

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+**

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

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

