

Preparer use only

| | 2022 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 2022 | _____ [30] | |
| Did you make any payments in 2022 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

| | 2022 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales | | |
| _____ | + _____ [52] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Returns and allowances | + _____ [55] | |
| Other income: | | |
| _____ | + _____ [57] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |

Cost of Goods Sold

| | 2022 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [59] | |
| Purchases | + _____ [61] | |
| Labor: | | |
| _____ | + _____ [63] | |
| _____ | + _____ | |
| Materials | + _____ [65] | |
| Other costs: | | |
| _____ | + _____ [67] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Ending inventory | + _____ [69] | |

Control Totals+

Preparer use only

Principal business or profession _____

2022 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+