Form **1040-SS**

U.S. Self-Employment Tax Return (Including the Additional Child Tax Credit for Bona Fide Residents of Puerto Rico)

Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), or Puerto Rico. For the year Jan. 1-Dec. 31, 2002,

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| 002 |
| UUL |
| |

OMB No. 1545-0090

Department of the Treasury Internal Revenue Service

or other tax year beginning , 2002, and ending

| | Your first nam | e and initial | Last name | - | | | Your social secur | ity number |
|----------------------|-------------------|---|-------------------------|--------------------|---------------|---------------------------|----------------------|--|
| Ħ | | | | | | | | ! |
| pri | If a joint return | n, spouse's first name and initial | Last name | | | | Spouse's social se | curity number |
| e or | - | | | | | | | : |
| Please type or print | Present home | address (number, street, and apt. no., or rural room | ute) | | | | <u> </u> | <u>: </u> |
| ase | | | | | | | | |
| Ple | City, town or | post office, commonwealth or territory, and ZIP co | ode | | | | | |
| Pa | rt I Tot | al Tax and Credits | | | | | | |
| 1 | | us. Check the box for your filing status | . See page 3 of th | ne instructions | | | | |
| | ☐ Single | • | 1 3 | | | | | |
| | | ed filing jointly | | | | | | |
| | | ed filing separately. Enter spouse's soc | ial security no. ab | ove and full na | ame here | e. • | | |
| 2 | | children . Complete only if you are a b | | | | | ming the addition | onal child |
| _ | | see page 4 of the instructions). | ona nao rosiaoni | or r dorto rtico | ana you | · uro oluli | mig trio daditio | orial orilla |
| | | · · | | (b) Child's | | | (c) Child's | |
| | (a) First na | me Last name | soci | al sécurity nur | mber | | relationship to | you |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 | Self-employ | ment tax from Part V, line 12 | | | | | 3 | |
| 4 | | employment taxes. Attach Schedule H (F | | ge 3 of the inst | tructions | | 4 | |
| 5 | | Add lines 3 and 4 | то то, то от ре- | | | | 5 | |
| 6 | | ated tax payments (see page 4 of the inst | tructions) | 6 | | | | |
| 7 | | ial security tax withheld (see page 4 of th | | _ | | | | |
| 8 | | | | 8 | | | | |
| 9 | | ents and credits. Add lines 6, 7, and 8 | | | | | 9 | |
| 0 | | arger than line 5, enter amount overpaid | | . ▶ | 10 | | | |
| 1 | | | | | | . ▶ | 11 | |
| 12 | | | | | | | | |
| 3 | If line 5 is la | arger than line 9, enter amount you owe | (see page 1 of the | instructions) | | . ▶ | 13 | |
| Thi | ird Party | Do you want to allow another person to disc | uss this return with th | ne IRS (see page | 1)? | Yes. Com | nplete the following | g. 🗌 No |
| | signee | Designee's name | Phone no. ► (|) | | sonal ident nber (PIN) | tification | |
| Sid | gn | Under penalties of perjury, I declare that I have | examined this return an | d accompanying : | schedules a | and stateme | ents, and to the bes | st of my |
| | ere | knowledge and belief, they are true, correct, and which the preparer has any knowledge. | d complete. Declaration | of preparer (other | r than the ta | axpayer) is | based on all informa | ation of |
| | nt return? | Your signature | | | Date | | Daytime phone | number |
| See | page 3. | | | | | | () | |
| | ер а сору | Spouse's signature. If a joint return, both must | sign. | | Date | | | |
| | your ords. | <u> </u> | | | | | | |
| Pa | id | Preparer's | | Date | Check | if | Preparer's SS | N or PTIN |
| _ | | signature | | | | mployed [|] | |
| | eparer's | Firm's name (or | | | | EIN | | |
| US | e Only | yours if self-employed), | | | | Phone no | () | |

Form 1040-SS (2002) Page 2 Part II Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit—See page 4 of the instructions. 1 Income derived from sources within Puerto Rico 2 Withheld social security and Medicare taxes from Forms 499R-2/W-2PR (attach copy of form(s)) Additional child tax credit. See the worksheet on page 5 of the instructions for the amount 3 Profit or Loss From Farming Name of proprietor Social security number Note: If you are filing a joint return and both you and your spouse had a profit or loss from farming, you must each complete and attach a separate Part III (see Joint returns on page 3 of the instructions). Section A—Farm Income—Cash Method—Complete Sections A and B (Accrual method taxpayers, complete Sections B and C, and line 11 of Section A.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Sales of livestock and other items you bought for resale . . . 2 2 Cost or other basis of livestock and other items reported on line 1 3 3 4 Sales of livestock, produce, grains, and other products you raised . 5a Total cooperative distributions (Form(s) | 5b 1099-PATR). **5b** Taxable amount 6 7 7 Commodity credit loans reported under election (or forfeited) 8 8 Custom hire (machine work) income 9 9 10 10 Gross farm income. Add amounts in the right column for lines 3 through 10. If accrual method 11 Section B—Farm Expenses—Cash and Accrual Method Do not include personal or living expenses (such as taxes, insurance, repairs, etc., on your home) that did not produce farm income. Reduce the amount of your farm expenses by any reimbursements before entering the expenses below. 12 24 Labor hired Car and truck expenses 12 (attach Form 4562) Pension and profit-sharing 13 plans 25 13 Chemicals Rent or lease: 26 14 Conservation expenses a Vehicles, machinery, and 26a equipment 15 26b 15 Custom hire (machine work) **b** Other (land, animals, etc.) 27 27 Repairs and maintenance. . 16 Depreciation and section 179 deduction expense 28 Seeds and plants purchased claimed elsewhere (attach 28 29 16 Form 4562 if required) . . . 29 Storage and warehousing 30 Supplies purchased . . . Employee benefit programs 30 17 17 other than on line 25. . . . 18 31 18 Feed purchased 31 Taxes 19 Fertilizers and lime 19 32 Utilities 20 20 Freight and trucking Veterinary, breeding, and medicine 33 21 21 Gasoline, fuel, and oil . . . 34 Other expenses (specify): 34a a 22 34b 22 Insurance (other than health) 23 34c Interest: 23a 34d **a** Mortgage (paid to banks, etc.)

b

35

Other.

23b

Net farm profit or (loss). Subtract line 35 from line 11. Enter the result here and in Part V, line 1

Total expenses. Add lines 12 through 34e

34e

35

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| | | | Section C—Farm Incom | | | | | |
|--------|--|---------------------|--------------------------------|-------------------|--------------------------------|-----------------|----------------------|--------|
| | Do not include sales of lives | tock | held for draft, breeding | j, sport, c | or dairy purposes on any | of th | e lines below. | |
| 37 | Sales of livestock, produce, gra | | | | | 37 | | |
| 38a | Total cooperative distributions (Form | (s) 10 ^o | 99-PATR) [38a | | → 38b Taxable amount | 38b | | |
| 39 | Agricultural program payments | receiv | ed | | | 39 | | |
| 40 | Commodity credit loans reporte | | | | | 40 | | |
| 41 | Custom hire (machine work) inc | ome | | | | 41 | | |
| 42 | Other farm income (specify) | | | | | 42 | | |
| 43 | Add the amounts in the right co | lumn | for lines 37 through 42 | | | 43 | | |
| 44 | Inventory of livestock, produce | | | | | | | |
| | beginning of the year | | | | 44 | -\//// | | |
| 45 | Cost of livestock, produce, grains, an | | | | 45 | _\//// | | |
| 46 | Add lines 44 and 45 | | | | 46 | - <i>\\\\\\</i> | | |
| 47 | Inventory of livestock, produce, grain | | • | • | 47 | | | |
| 48 | Cost of livestock, produce, grai | | | | | 48 | | |
| 49 | Gross farm income. Subtract line 4 | | | | | 49 | | |
| *lf yo | u use the unit-livestock-price metho 46, subtract line 46 from line 47. En | d or th | ne farm-price method of values | uing invent | ory and the amount on line 4 | 17 is laı | ger than the amou | ınt on |
| | | | ness (Sole Proprietors | | . Litter the total on line 47. | | | |
| | ne of proprietor | Dusii | less (Sole Proprietors | silip) | | Soci | al security number | |
| ivai | пе от ргорпетог | | | | | 300 | ar security number | |
| Not | o. If you are filing a joint return | and h | oth you and your snouse | had a pr | ofit or loss from a husing |) NOV | must oach som | nloto |
| NOU | e: If you are filing a joint return a and attach a separat e Part IV | | | | | ss, you | must each com | piete |
| | and attach a Separate Fait IV | (300. | Section A— | | structions). | | | |
| _ | C | | | | Dalama N | 1 | | |
| 1 | Gross receipts \$ | | | 1 | Balance ► | | | |
| 2a | Inventory at beginning of year. | | | | 2b | - ////// | | |
| D | Purchases less cost of items with | | • | | 2c | - ////// | | |
| C | Cost of labor. Do not include an | - | | | 2d | - ////// | | |
| d | Materials and supplies | | | | 2e | - ////// | | |
| e | Other costs (attach statement) | | | | 2f | -///// | | |
| I | Add lines 2a through 2e | | | | 2g | - ////// | | |
| 9 | Inventory at end of year | | | | | _////// 2h | 1 | |
| | Cost of goods sold. Subtract line 3h fi | | | | | 3 | | |
| 3 4 | Gross profit. Subtract line 2h fi | | | | | 4 | | |
| 5 | Other income | 4 | | | | 5 | | |
| | | | Section B—E | xpenses | | | | |
| 6 | Advertising | 6 | | | and maintenance | 19 | | |
| 7 | Bad debts from sales or services | 7 | 20 | Cunnline | (not included in Section A) | 20 | | |
| 8 | Car and truck expenses | | 20 | | and licenses | 21 | | |
| U | (attach Form 4562) | 8 | | | meals, and entertainment: | | | |
| 9 | Commissions and fees | 9 | | | | 22a | | |
| 10 | Depletion | 10 | | b Meals ar | | | | |
| 11 | Depreciation and section 179 | | | | ment | | | |
| | expense deduction (not in- | | | c Enter | | | | |
| | cluded in Section A). (Attach Form 4562 if required.) | 11 | | nondeducti | hle | | | |
| 12 | Employee benefit programs | | | amount inc | | | | |
| | (other than on line 17) | 12 | | on line 22b | | | | |
| 13 | Insurance (other than health) | 13 | | d Subtrac | ct line 22c from line 22b | 22d | | |
| 14 | Interest on business indebtedness | 14 | | Utilities | | 23 | | |
| 15 | Legal and professional services | 15 | 24 | Wages | not included on line 2c | 24 | | |
| 16 | Office expense | 16 | | _ | penses (list type and amount): | | T | |
| 17 | Pension and profit-sharing plans | 17 | | | | | | |
| 18 | Rent or lease: | | | | | | | |
| | | | | | | | | |
| | equipment | 18a | | | | | | |
| b | Other business property | 18b | 25 | | her expenses | 25b | | |
| 26 | Total expenses. Add lines 6 th | | 25b | | | 26 | | |
| 27 | Net profit or (loss). Subtract lin | | from line 5. Enter the res | sult here a | and in Part V, line 2 | 27 | | |

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| Par | t V Self-Employment Tax—If you had church employee | income, see page 2 | of the instru | ction | s before you b | egin. |
|-----------|--|---|---------------|----------------|-----------------------|----------|
| Nar | ne of person with self-employment income | Social security number o with self-employment in | | | i i | |
| Note | : If you are filing a joint return and both you and your spouse h separate Part V. | ad self-employment in | come, you mi | ust e a | ach complete a | |
| A | If you are a minister, member of a religious order, or Christian had \$400 or more of other net earnings from self-employment | | | | | |
| 1 | Net farm profit or (loss) from Part III, line 36, and your distribution Note: Skip this line if you use the farm optional method (see p | | | 1 | | |
| 2 | Net nonfarm profit or (loss) from Part IV, line 27, and your distributive Ministers and members of religious orders, see page 2 for amount this line if you use the nonfarm optional method (see page 7 of the Combine lines 1 and 2). | s to report on this line. In this line. In the instructions). | | 2 | | |
| 3 4a | Combine lines 1 and 2 | | t from | 4a | | |
| b | If you elected one or both of the optional methods, enter the here | total of lines 2 and 4 | of Part VI | 4b | | |
| С | Combine lines 4a and 4b. If less than \$400, stop ; you do Exception . If less than \$400 and you had church employee in group-term life insurance, enter -0- and continue | come, or you owe tax | | 4c | | |
| | Enter your church employee income from Form(s) W-2, W W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR | <u>5a</u> | | | | |
| b | Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | | | 5b | | |
| 6 | Net earnings from self-employment. Add lines 4c and 5b . | | ▶ . | 6 | | |
| 7 | Maximum amount of combined wages and self-employment eatax for 2002 | rnings subject to socia | al security | 7 | 84,900 | 00 |
| 8a | Total social security wages and tips from Form(s) W-2, W W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR | | | | | |
| | Unreported tips subject to social security tax from Form 4137, (see page 7 of the instructions) | | | | | |
| С | Add lines 8a and 8b | | | 8c | | |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- here and $$ | | | 9 | | |
| 10 | Multiply the smaller of line 6 or line 9 by 12.4% (.124) | | | 10 | | |
| 11 | 13 , , , , , , , , , , , , , , , , , , , | line 2 of Dort I | | 11 | | |
| 12 Dar | Self-employment tax. Add lines 10 and 11. Enter here and on tVI Optional Methods To Figure Net Earnings. See | | | 12 | one | |
| | t VI Optional Methods To Figure Net Earnings. See : If you are filing a joint return and both you and your spouse c | | | | | 1/0// |
| | must each complete and attach a separate Part VI. | noose to use an option | iai memou to | rigui | e net earnings, | you T |
| | Farm Optional Method | | | | ha 500 | |
| 1 | Maximum income for optional methods | | | 1 | \$1,600 | 00 |
| 2 | Enter the smaller of: two-thirds $(\frac{2}{3})$ of gross farm income from Pa share from farm partnerships (not less than zero), or \$1,600. In 4b, above | clude this amount on F | | 2 | | |
| | Nonfarm Optional Method | | | | | |
| 3 | Subtract line 2 from line 1 | | | 3 | | <u> </u> |
| 4 | Enter the smaller of: two-thirds (3/3) of gross income from Par share from nonfarm partnerships (not less than zero), or the amothis amount on Part V line 4h, above | | | 4 | | |