2019 Individual Taxpayer Organizer Sole Proprietorship

iTax Company

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Taxpayer						SSN			
First	M.I.	Last		Ema	ail	I	IP PIN		
Occupation		Date o	of birth			Are you nev	v to our firm?	Yes	No
Address		City				State	Zip		
County		Home	e phone			Work or cell	I		
Driver's License No.				Stat	e	Issue Date	Exp. Date		
Spouse						SSN			
First	M.I.	Last		Ema	ail	l	IP PIN		
Occupation		Date o	of birth			Are you nev	v to our firm?	Yes	No
Address (If different from Taxpayer)		City				State	Zip		
County		Home	e phone			Work or cell	<u>'</u>		
Driver's License No.				Stat	e	Issue Date	Exp. Date		
If you moved during 2019, enter your	previous address	S.				Date of mov	7e		
Marital status at 12/31/19: Single Were you divorced or separated durir Individuals who are in registered don	ng the year? Ye nestic partnership	s (RDF	o Ps) and civil un	Wions a	ere there any are not consi		nily? Yes N		:e
Have you received any notice from th	e IRS or state rev	enue de	epartment with	in th	e past year?	Yes No			
Names of dependent children Child's full name	Social Secur	rity #	IP PIN		Date of birt	Months lived home in 201	,		llege lent?
Did any of the children have income a Is it anticipated that a different taxpay		•		re as	•	f the children hav lent for tax year 2	-	Yes o	No
Other dependents or people who live	ed with you								
Name	Social Security	#	IP PIN	L	Date of birth	Months lived in home in 2019	Relationship	Incon	пе
				+					
Bank information: Use for Direct de	eposit of refund	Direc	ct debit of balar	nce d	ue Name of	bank	l l		
Checking Savings Routing tran	nsit number				Account ni	umber			
Ask your tax preparer for information	about depositing	o a refu	and into an IRA	acco	unt or splitti	ing the denosit in	to more than one	200111	nt

Questions—All Taxpayers

(Provide related statements or other documentation.)

Uu	iesti	ons	— All Taxpayers			(Provide relate	ed statements or o	ther docume	entatio
You	" refers	s to bo	th taxpayer and spouse—en	er "?" if unsure abo	ut a question.				
	Yes	No	Are either you or your spou	se legally blind?					
	Yes	No	Did you pay or receive alim Paid Received \$	ony in 2019?	Recipient's SSN		Date of divorce	or separatio	n
	Yes	No	Did you have health insura	nce for you, your sp	ouse, and all depende	ents for the entire	e year?		
	Yes	No	Did you purchase health ins	surance through a p	ublic exchange?				
	Yes	No	Will there be any significant	changes in income	or deductions next ye	ear, such as retire	ment?		
	Yes	No	Have you paid alternative r	ninimum tax (AMT)	in previous years?		_		
	Yes	No	Did you pay anyone for dor	nestic services in yo	ur home?				
	Yes	No	Did you purchase a new en	ergy-efficient car, tru	ıck, or van?				
	Yes	No	Are you involved in bankru	ptcy, foreclosure, re	possession, or had an	y debt (including	g credit cards) ca	nncelled?	
L	Yes	No	Are you a member of the m	llitary?					
	Yes	No	Were you a citizen of or live	d in a foreign count	ry?				
L	Yes	No	Do you own or have financi	al interest in a foreig	gn bank or financial a	ccount?			
	Yes	No	Would you like to allow you Designee's name	P	hone number		rith the IRS? PIN (any five o	digits)	
	Yes	No	Were any children born or a			T .			
	Yes	No	Were any children Year in	Paid by you: 7		Student loan int		Books \$	
			attending college? college	Paid by studer		Student loan int		Books \$	
	Yes	No	Did you pay any tuition for	a private school for	a dependent or take	classes yourself?			
			Student				Amount paid \$.	
L			Name and address of school						
	Yes	No	Did you pay for child or de	pendent care so you	could work or go to	school? (add state	1		
			Name of provider				EIN or SSN		
L			Address				Amount paid \$	i	
L	Yes	No	Do you have any children w			nt income?			
	Yes	No	Did you make any contribu						
_	Yes	No	Did you, or will you, contril				Traditional l	IRA Ro	th IR
L	Yes	No	Did you roll over any amou						
-	Yes	No	Did you sell or transfer any			xy?			
-	Yes	No	, ,						
_	Yes	No	Did you have any investme		-		theft in 2019?		
L	Yes	No	Were you granted, or did yo						
	Yes	No	Did you receive, sell, send,				-	cy?	
-	Yes	No	Did you pay any interest on						
	Yes	No	Did you pay sales taxes on a			e, boat, or nome:	<u> </u>		
+	Yes	No	Did you make any charitable						
	Yes	No	Did you work from a home			whole IThere - C. Y			
-	Yes	No	Did you receive income from				•••		
	Yes	No	Do you own a business or a					enture?	
-	Yes	No	Did you purchase or sell a n						
L	Yes	No	If you sold a home, did you					ovide detai	IS.
	Yes	No	Did you refinance a mortga					1	
ŀ	Yes	No	Did you use any mortgage					ove your ho	ome?
1	Yes	No	Did you make any new ene			e? If yes, provide	details.		
_	e infor			Part-year resident	Nonresident				
			e during 2019 and dates						
cho	ool dist	rict				Do you rent or	r own your hom	e? Rent	0

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for joint					Prov	ide additior	nal statemen	ts if mo	ore room is needed
Forms	W-2 — Wage and Tax Statement									
T/S	Employer name			T/S	Em	nployer	name			
	1)				4)					
	2)				5)	5)				
	3)				6)					
Forms	1099-INT—Interest Income									
T/S/J	S/J Name of issuer			T/S/J	Na	me of i	issuer			
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-DIV—Dividends and Distributions									
T/S/J	Name of issuer			T/S/J	Na	me of i	issuer			
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-R—Distributions From Pensions, Annuition	es, Reti	irement	t or Profit	-Sha	ring Pl	lans, IRAs, l	Insurance Co	ontract	s, Etc.
T/S	Name of issuer			T/S	Na	Name of issuer				
	1)				4)					
	2)				5)					
	3)				6)					
If the d	istribution is before age 59½, give a reason to de	termin	e if an	exception	to pe	enalty	applies.			
Tax-Ex	empt Interest (such as municipal bonds—includ	de state	ement)							
Payer	\$			Payer						\$
Other 1	Income									•
State ta	x refund		\$				Other		\$	
Unemp	ployment compensation		\$						\$	
	Security (taxpayer)—provide SSA-1099 or RRB-1	1099	\$						\$	
Social S	Security (spouse)—provide SSA-1099 or RRB-109	99	\$						\$	
Unrepo	orted tips		\$						\$	
Busines	ss income (see Sole Proprietorship Tax Organizer)						Stock sales		See "S	Sales and Exchanges
Rental	income (see Rental Property Tax Organizer)						Sale of othe	er property		sheet" below.
Sale	es and Exchanges Workshee	t								
Provide	e information about sales of stock, real estate, or	other p	propert	y, along w	ith I	Forms :	1099-B, 1099	9-S, or other	suppor	ting statements.
Descrip	tion of property		Pu	rchase date	2	Со	st/basis	Sale da	ıte	Sale price

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$

\$

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,200 Single, \$24,400 MFJ, \$18,350 HOH, or \$12,200 MFS to be a tax benefit.

include cost fo	Medical Expenses. Must exceed 10% of income to be a benefit— nclude cost for dependents—do not include any expenses that were eimbursed by insurance. Dentists \$ Hospitals \$				Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.			
Dentists	\$	Hospitals	\$		Cash			\$
Doctors	\$	Insurance	\$		Noncash contributions (FMV). Clothing or household items must be in good used condition or better.			
Equipment	\$	Prescriptions	\$					\$
Eyeglasses	\$	Other	\$		Did you transfer fu charity? Yes	ınds from an IR <i>A</i> No	directly to a	dr.
Medical miles: @ 20¢					charity? Yes Charitable mileage			\$
Taxes Paid. Do not include taxes paid for full or partial business or			ess or	Casualty and The				
rental-use property, including business use of the home. State withholding Reported on W			ed on W-2			cted damage or loss		
State withholding State estimated taxes—paid in 2019			\$	eu on vv-z		•	ter area, provide deta	ils to your tax
	-		\$		preparer. Yes	No	3.61.11	
Real estate tax—residence Real estate tax—other			\$		Miscellaneous Ite deductions subject			
Personal prop			\$		on the federal retur	be deductible		
	efund—received in	2019	\$()	on your state return. For use of home, auto mileage, or oth expenses, provide information on a separate sheet. Were a			
Foreign tax pa			\$		reimbursed by you		les No	arry expenses
Other			\$		Dues	\$	Subscriptions	\$
Other			\$		Investment	\$	Supplies	\$
Other			\$		expenses			
Balance paid i	n 2019 from prior ye	ear state returns			Job education	\$	Tax prep fees	\$
	e interest or penaltic		\$		Job seeking	\$	Tools	\$
	receipts for sales tax		Yes	No	Legal fees	\$	Uniforms	\$
	nase a car, plane, boo		Yes	No	Licenses	\$	Union dues	\$
Sales tax paid \$					Safety equipment	\$	Other	\$
or rental-use p		erest paid for full or pousiness use of the ho and ID numbers			Other Deductions income limit.	s. The following	deductions are not s	ubject to a 2% o
Main home		Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$
Second home	\$	Equity loan	\$		Impairment-	\$	Loss from box 2,	\$
Points \$ Investment interest \$		related expenses K-1, Form 1065B			1			

Other Deductions or Questions

• Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. \$ Health savings account deduction (HSA). \$ Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2019 may be made in 2020. Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for \$ employer coverage. \$ Penalty on early withdrawal of savings. IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2019 may be made in 2020. \$ Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. \$ Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer

Estimated Tax Payments — Tax Year 2019									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2018 overpayment?		\$		\$					
Total		\$		\$					

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2019.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
 future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer Spouse Date			,	
	Taxpayer	S	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer
Sole Proprietor General Information

Use a separate organizer for each business

	e proprietor				
3usiness nar	me (if different)			EIN (if applicable)	
Business add	dress (if different from home address)				
Principal bu	siness activity			Date business starte	ed
rincipal pro	oduct or service				
Yes No	Was the primary purpose of the b	usiness activity to	realize a profit?		
Yes No	Did you materially participate in	the operation of t	his business?		
Yes No	Has the business reported any los	ses in prior years	?		
ccounting	method: Cash Accrual O	ther (specify)			
Yes No	Does the business file under a cale	endar year? (If no	, list the fiscal year.)		
ole Propri	etor Specific Questions				
Yes No	Did you pay any family members	for services?			
Yes No	Did you make any payments of \$	600 or more to su	bcontractors, attorneys, accountants, dir	ectors, etc.?	
Yes No	If Yes, did you issue Form 1099-M	IISC? List name an	d social security number (SSN) for each per	son to whom you paid s	\$600 or more.
	Name			SSN	
	Name		!	SSN	
Yes No	Did you make, or do you plan to	make, any contril	outions to a self-employed retirement pla	an?	
	Type of plan			Amount contributed	\$
Yes No	71 1	/dental insurance	? If Yes, provide amount of premiums paid a	during the year.	\$
Yes No			71	0 0	1 .
Yes No	Did you have any bartering trans	actions in 2019?			
	etor Business Income				
		-MISC list name (of payer and amount separately from gross re	eceints or sales)	\$
Form 1099			form 1099-K	\$	Ψ
	Forms 1099-MISC and 1099-K receive	*	OHI 1077-K	Ψ	\$
	offits 10//-Wilde and 10//-R receive	Ju			Ψ
	allowancoe				\$ (
eturns and	allowances				\$(
Returns and Other incom	ne (not included in gross receipts above)		Form W-2) if you are not classified as an	employee If you rec	\$
Returns and Other incom	ne (not included in gross receipts above) MISC. You may receive Form 1099-N	MISC (instead of I	Form W-2) if you are not classified as an		\$ eive Form 10
Returns and Other incom form 1099-N MISC, you a	ne (not included in gross receipts above) MISC. You may receive Form 1099-Nare generally required to file Schedu	MISC (instead of I le C, Profit or Loss	Form W-2) if you are not classified as an From Business, claim any expenses asso		\$ eive Form 10
Returns and Other incomform 1099-N MISC, you anust pay sel	ne (not included in gross receipts above) MISC. You may receive Form 1099-Nore generally required to file Schedu If-employment (SE) tax on the income	MISC (instead of I le C, <i>Profit or Loss</i> ne.	From Business, claim any expenses asso	ciated with the incom	\$ eive Form 10
Leturns and Other incom 1099-N ISC, you anust pay sel	ne (not included in gross receipts above) MISC. You may receive Form 1099-Nare generally required to file Schedulf-employment (SE) tax on the inconetor Cost of Goods Sold (for manufater)	MISC (instead of I le C, <i>Profit or Loss</i> ne.		ciated with the incom	\$ eive Form 10 ne received,
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Other income orm 1099-Name orm 1099-Name orm 1099-Name or	ne (not included in gross receipts above) MISC. You may receive Form 1099-Nore generally required to file Schedulf-employment (SE) tax on the incometor Cost of Goods Sold (for manufact the beginning of the year	MISC (instead of I le C, <i>Profit or Loss</i> ne.	From Business, claim any expenses asso	ciated with the incom	\$ eive Form 10 ne received, s
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Other income orm 1099-Notes of	MISC. You may receive Form 1099-Name (not included in gross receipts above) MISC. You may receive Form 1099-Name generally required to file Schedu Inf-employment (SE) tax on the incometor Cost of Goods Sold (for manufact the beginning of the year It is the beginning of the year It is the end of the year The etor Business Expenses	AISC (instead of I le C, Profit or Loss ne. acturers, wholesale \$ \$ \$	Meals – business Office supplies Start-up costs (first year of business	oods)	\$ eive Form 10 se received, se
Other income form 1099-No MISC, you a must pay self to the Proprint of the Pro	MISC. You may receive Form 1099-Name (not included in gross receipts above) MISC. You may receive Form 1099-Name generally required to file Schedu Inf-employment (SE) tax on the incometor Cost of Goods Sold (for manufact the beginning of the year and supplies at the end of the year etor Business Expenses	AISC (instead of I le C, Profit or Loss ne. acturers, wholesald \$ \$ \$ \$	Meals – business Office supplies Start-up costs (first year of business Pension and profit sharing plans	oods)	\$ eive Form 10 to received, s
orm 1099-M MISC, you a nust pay selfole Propri ventory at furchases Cost of labor Materials an niventory at cole Propri advertising and debts and charge fusiness lice Commission	MISC. You may receive Form 1099-Name (not included in gross receipts above) MISC. You may receive Form 1099-Name generally required to file Schedu Inf-employment (SE) tax on the incometor Cost of Goods Sold (for manufate the beginning of the year and supplies at the end of the year etor Business Expenses essenses as and fees	AISC (instead of I le C, Profit or Loss ne. acturers, wholesale \$ \$ \$ \$ \$	Meals – business Office supplies Start-up costs (first year of business Pension and profit sharing plans Rent or lease – car, machinery, eq	ciated with the incom oods) s) uipment	\$ seive Form 10 seived, seive Form 10 seived, seived, seived, seived seived, seived seived, seived s
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Other Busine	ess Expenses – <i>L</i>	ist out type and expens	e amount							
	•	,, ,	\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
Car Expense	S (use a separate fo	orm for each vehicle)								
Make/Model					Date car	placed in service	2			
Yes No		personal use during	off-duty hours?			1				
Yes No Do you (or your spouse) have any ot			<u> </u>	al use?	Did you	trade in your car	r this year? Ye	es No)	
Yes No	Do you have evid		1		-	trade-in	Trade-in valu			
Yes No	Is your evidence				\$		\$			
		Mileage					ctual Expenses			
Beginning of	year odometer				Gas/oil		\$			
End of year o	•				Insuran	ce	\$			
Business mile					Parking	fees/tolls	\$			
Commuting 1						ition/fees	\$			
Other mileag					Repairs		\$			
		e standard mileage ra	ate or actual expen	ses to fi	_	deductible costs o	f operating you	r car foi	business pur	
		ndard mileage rate, it								
choose betwe	en either the stand	dard mileage rate me	thod or actual expe	enses.				_		
Travel Exper	ises									
• Meals. You	can deduct the cos	st of meals while trav	eling away from	• Tra	vel/Lodg	ing. You can de	duct the ordina	ry and	necessary ex	
		se the actual cost of y		per	nses of tra	aveling away fro	m your home fo	or busir	ness purposes	
		diem, which can vary	by location.			penses are transp	ortation, airfare,			
City visited (fo	or per diem)		# of days in city	City visited (for per diem)				# (# of days in city	
Travel expens	ses									
Airfare			\$	Other	travel exp	penses (<i>describe be</i>	elow)			
Bus, train, tax	ci		\$					\$		
Entertainmer	nt		\$					\$		
Lodging			\$					\$		
Parking and t			\$					\$		
Meals (actual	receipts)		\$					\$		
Equipment P	urchases – <i>Enter</i>	the following informati	on for depreciable a	assets pu	rchased ti	hat have a useful li	fe greater than on	ie year		
Asset				Date p	urchased	Cost	Date placed in	ı service	New or used?	
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
	D	he annual deduction	.1 . 11		.1 .	(1 1 1 (.	1			

Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year										
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?						
			\$							
			\$							
			\$							
			\$							

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Day Care Only			
A) Business use area (square footage)		1) Hours used for day care		
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.	

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2019, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance \$		\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair market value of	home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2019?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$132,900 (2019) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.