

Preparer use only

2019 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 2019	_____	[30]	
Did you make any payments in 2019 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

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

Cost of Goods Sold

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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 _____

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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]	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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Principal business or profession _____

Preparer use only Carryovers	Pre- TCJA Regular	Regular	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:

