

1 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] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| 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] | |

