

Form	1040	Department of the Treasury—Internal Revenue Service (99)		2017	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.	
		U.S. Individual Income Tax Return					
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20____. See separate instructions.							
Your first name and initial		Last name			Your social security number		
If a joint return, spouse's first name and initial		Last name			Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					Presidential Election Campaign		
Foreign country name		Foreign province/state/county		Foreign postal code		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	

Form	1120	Department of the Treasury Internal Revenue Service			U.S. Corporation Income Tax Return		OMB No. 1545-0123	
		For calendar year 2017 or tax year beginning _____, 2017, ending _____, 20____.						2017
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.								
A Check if:		TYPE OR PRINT	Name				B Employer identification number	
1a Consolidated return (attach Form 851) <input type="checkbox"/>			Number, street, and room or suite no. If a P.O. box, see instructions.				C Date incorporated	
b Life/nonlife consolidated return <input type="checkbox"/>			City or town, state, or province, country, and ZIP or foreign postal code				D Total assets (see instructions)	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>							\$ _____	
3 Personal service corp. (see instructions) <input type="checkbox"/>		E Check if: (1) <input type="checkbox"/> Initial return		(2) <input type="checkbox"/> Final return		(3) <input type="checkbox"/> Name change		(4) <input type="checkbox"/> Address change
4 Schedule M-3 attached <input type="checkbox"/>								

Form	1065	Department of the Treasury Internal Revenue Service			U.S. Return of Partnership Income		OMB No. 1545-0123	
		For calendar year 2017, or tax year beginning _____, 2017, ending _____, 20____.						2017
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.								
A Principal business activity		Type or Print	Name of partnership				D Employer identification number	
B Principal product or service			Number, street, and room or suite no. If a P.O. box, see the instructions.				E Date business started	
C Business code number			City or town, state or province, country, and ZIP or foreign postal code				F Total assets (see the instructions)	
						\$ _____		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor	Social security number (SSN)
A Principal business or profession, including product or service (see instructions)	B Enter code from Instructions
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see Instr.)
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code	
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses	<input type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2018, check here	<input type="checkbox"/>
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		