

Preparer use only

2023 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 2023 [30]
Did you make any payments in 2023 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]

Shaded area for Prior Year Information input.

Business Income

2023 Information

Prior Year Information

Gross receipts and sales + [52]
Returns and allowances + [55]
Other income: + [57]

Shaded area for Prior Year Information input.

Cost of Goods Sold

2023 Information

Prior Year Information

Beginning inventory + [59]
Purchases + [61]
Labor: + [63]
Materials + [65]
Other costs: + [67]
Ending inventory + [69]

Shaded area for Prior Year Information input.

Control Totals +

Preparer use only

Principal business or profession _____

2023 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 +