

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]	
_____ [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 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]	
_____ [53]	+ _____	
_____ [53]	+ _____	
_____ [53]	+ _____	
Returns and allowances	+ _____ [56]	
Other income:	+ _____ [58]	
_____ [58]	+ _____	
_____ [58]	+ _____	
_____ [58]	+ _____	
_____ [58]	+ _____	

Cost of Goods Sold

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

Control Totals+

Schedule C - Expenses

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Principal business or profession _____

2017 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, meals, and entertainment:			
Travel	+	_____	[43]
Meals and entertainment	+	_____	[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	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS: