

Preparer use only

|  | 2017 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 2017  | _____ [30]                       |                        |
| Did you make any payments in 2017 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   | + _____ [41]                     |                        |
| Long-term care premiums paid by this activity  | + _____ [45]                     |                        |
| Amount of wages received as a statutory employee   | + _____ [48]                     |                        |

**Business Income**

|                          | 2017 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales | + _____ [53]     |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| Returns and allowances   | + _____ [56]     |                        |
| Other income:            | + _____ [58]     |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |

**Cost of Goods Sold**

|                     | 2017 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [60]     |                        |
| Purchases           | + _____ [62]     |                        |
| Labor:              | + _____ [64]     |                        |
| _____               | + _____          |                        |
| Materials           | + _____ [66]     |                        |
| Other costs:        | + _____ [68]     |                        |
| _____               | + _____          |                        |
| _____               | + _____          |                        |
| Ending inventory    | + _____ [70]     |                        |

**Control Totals +**



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**

|  |                  |                   |                  |                   |                  |                   |                  |                   |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|
|  | <b>Vehicle 1</b> | <b>Prior Year</b> | <b>Vehicle 2</b> | <b>Prior Year</b> | <b>Vehicle 3</b> | <b>Prior Year</b> | <b>Vehicle 4</b> | <b>Prior Year</b> |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|

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="checkbox"/> | ___ [62] | <input type="checkbox"/> | ___ [64] | <input type="checkbox"/> | ___ [66] | <input type="checkbox"/> |
| Was another vehicle available for personal use? (Y, N)      | ___ [68] | <input type="checkbox"/> | ___ [70] | <input type="checkbox"/> | ___ [72] | <input type="checkbox"/> | ___ [74] | <input type="checkbox"/> |
| Do you have evidence to support your deduction? (Y, N)      | ___ [76] | <input type="checkbox"/> | ___ [78] | <input type="checkbox"/> | ___ [80] | <input type="checkbox"/> | ___ [82] | <input type="checkbox"/> |
| Is this evidence written? (Y, N)                            | ___ [84] | <input type="checkbox"/> | ___ [86] | <input type="checkbox"/> | ___ [88] | <input type="checkbox"/> | ___ [90] | <input type="checkbox"/> |

**Vehicle Expenses**

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

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

|   | 2017 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 8760             | _____ [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.**

|   | 2017 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 and insurance premiums           | + _____ [42]     | + _____ [43]      |                        |
| Insurance   | + _____ [45]     | + _____ [47]      |                        |
| Rent  | + _____ [51]     | + _____ [52]      |                        |
| Repairs & maintenance                                     | + _____ [54]     | + _____ [55]      |                        |
| Utilities   | + _____ [57]     | + _____ [58]      |                        |
| Other expenses, such as: Supplies & Security system       | + _____ [60]     | + _____ [61]      |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| _____   | + _____          | + _____           |                        |
| Excess casualty losses                                    |                  | + _____ [63]      |                        |
| Carryovers:   |                  |                   |                        |
| Operating expenses  |                  | + _____ [64]      |                        |
| Casualty losses   |                  | + _____ [65]      |                        |
| Depreciation  |                  | + _____ [67]      |                        |
| Business expenses not from business use of home, such as: |                  |                   |                        |
| Travel, Supplies, Business telephone expenses             |                  | + _____ [68]      |                        |
| Depreciation  |                  | + _____ [72]      |                        |

**NOTES/QUESTIONS:**