Form **1040-SS**

U.S. Self-Employment Tax Return (Including the Additional Child Tax | OMB No. 1545-0090 **Credit for Bona Fide Residents of Puerto Rico)**

OIV	IR NO.	1545-0)090

U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico. For the year Jan. 1–Dec. 31, 2012, or other tax year beginning ________, 2012, and ending _______, 20

Intern	al Revenue	Service For ir	nformation about Form 1	040-SS and its inst	ructions go to www.i	irs.gov/form1	040ss.				
	Your first i	name and initial		Last name				Your soc	ial security num	ber	
rint	If a joint re	eturn, spouse's first name and	d initial	Last name				Spouse's	social security	number	
Please type or print	Present ho	ome address (number, street,	and apt. no., or rural route	e)							
Please 1	City, town	or post office, commonwealt	th or territory, and ZIP cod	е							
	Foreign co	ountry name			Foreign province/st	ate/county			Foreign posta	l code	
Pa	art I To	otal Tax and Credits	 S								
	☐ Sing ☐ Marr ☐ Marr ☐ Qualify	status. Check the box le ried filing jointly ried filing separately. Ering children. Comple dit (see instructions).	Enter spouse's social	security no. ab	ove and full name		ou are d	claiming	the additiona	al child	
		,			(b) Child's			(c) Child's		
		(a) First name	Last name		social security n			relationship to you			
3	Self-e	employment tax from P	Part V line 12					3		1	
4		ehold employment tax					: : t	4			
5		tax. Add lines 3 and 4	,		,		[5			
6	2012	estimated tax paymen	ts (see instructions)		6						
7	Exces	ss social security tax w	rithheld (see instructi	ons)	7						
8	Addit	ional child tax credit fro	om Part II, line 3 .		8						
9	Healt	h coverage tax credit.	Attach Form 8885 .		9						
10	Total	payments and credit	s (see instructions)					10			
11	If line	10 is more than line 5,	, subtract line 5 from	line 10. This is	the amount you c	verpaid	[11			
128	a Amou	unt of line 11 you want	refunded to you. If	Form 8888 is at	tached, check he	ere . 🕨		12a			
ŀ	b Routi	ng Number		▶ c Type:	☐ Checking ☐	Savings					
(d Acco	unt Number									
10	۸۰۰۰	int of line 11 year went	applied to 0012 act	imated toy	. ▶ 13						
13		unt of line 11 you want unt you owe. If line 5				r dotaile on	how				
14		y, see instructions .		•			. •	14			
		Do you want to allow	another person to discu				es. Com		following.	No	
	rd Party	1									
Des	signee	Designee's		Phone				entification			
		name ►		no. ▶			ımber (PIN	,			
Sig He	jn re		iry, I declare that I have ex , correct, and complete. D								
	Return?	Your signature				Date		Daytime	e phone number		
	structions. a copy	Chausala signatura If -	ioint roturn hath must also	n		Dota					
for you record	ur	Spouse's signature. If a	joint return, both must sig	11.		Date					
Pai		Print/Type preparer's name	Prepa	rer's signature		Date		heck			
Pre	parer	F. 1						elf-employ	ed		
Use Only Firm's name ► Firm's EIN ► Phone no											

orm 10	140-SS (2012)						Р	age
Part	II Bona Fide Residents of Puer	to Rico Claimi	ng A	ddition	al Child Tax Credit - See ins	truction		
Cautio	on. You must have three or more qual	ifying children to	claim	the add	litional child tax credit.			
1	Income derived from sources within	Puerto Rico				1		
2	Withheld social security and Medicard	e taxes from Puer	to Ric	o Form	s 499R-2/W-2PR (attach copy of			
	form(s))					2		
3	Additional child tax credit. Use the	e worksheet in th	e ins	truction	s to figure the amount to enter			
	here and in Part I, line 8					3		
Part	here and in Part I, line 8	—See the Instru	uctio	ns for S	Schedule F (Form 1040).			
Name o	f proprietor					Socia	l security number	
Note.	If you are filing a joint return and bot	n you and your sp	oouse	had a	profit or loss from a farming busi	ness,	see Joint returns	s an
	Husband-Wife Business in the instruc	tions for more info	orma	tion.				
		Section A-Fai	rm In	come-	Cash Method			
	Complete Sections A and B. (A	ccrual method tax	храуе	ers, com	plete Sections B and C, and Sec	tion A,	line 11.)	
					sport, or dairy purposes (see ins	tructio	ns).	
1	Sales of livestock and other items yo	•						
2	Cost or other basis of livestock and	•						
3	Subtract line 2 from line 1					3		
4	Sales of livestock, produce, grains, a	and other products	s you	raised		4		
5a	Total cooperative distributions (Form	(s)						
	1099-PATR)	5a			5b Taxable amount	5b		
6	Agricultural program payments recei					6		
7	Commodity Credit Corporation (CCC				· ·	7		
8	· · · · · · · · · · · · · · · · · · ·							
9	Custom hire (machine work) income					9		
10	Other income					10		
11	Gross farm income. Add amounts							
	taxpayer, enter the amount from Sec	tion C, line 50 .			<u> </u>	11		
					and Accrual Method			
	t include personal or living expenses (produ	ce farm income.	
	e the amount of your farm expenses l	by any reimburser	ments					
12	Car and truck expenses			25	Pension and profit-sharing			
	(see instructions) 12				plans	25		
13	Chemicals			26	Rent or lease:			
	Conservation expenses 14			а	Vehicles, machinery, and	00-		
15	Custom hire (machine work) 15			.	equipment	26a		
16	Depreciation and section 179			27	Other (land, animals, etc.) Repairs and maintenance	26b 27		
	expense deduction not			28	Seeds and plants purchased	28		
	claimed elsewhere (attach Form 4562 if required) 16			29	Storage and warehousing .	29		
47				30	Supplies purchased	30		
17	Employee benefit programs other than on line 25 17			31		31		
18	Feed purchased			32	Taxes	32		
19	Fertilizers and lime 19			33	Veterinary, breeding, and	32		
20	Freight and trucking 20			33	medicine	33		
21	Gasoline, fuel, and oil 21			34	Other expenses (specify):	33		
22	Insurance (other than health) 22			f		34a		
23	Interest:			a b		34b		
23 a	Mortgage (paid to banks, etc.) 23a			C		34c		
b	Other			d		34d		
24	Labor bired			4		240		

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

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		Section C-Far						
	o not include sales of livestock h		•				see instructio	ns).
37	Sales of livestock, produce, gra		, ,					
38a	, , , , , , , , , , , , , , , , , , , ,							
39	Agricultural program payments							
40	Commodity Credit Corporation							
41	Crop insurance proceeds							
42	Custom hire (machine work) inc	ome						_
43	Other farm income (specify)					43		\rightarrow
44	Add the amounts in the right co		=	1 1		44		
45	Inventory of livestock, product beginning of the year							
46	Cost of livestock, produce, grains, a	nd other products purch	nased during the	year 46				
47	Add lines 45 and 46			47				
48	Inventory of livestock, produce, grain						l	
49	Cost of livestock, produce, grain	•				49		
50	Gross farm income. Subtract li					50		
	use the unit-livestock-price method							mount or
	, subtract line 47 from line 48. Enter t							
	V Profit or Loss From Bus	iness (Sole Propri	etorship) —S	ee the Instru	ictions for Sche		, ,	<u> </u>
Name o	f proprietor					Socia	al security numb	er
	If you are filing a joint return and Husband-Wife Business in the in-	structions for more in			om a business, se	e Joint r	eturns and	
1	Gross receipts \$	Less returns and		ile	Balance >	. 1		$\overline{}$
и 2а	Inventory at beginning of year		· -	2a				+
za b	Purchases less cost of items wi					-		
C	Cost of labor. Do not include an					-		
d	Materials and supplies					-		
e	Other costs (attach statement)					-		
f	Add lines 2a through 2e							
g g	Inventory at end of year							
h	Cost of goods sold. Subtract lin					2h		
3	Gross profit. Subtract line 2h fr	_						+
4	Other income					4		_
5	Gross income. Add lines 3 and					5		
	Groce meemer/tag miss s and		tion B—Exper					
6	Advertising	6	18	Rent or lease	e:			\Box
7	Car and truck expenses		 	Vehicles, ma				
-	(see instructions)	7				18a		İ
8	Commissions and fees	8	b		ess property			
9	Contract labor	9	19	Repairs and	maintenance.	19		
10	Depletion	10	20	Supplies (not i	ncluded in Section A) 20		
11	Depreciation and section 179		21	Taxes and lie	censes	21		
	expense deduction (not		22	Travel, meals,	and entertainment	:		
	included in Section A). (Attach		а	Travel		22a		
	Form 4562 if required.)	11	b		als and entertainmen			
12	Employee benefit programs		23					
	(other than on line 17)	12	24	_	ncluded on line 20			
13	Insurance (other than health)	13	25a	Other expenses	(list type and amount):		
14	Interest on business					-		
	indebtedness	14				-		
15	Legal and professional services	15				_		
16	Office expense	16	1 1				4	

25b Total other expenses

Pension and profit-sharing plans 17

Total expenses. Add lines 6 through 25b . .

Net profit or (loss). Subtract line 26 from line 5. Enter the result here and in Part V, line 2

17 26

27

25b

26

27

Part Name o	V Self-Employment Tax—If you had church employee income, see instructions before f person with self-employment income Social security number of person Social security number of person	you b	egin.	
	with self-employment income			
	If you are filing a joint return and both you and your spouse had self-employment income, you must ϵ separate Part V.	e ach c	omplete a	
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Fo	rm 43	61, but yo	u had
	\$400 or more of other net earnings from self-employment, check here and continue with Part V			<u> </u>
1a	Net farm profit or (loss) from Part III, line 36, and your distributive share from farm partnerships. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included in Part III, line 6, plus your distributive share of these payments from farm partnerships	1b	()
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 instructions for amounts to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2		
_		-		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter the amount from line 3	4a		
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	74		
b	If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here	4b		1
С	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 instructions for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Add lines 4c and 5b	6		
7	Maximum amount of combined wages and self-employment earnings subject to social security tax for 2012	7		
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 \$110,100 or more, skip lines 8b through 10, and go to line 11			
b	Unreported tips subject to social security tax from Form 4137, line 10 (see instructions)			
С	Wages subject to social security tax from Form 8919, line 10 (see 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 10.4% (.104)	10		
11	Multiply line 6 by 2.9% (.029)	11		
12	Self-employment tax. Add lines 10 and 11. Enter here and in Part I, line 3	12		
	Optional Methods To Figure Net Earnings—See instructions for limitations. If you are filing a joint return and both you and your spouse choose to use an optional method	to figu	ıre net ear	rnings, you
	must each complete and attach a separate Part VI.			
	Farm Optional Method	.		
1	Maximum income for optional methods	1		
2	Enter the smaller of: two-thirds (2/3) of gross farm income (Part III, line 11, plus your distributive share from farm partnerships), but not less than zero; or \$4,520. Also include this amount in Part V, line 4b, above	2		
	Nonfarm Optional Method			
3	Subtract line 2 from line 1	3		
4	Enter the smaller of: two-thirds (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 in Part VI, line 3, above.			
	Also include this amount in Part V, line 4b, above	4		