

Preparer use only

	2024 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 2024	_____ [30]	
Did you make any payments in 2024 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**

	2024 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Returns and allowances	+ _____ [55]	_____
Other income:		
_____	+ _____ [57]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

**Cost of Goods Sold**

	2024 Information	Prior Year Information
Beginning inventory	+ _____ [59]	_____
Purchases	+ _____ [61]	_____
Labor:		
_____	+ _____ [63]	_____
_____	+ _____	_____
Materials	+ _____ [65]	_____
Other costs:		
_____	+ _____ [67]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [69]	_____

Control Totals +

BUSINESS

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2024 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 and meals:			
Travel	+ _____	[43]	_____
Meals (Enter 100% subject to 50% limitation)	+ _____	[45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]	_____
Meals (Fully deductible)	+ _____	[49]	_____
Utilities	+ _____	[51]	_____
Wages (Less employment credit):			
_____	+ _____	[53]	_____
_____	+ _____		_____
Other expenses:			
_____	+ _____	[55]	_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____

Control Totals +