

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 +

Preparer use only

Principal business or profession _____

2020 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]	
Utilities	+ _____	[51]	
Wages (Less employment credit):			
_____	+ _____	[53]	
_____	+		
Other expenses:			
_____	+ _____	[55]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		