Form **1040-SS**

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

0007

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 .

201	N7	
	u	

OMB No. 1545-0090

¥	Your first nam	e and initial	Last name				Your social sec	urity number	
or print	If a joint return	n, spouse's first name and initial	Last name				Spouse's social	security number	
Please type	Present home	address (number, street, and apt. no., or rural	route)	0				1	
Pie	City, town or p	post office, commonwealth or territory, and ZIP	code				7		
Pa	rt I Tot	tal Tax and Credits							
1 2	Single Marrie Marrie Qualifying	ed filing jointly ed filing separately. Enter spouse's so children. Complete only if you are a	ocial security no. ab	ove and full	name he		ning the addi	tional child	
		see page 5 of the instructions).		(b) Child's			(c) Child's		
	(a) First na	me Last name	soc	al security nu	umber		relationship t	o you	
				1 1					
				<u> </u>					
				1 1					
3	Self-employ	ment tax from Part V, line 12					3		
4		employment taxes (see page 4 of the in		 Schedule H (F	 orm 1040	· ·	4		
5		add lines 3 and 4 (see page 4 of the ins	•			L	5		
6	2007 estima	ated tax payments (see page 4 of the in	structions)	6					
7	Excess soci	al security tax withheld (see page 4 of	the instructions) .	7					
8	Additional c	hild tax credit from Part II, line 3		8					
9	Health cove	rage tax credit. Attach Form 8885 .		9					
10	Total paym	ents and credits. Add lines 6 through	9			–	10		
11		more than line 5, subtract line 5 from li		•	-	–	11		
12a		ine 11 to be refunded to you. If Form	_			· · · [12a		
b	Routing nur		▶ c Type: ☐ C	hecking \square	Savings				
	Account nu		<u> </u>			_ i			
13 14		ine 11 to be applied to 2008 estimate ou owe. Subtract line 10 from line			see na	nge 1			
•	of the inst						14		
The	ual Daudu	Do you want to allow another person to di					plete the follow	ing. No	
	ird Party	Designee's	Phone	() ()		ersonal identi		<u> </u>	
De	signee	name ►	no. ► ()		ımber (PIN)	►		
Sig	gn ere	Under penalties of perjury, I declare that I h knowledge and belief, they are true, correct, a the preparer has any knowledge.							
Join	t return? page 2.	Your signature			Date		Daytime phon	e number	
for y	p a copy your ords.	Spouse's signature. If a joint return, both mus	st sign.		Date				
Pa		Preparer's signature		Date	Chec self-	ck if employed	Preparer's S	SSN or PTIN	
	eparer's	Firm's name (or				EIN	<u> </u>		
US	e Only	yours if self-employed), address, and ZIP code				Phone no.	()		

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Par	Bona Fide Resident instructions.	s of Puerto Rico	Claiming	Additional Child Tax Cre	edit—See pag	ge 5 of the
1	Income derived from sources w	ithin Puerto Rico .			1	
2	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 o	complete 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	nts in the right columi	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	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)	££	_		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 iiile 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	18 is larger than the amount or		
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	nd 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 complet		
	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		
9	Contract labor	10	19 Repairs and maintenance	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).		22 Travel, meals, and entertainment:	22a		
	(Attach Form 4562 if	11	a Travel	22b		
	required.)		b Deductible meals and entertainment	23		
12	Employee benefit programs	12	23 Utilities	24		
	(other than on line 17)	13	24 Wages not included on line 2c	24		
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	05h		
17	Pension and profit-sharing plans	17	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, see page 3 of the ins	tructio	ns before you	begin
Nar	ne of person with self-employment income Social security number of person with self-employment income ▶			
Note	e. If you are filing a joint return and both you and your spouse had self-employment income, you separate Part V.	must	each complete a	a
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you file had \$400 or more of other net earnings from self-employment, check here and continue with F		m 4361, but you	
1	Net farm profit or (loss) from Part III, line 36, and your distributive share from farm partnerships. Note. Skip this line if you use the farm optional method (see page 7 of the instructions)	1		
2	Net nonfarm profit or (loss) from Part IV, line 27, and your distributive share from nonfarm partnerships. Ministers and members of religious orders, see page 3 for amounts to report on this line. See page 6 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page 8 of the instructions)	2		
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a		
b	If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here	4b		
	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue. ▶	4c		
5a	Enter your church employee income from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. See page 3 for definition of church employee income			
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 earnings subject to social security tax for 2007	7	97,500	00
8a	Total social security wages and tips from Form(s) W-2, W-2AS, W-2CM, W-2GU, W-2VI, or 499R-2/W-2PR. If \$97,500 or more, skip lines 8b through 10, and go to line 11			
b	Unreported tips subject to social security tax from Form 4137, line 9 (see page 7 of the instructions)			
С	Wages subject to social security tax from Form 8919, line 10 (see page X of the instructions)			
d	Add lines 8a, 8b, and 8c	8d		
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10		
11	Multiply line 6 by 2.9% (.029)	11		
12	Self-employment tax. Add lines 10 and 11. Enter here and on line 3 of Part I	12		
	Optional Methods To Figure Net Earnings. See pages 7 and 8 of the instruct			
NOTE	If you are filing a joint return and both you and your spouse choose to use an optional method must each complete and attach a separate Part VI.	to fig	ure net earnings	s, you
	Farm Optional Method		4.600	
1	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	2		
	Nonfarm Optional Method			
3	Subtract line 2 from line 1	3		
4	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income (Part IV, line 5, plus your distributive share from nonfarm partnerships), but not less than zero; or the amount on Part VI, line 3, above. Include this amount on Part V, line 4b, above	4		
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