)	___ [84]	<input type="text"/>	___ [86]	<input type="text"/>	___ [88]	<input type="text"/>	___ [90]	<input type="text"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="text"/>	_____ [34]	<input type="text"/>	_____ [36]	<input type="text"/>	_____ [38]	<input type="text"/>
Commuting miles	_____ [42]	<input type="text"/>	_____ [44]	<input type="text"/>	_____ [46]	<input type="text"/>	_____ [48]	<input type="text"/>
Business miles	_____ [52]	<input type="text"/>	_____ [54]	<input type="text"/>	_____ [56]	<input type="text"/>	_____ [58]	<input type="text"/>
Parking fees	+ _____ [92]	<input type="text"/>	+ _____ [94]	<input type="text"/>	+ _____ [96]	<input type="text"/>	+ _____ [98]	<input type="text"/>
Tolls	+ _____ [100]	<input type="text"/>	+ _____ [102]	<input type="text"/>	+ _____ [104]	<input type="text"/>	+ _____ [106]	<input type="text"/>
Gasoline	+ _____ [108]	<input type="text"/>	+ _____ [110]	<input type="text"/>	+ _____ [112]	<input type="text"/>	+ _____ [114]	<input type="text"/>
Oil	+ _____ [116]	<input type="text"/>	+ _____ [118]	<input type="text"/>	+ _____ [120]	<input type="text"/>	+ _____ [122]	<input type="text"/>
Repairs	+ _____ [124]	<input type="text"/>	+ _____ [126]	<input type="text"/>	+ _____ [128]	<input type="text"/>	+ _____ [130]	<input type="text"/>
Maintenance	+ _____ [132]	<input type="text"/>	+ _____ [134]	<input type="text"/>	+ _____ [136]	<input type="text"/>	+ _____ [138]	<input type="text"/>
Tires	+ _____ [140]	<input type="text"/>	+ _____ [142]	<input type="text"/>	+ _____ [144]	<input type="text"/>	+ _____ [146]	<input type="text"/>
Car washes	+ _____ [148]	<input type="text"/>	+ _____ [150]	<input type="text"/>	+ _____ [152]	<input type="text"/>	+ _____ [154]	<input type="text"/>
Insurance	+ _____ [156]	<input type="text"/>	+ _____ [158]	<input type="text"/>	+ _____ [160]	<input type="text"/>	+ _____ [162]	<input type="text"/>
Interest	+ _____ [164]	<input type="text"/>	+ _____ [166]	<input type="text"/>	+ _____ [168]	<input type="text"/>	+ _____ [170]	<input type="text"/>
Registration	+ _____ [172]	<input type="text"/>	+ _____ [174]	<input type="text"/>	+ _____ [176]	<input type="text"/>	+ _____ [178]	<input type="text"/>
Licenses	+ _____ [180]	<input type="text"/>	+ _____ [182]	<input type="text"/>	+ _____ [184]	<input type="text"/>	+ _____ [186]	<input type="text"/>
Property taxes	+ _____ [188]	<input type="text"/>	+ _____ [190]	<input type="text"/>	+ _____ [192]	<input type="text"/>	+ _____ [194]	<input type="text"/>
Other vehicle expenses	+ _____ [196]	<input type="text"/>	+ _____ [198]	<input type="text"/>	+ _____ [200]	<input type="text"/>	+ _____ [202]	<input type="text"/>
Vehicle rentals	+ _____ [204]	<input type="text"/>	+ _____ [206]	<input type="text"/>	+ _____ [208]	<input type="text"/>	+ _____ [210]	<input type="text"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="text"/>	+ _____ [214]	<input type="text"/>	+ _____ [216]	<input type="text"/>	+ _____ [218]	<input type="text"/>
Depreciation	+ _____ [220]	<input type="text"/>	+ _____ [222]	<input type="text"/>	+ _____ [224]	<input type="text"/>	+ _____ [226]	<input type="text"/>

Control Totals +

Form ID: Auto