Form **1040-SS**

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

mmonwealth of the Northern

OMB No. 1545-0090

Department of the Treasury Internal Revenue Service U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), or Puerto Rico. For the year Jan. 1–Dec. 31, 2007, or other tax year beginning , 2007, and ending , 20 .

¥	Your first name	e and initial	Last name				Your social sec	urity number
or print	If a joint return	, spouse's first name and initial	Last name				Spouse's social	security number
Please type	Present home	address (number, street, and apt. no., or rura	I route)	703				1
Ple	City, town or p	oost office, commonwealth or territory, and ZI	P code				J	
Pa	rt I Tot	al Tax and Credits						
2	☐ Single ☐ Marrie ☐ Marrie ☐ Qualifying	as. Check the box for your filing stated filing jointly and filing separately. Enter spouse's schildren. Complete only if you are see page 5 of the instructions).	social security no. al	pove and full	name he		uiming the addi	tional child
	tax ordan (c	see page of the motivations).		(b) Child's			(c) Child	's
	(a) First nar	me Last name	soc	ial sécurity n			relationship t	
-				1 1				
				1				
				!!!				
3	Self-employ	ment tax from Part V, line 12					3	
4	Household 6	employment taxes (see page 4 of the	instructions). Attach	Schedule H (F	orm 1040)) .	4	
5		dd lines 3 and 4 (see page 4 of the in	,	1 1		. ;	5	
6		tted tax payments (see page 4 of the		7				
7		al security tax withheld (see page 4 ohild tax credit from Part II, line 3 .	,	8				
8 9		rage tax credit. Attach Form 8885		9				
10		ents and credits. Add lines 6 through					10	
11		more than line 5, subtract line 5 from					11	
12a		ine 11 to be refunded to you. If Form					12a	
b	Routing nun	nber	▶ c Type: ☐ C	hecking	Savings			
	Account nur					ı		
13 14		ine 11 to be applied to 2008 estimat ou owe. Subtract line 10 from line			, see pa	age 1		
	of the insti					>	14	
Thi	rd Party	Do you want to allow another person to	discuss this return with t	he IRS (see pag	ge 2)?	Yes. Co	mplete the follow	ing. No
	signee	Designee's	Phone		Р	ersonal ider	ntification	
		name •	no. ▶ ()		umber (PIN)		
See	t return? page 2. p a copy	Under penalties of perjury, I declare that I knowledge and belief, they are true, correct, the preparer has any knowledge. Your signature Spouse's signature. If a joint return, both means the signature is a signature.	and complete. Declaratio					mation of which
Pai	id	Preparer's signature		Date	Chec self-	ck if employed [l ·	SSN or PTIN
	eparer's e Only	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no). ()	

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Par	Bona Fide Resident instructions.	s of Puerto Rico	Claiming	Additional Child Tax Cre	dit—See pag	e 5 of the
1	Income derived from sources w	ithin Puerto Rico .			1	
	Withheld social security and Med		2			
3	Additional child tax credit. Us amount to enter here and on pa	se the worksheet on age 1, line 8	page 6 of	the instructions to figure the	3	
Par	t III Profit or Loss From	Farming				
	ne of proprietor				Social security	number
Note	e. If you are filing a joint return ar attach a separate Part III (see				ou must each c	omplete and
		B. (Accrual method ta	expayers, co	—Cash Method complete Sections B and C, and t, breeding, sport, or dairy purpo		11.)
1	Sales of livestock and other iter	ns you bought for res	ale	1		
2	Cost or other basis of livestock	and other items repo	rted on line	1 2		
3	Subtract line 2 from line 1				3	
4	Sales of livestock, produce, gra	ins, and other produc	ts you raise	ed	4	
5a	Total cooperative distributio 1099-PATR)			5b Taxable amount	5b	
6	Agricultural program payments				6	
7	Commodity Credit Corporation				7	
8	Crop insurance proceeds	•	8			
9	Custom hire (machine work) inc				9	
10	Other income				10	
11	Gross farm income. Add amout taxpayer, enter the amount from	ints in the right colum	n for lines 3	through 10. If accrual method	11	
				sh and Accrual Method		
	ot include personal or living expenses the amount of your farm exp	enses (such as taxes,	insurance,	or repairs on your home) that did		arm income.
12						
12	Car and truck expenses (attach Form 4562)	12	25	Pension and profit-sharing plans	25	
13	Chemicals	13	26	Rent or lease:		
	Conservation expenses	14				
15	Custom hire (machine work)	15	a	Vehicles, machinery, and	26a	
			h	equipment Other (land, animals, etc.)	26b	
16	Depreciation and section 179		27	Repairs and maintenance	27	
	expense deduction not claimed elsewhere (attach		28	Seeds and plants purchased	28	
	(4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	16	29	Storage and warehousing	29	
	Form 4562 if required)			9	30	
17	Employee benefit programs other than on line 25	17	30	Supplies purchased	31	
18		18	32	Taxes	32	
	Feed purchased Fertilizers and lime	19		Utilities	02	
19 20	Freight and trucking	20	33	Veterinary, breeding, and	33	
20	9	21	04	medicine		
21	Gasoline, fuel, and oil	22	34	Other expenses (specify):	34a	
22	Insurance (other than health)	LL	_		34b	
23	Interest:	23a	b		34c	
a b	Mortgage (paid to banks, etc.) Other	23b	C		34d	
24	Labor hired	24	d e		34a	
					34e 35	
35 36	Total expenses. Add lines 12 th Net farm profit or (loss). Subtract		Enter the	scult here and in Part V line 1	36	
	itot iainii pront or (1033). Gubtra	or mile oo nonn iine 11.	FILE IIIE I	Journale and in Late V, line I	30	

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Section C—Farm Income—Accrual Method							
	Do not include sales of livesto	ock held for draft, bre	eding, sport, or dairy purposes on any of th	e lines below.			
37	Sales of livestock, produce, gra	ins, and other produc	ets during the year	37			
38a	Total cooperative distributions (Form	n(s) 1099-PATR) 38a	38b Taxable amount	38b			
39	Agricultural program payments	. ,		39			
40	Commodity Credit Corporation			40			
41	Crop insurance proceeds	•		41			
42	Custom hire (machine work) inc	ome		42			
43	Other farm income (specify)			43			
44	Add the amounts in the right co			44			
45	Inventory of livestock, produce						
70	beginning of the year						
46	Cost of livestock, produce, grains, and						
47	Add lines 45 and 46						
48	Inventory of livestock, produce, grain						
49			ts sold. Subtract line 48 from line 47*.	49			
50			e result here and on page 2, Part III, line 11	50			
*If vo			nod of valuing inventory and the amount on line 4	8 is larger than the amount on			
line 4	47, subtract line 47 from line 48. Ente	er the result on line 49.	Add lines 44 and 49. Enter the total on line 50 an	d on Part III, line 11.			
Par	t IV Profit or Loss From	Business (Sole Pro	oprietorship)				
	me of proprietor	,	,	Social security number			
Not	e. If you are filing a joint return a	and both you and you	ir spouse had a profit or loss from a busines	ss. vou must each complete			
	and attach a separate Part IV			, ,			
	·		ction A—Income				
1	Gross receipts \$	Less returns and a	allowances \$ Balance ▶	1			
і 2а	Inventory at beginning of year						
Za h	Purchases less cost of items wi						
D	Cost of labor. Do not include ar	•	430	-			
C			ourseir	-			
a	Materials and supplies			-			
e	Other costs (attach statement)		· · · · · 	-			
	Add lines 2a through 2e			-			
g	Inventory at end of year			2h			
n	•	•		3			
3	•			4			
4 5	Other income			5			
	GIOGO INCOMO. Add INICO O GING	Sect	ion B—Expenses	1 3			
	A diversità in a	6					
6	Advertising		18 Rent or lease:				
7	Car and truck expenses	7	a Vehicles, machinery, and equipment	18a			
0	(attach Form 4562)		b Other business property	18b			
8	Commissions and fees	9	19 Repairs and maintenance	19			
9	Contract labor	10	20				
10	Depletion	10	20 Supplies (not included in Section A)	21			
11	Depreciation and section 179 expense deduction (not		21 Taxes and licenses	21			
	included in Section A).	Section A).		22a			
	(Attach Form 4562 if		a Travel	22b			
	required.)	b beddetible meals and effectalimen		23			
12	Employee benefit programs	12	23 Utilities	24			
	(other than on line 17)	13	24 Wages not included on line 2c	<u> </u>			
13	Insurance (other than health)	13	25a Other expenses (list type and amount):				
14	Interest on business	44					
	indebtedness	14					
15	Legal and professional services	15					
16 17	Office expense	16	25b Total other expenses	OEL			
17	Pension and profit-sharing plans	25b Total other expenses	25b				
26	Total expenses. Add lines 6 the	rough 25b		26			
27	wet protit or (loss). Subtract life	ne ∠o trom line 5. Ent	er the result here and in Part V, line 2	27			

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Par	Self-Employment Tax—If you had church employee	income	e, see page 3 of the ins	truction	s before you	begin
Nam			curity number of person employment income			
Note	lote. If you are filing a joint return and both you and your spouse had self-employment income, you must each complete a separate Part V.					
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part V					
1	Net farm profit or (loss) from Part III, line 36, and your distributive. Note. Skip this line if you use the farm optional method (see page 1).	1				
2	Net nonfarm profit or (loss) from Part IV, line 27, and your distributive Ministers and members of religious orders, see page 3 for amount 6 for other income to report. Note. Skip this line if you use the not 8 of the instructions)	2				
3	Combine lines 1 and 2	A .		3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Of line 3	4a				
b	If you elect one or both of the optional methods, enter the total	4b				
	Combine lines 4a and 4b. If less than \$400, stop ; you do Exception . If less than \$400 and you had church employee inc	4c				
5a	Enter your church employee income from Form(s) W-2, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. See page 3 for defir of church employee income	nition	5a			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-			5b		
6				6		
	Maximum amount of combined wages and self-employment earnings subject to social security tax for 2007				97,500	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. If \$97,500 or more, lines 8b through 10, and go to line 11	, skip	8a			
b	Unreported tips subject to social security tax from Form 4137, I (see page 7 of the instructions)	line 9	8b			
С	Wages subject to social security tax from Form 8919, line 10 page X of the instructions)		8c			
d	Add lines 8a, 8b, and 8c			8d		₩
9	Subtract line 8d from line 7. If zero or less, enter -0- here and o	on line 1	0 and go to line 11 .	9		-
	Multiply the smaller of line 6 or line 9 by 12.4% (.124)			10		-
11	Multiply line 6 by 2.9% (.029)					\vdash
	Self-employment tax. Add lines 10 and 11. Enter here and on			12	. lineitetiene	
Par	Optional Methods To Figure Net Earnings. See If you are filing a joint return and both you and your spouse cl					
	must each complete and attach a separate Part VI.	noose to	o use an optional method	To ligu	re net earnings	s, you
	Farm Optional Method				1,600	
	Maximum income for optional methods	1	1,600	00		
2	Enter the smaller of: two-thirds (%) of gross farm income (Part III, line 11, plus your distributive share from farm partnerships), but not less than zero; or \$1,600. Include this amount on Part V, line 4b, above					
	Nonfarm Optional Method					
3	Subtract line 2 from line 1	3				
4	Enter the smaller of: two-thirds (%) of gross nonfarm income (Parshare from nonfarm partnerships), but not less than zero; or the all loclude this amount on Part V, line 4b, above	amount o	on Part VI, line 3, above.	4		
		- '		-		

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