

Preparer use only

| | 2014 Information | Prior Year Information |
|--|----------------------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ [2] | |
| Employer identification number | _____ [3] | |
| Business name | _____ [5] | |
| Principal business/profession | _____ [6] | |
| Business code | _____ [11] | |
| Business address, if different from home address on Organizer Form ID: 1040 | | |
| Address | _____ [14] | |
| City/State/Zip | _____ [15] _____ [16] _____ [17] | |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other) | _____ [18] | |
| If other: | _____ [20] | |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other) | _____ [21] | |
| If other enter explanation: | _____ [23] | |
| _____ | | |
| _____ | | |
| Enter an explanation if there was a change in determining your inventory: | _____ [24] | |
| _____ | | |
| _____ | | |
| Did you "materially participate" in this business? (Y, N) | _____ [25] | |
| If not, number of hours you did significantly participate | _____ [27] | |
| Mark if you began or acquired this business in 2014 | _____ [29] | |
| Did you make any payments in 2014 that require you to file Form(s) 1099? (Y, N) | _____ [30] | |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) | _____ [32] | |
| Mark if this business is considered related to qualified services as a minister or religious worker | _____ [34] | |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) | _____ [36] | |
| Medical insurance premiums paid by this activity | + _____ [40] | |
| Long-term care premiums paid by this activity | + _____ [42] | |
| Amount of wages received as a statutory employee | + _____ [45] | |

Business Income

| | 2014 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales | | |
| _____ | + _____ [50] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Returns and allowances | + _____ [53] | |
| Other income: | | |
| _____ | + _____ [55] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |

Cost of Goods Sold

| | 2014 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [57] | |
| Purchases | + _____ [59] | |
| Labor: | | |
| _____ | + _____ [61] | |
| _____ | + _____ | |
| Materials | + _____ [63] | |
| Other costs: | | |
| _____ | + _____ [65] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Ending inventory | + _____ [67] | |

Control Totals +

Preparer use only
Principal business or profession _____

2014 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] |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |
| _____ | + _____ |

Preparer use only
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: