## Form **1040-SS**

Department of the Treasury

Internal Revenue Service

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

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, 2008, or other tax year beginning , 2008, and ending , 20

OMB No. 1545-0090

2008

¥	Your first nam	e and initial	Last name			Your social security number			mber		
se type or print	If a joint return	n, spouse's first name and initial	Last name				Spouse's	social s	ecurity	number	
	Present home	address (number, street, and apt. no., or rural room	ute)					1	1		
Please	City, town or p	post office, commonwealth or territory, and ZIP co	ode								
Pa	rt I Tot	al Tax and Credits									
2	Single Marrie Marrie Qualifying	us. Check the box for your filing status end filing jointly ed filing separately. Enter spouse's soc children. Complete only if you are a base page SS-5).	sial security no. ab	ove and full			ming the	 e addit	tional (	child	
	(a) First na	me Last name	soci	(b) Child's social security number			(c) Child's relationship to you				
				1 1							
				1 1							
				1 1							
	0.16			1 1			3			Т	
3 4		ment tax from Part V, line 12				• • •	4			+	
5		add lines 3 and 4 (see page SS-4)					5				
6		ated tax payments (see page SS-4)		. 6							
7		al security tax withheld (see page SS-5)									
8		hild tax credit from Part II, line 3									
9 10							10				
11		ents and credits. Add lines 6 through 9 more than line 5, subtract line 5 from line					11			T	
12a		ine 11 to be <b>refunded to you.</b> If Form 88		-			12a				
b			<b>▶ c</b> Type: ☐ C								
d	Account nu	mber									
13		ine 11 to be applied to 2009 estimated	tax	▶   13		- I - I					
14	Amount yo	u owe. If line 5 is more than line 10, sub	tract line 10 from li	ne 5. For det	ails on ho	w to					
	pay, see pa	<u> </u>				<u> ▶  </u>	14			<u> </u>	
Thi	ird Party	Do you want to allow another person to disc	cuss this return with the	ne IRS (see pag	je SS-2)?		omplete t	ne follov	wing. L	_ No	
	signee	Designee's	Phone		Pi	ersonal ident	tification				
		name >	no. ▶ (	)	nı	umber (PIN)	<b></b>				
Sign Here Joint return? See pg. SS-4. Keep a copy for your records.		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which									
		the preparer has any knowledge.  Your signature Date					Daytim	ne phone	e numbe	er .	
						( )					
		Spouse's signature. If a joint return, <b>both</b> must	sign.		Date						
Pa		Preparer's signature		Date	Chec self-	ck if employed	Prep	oarer's S	SN or F	'TIN	
	eparer's • Only	Firm's name (or yours if self-employed),		-	'	EIN	1				
Use Only		address, and ZIP code				Phone no.	. (	)			

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	t II Bona Fide Residents					See pa	age SS-5.	
Cau	tion. You must have three or mo	re qualifying children to	claim the	e additional	child tax credit.			
1	Income derived from sources w	rithin Puerto Rico				1		
2	Withheld social security and Me			•		2		
3	Additional child tax credit. U	•	_	_				
Day	here and in Part I, line 8					3		
	Profit or Loss From	rarming—See the ins	truction	s for Sche	dule F (Form 1040)	Soci	al security number	
ivai	ne or proprietor					3001	i security number	
Note	. If you are filing a joint ret	urn and both you and	l vour s	nouse had	l a profit or loss fi	rom s	farming busin	1000
11010	see Joint returns and Husband						a lairiilig basiil	1000,
		Section A-Farm						
	Complete Sections A and					Section	n A. line 11.)	
		de sales of livestock held					,	
1	Sales of livestock and other iter	ms you bought for resale	<u> </u>	1				
2	Cost or other basis of livestock							
3	Subtract line 2 from line 1					3		
4	Sales of livestock, produce, gra					4		
5a	Total cooperative distributions (F	orm(s)	,	1 1				
	1099-PATR)	` '   -		5	<b>b</b> Taxable amount	5b		
6	Agricultural program payments	received				6		
7	Commodity Credit Corporation	loans reported under ele	ction (or	forfeited).		7		
8	Crop insurance proceeds					8		
9	Custom hire (machine work) inc	ome				9		
10	Other income					10		
11	Gross farm income. Add amou	unts in the right column	for lines	3 through 1	0. If accrual method			
	taxpayer, enter the amount from					11		
D		ection B—Farm Expens						
	ot include personal or living exposice the amount of your farm exp						produce farm inc	ome
		lenses by any reimburse			-	VV.		
12	Car and truck expenses	12	25		nd profit-sharing	25		
10	(attach <b>Form 4562</b> )	13	- 06	plans . Rent or lea		20		
13 14	Chemicals Conservation expenses	14	26					
15	Custom hire (machine work)	15	— а	,	nachinery, and	26a		
	,		b		d, animals, etc.)	26b		
16	Depreciation and section 179 expense deduction not		27		nd maintenance	27		
	claimed elsewhere (attach		28		d plants purchased	28		
	Form 4562 if required)	16	29		nd warehousing	29		
17	Employee benefit programs		30	_	ourchased	30		
••	other than on line 25	17	31			31		
18	Feed purchased	18	32			32		
19	Fertilizers and lime	19	33		, breeding, and			
20	Freight and trucking	20				33		
21	Gasoline, fuel, and oil	21	34	Other exp	enses (specify):			
22	Insurance (other than health)	22	а			34a		
23	Interest:		b			34b		
a	Mortgage (paid to banks, etc.)	23a	с			34c		
b	Other	23b	d			34d		
24	Labor hired	24	е			34e		
35	Total expenses. Add lines 12 t				ad in Dort V. Bar 4 a	35		
36	Net farm profit or (loss). Subtra	CLUME 35 Trom line 11. Er	iter the re	esuit nere ar	iu in Part V, line 1a	36		

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			come—Accrual Method		
	Do not include sales of livesto	ock held for draft, breeding	g, sport, or dairy purposes on any of th		
37	Sales of livestock, produce, gra	ins, and other products di	uring the year	37	
38a	Total cooperative distributions (Form	n(s) 1099-PATR)   <b>38a</b>	38b Taxable amount	38b	
39	Agricultural program payments	received		39	
40			tion (or forfeited).	40	
41	Crop insurance proceeds			41	
42				42	
43	,			43	
44			43	44	
45	Inventory of livestock, produce	e, grains, and other produ	ucts at the		
	beginning of the year			_	
46	Cost of livestock, produce, grains, an		~ ·	-	
47	Add lines 45 and 46		1 1	_	
48	Inventory of livestock, produce, grain			40	
49			d. Subtract line 48 from line 47*.	49	
50			ult here and in Part III, line 11	50	
*If yo	ou use the unit-livestock-price metho 47, subtract line 47 from line 48. Ent	d or the farm-price method o er the result on line 49. Add I	of valuing inventory and the amount on line 4 ines 44 and 49. Enter the total on line 50 ar	48 is larger than nd in Part III, line	the amount or a 11.
Par	t IV Profit or Loss From I	Business (Sole Proprie	torship) - See the instructions for S	chedule C (F	orm 1040)
	me of proprietor	240111000 (0010 1 100110	teremp, des are meadement for e	Social securit	
				1	1
Not	e If you are filing a joint return a	and both you and your so	ouse had a profit or loss from a busine		
1101			on page SS-3 for more information.	33,	
			A-Income		
_	Curre versions &			1	
1	·		ances \$ Balance ▶	•	
	, , ,				
	Purchases less cost of items w	· ·			
		•	· · · · · · · · · · · · · · · · · · ·		
d	Materials and supplies			_	
е	, , , , , , , , , , , , , , , , , , , ,			_	
f	Add lines 2a through 2e			_	
g				01-	
h	=	=		2h	
3	-			3 4	
4	Other income				
_5_	Gross income. Add lines 3 and	14	B−Expenses	5	
6	Advertising	6	18 Rent or lease:		
7	Car and truck expenses		a Vehicles, machinery, and	10-	
	(attach Form 4562)	7	equipment	18a	
8	Commissions and fees	8	<b>b</b> Other business property	18b	
9	Contract labor	9 10	19 Repairs and maintenance	19	
10	Depletion	20 Supplies (not included in Section A)	20		
11	Depreciation and section		21 Taxes and licenses	21	
	179 expense deduction (not included in Section A).		22 Travel, meals, and entertainment:		
	(Attach <b>Form 4562</b> if		<b>a</b> Travel	22a	
	required.)	11	<b>b</b> Deductible meals and entertainment	22b	
12	Employee benefit programs		<b>23</b> Utilities	23	
	(other than on line 17)	12	24 Wages not included on line 2c	24	
13	Insurance (other than health)	13	<b>25a</b> Other expenses (list type and amount):		
14	Interest on business				
	indebtedness	14			
15	Legal and professional services	15			
16	Office expense	16			
17	Pension and profit-sharing plans	17	25b Total other expenses	25b	
26	Total expenses. Add lines 6 th	rough 25b	<u> </u>	26	
27	Net profit or (loss). Subtract lin	ne 26 from line 5. Enter th	e result here and in Part V, line 2	27	

Par	<b>t V</b> Self-Employment Tax—If you had church employee income, see page SS-3 before	you	begin.			
Na	me of person with <b>self-employment</b> income  Social security number of person with <b>self-employment</b> income ▶					
Note	e. If you are filing a joint return and both you and your spouse had self-employment income, you reparate Part V.	must e	each complete a	a		
Α	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part V					
1a	Net farm profit or (loss) from Part III, line 36, and your distributive share from farm partnerships. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see page SS-8)	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	(	)		
3	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 SS-3 for amounts to report on this line. See pages SS-6 and -7 for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see page SS-8)	2				
b	line 3	4a 4b				
	Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶  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 SS-3 for definition of church employee income  Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	4c 5b				
b		6				
6	Net earnings from self-employment. Add lines 4c and 5b	0				
7	Maximum amount of combined wages and self-employment earnings subject to social security tax for 2008	7	102,000	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 \$102,000 or more, skip lines 8b through 10, and go to line 11	-				
	Unreported tips subject to social security tax from Form 4137, line 10 (see page SS-7)	_				
	Wages subject to social security tax from Form 8919, line 10 (see page SS-7)					
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 <b>smaller</b> 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 in Part I, line 3	12				
	<b>Optional Methods To Figure Net Earnings</b> —See pages SS-7 and -8 for limitation. If you are filing a joint return and both you and your spouse choose to use an optional method must <b>each</b> complete and attach a <b>separate</b> Part VI.		ure net earnings	, you		
	·			I		
	Farm Optional Method	1	4,200	00		
1	Maximum income for optional methods	-	7,200	00		
2	Enter the <b>smaller</b> of: two-thirds (%) of gross farm income (Part III, line 11, plus your distributive share from farm partnerships), but not less than zero; <b>or</b> \$4,200. 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 <b>smaller</b> of: two-thirds (%) of gross nonfarm income (Part IV, line 5, plus your distributive share from nonfarm partnerships), but not less than zero; <b>or</b> the amount in Part VI, line 3, above.					
	Also include this amount in Part V, line 4b, above	4				