040-SS
040-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)

OMB No. 1545-0090

U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico. For the year Jan. 1–Dec. 31, 2013, or other tax year beginning ,2013, and ending ,20 Information about Form 1040-SS and its separate instructions is at www.irs.gov/form1040ss. 2013

	Your first name and initial	Last name		Your social	security number
print	If a joint return, spouse's first name and initial	Last name		Spouse's so	ocial security number
type or	Present home address (number, street, and apt. no., or rural route)				
Please	City, town or post office, commonwealth or territory, and ZIP code				
	Foreign country name		Foreign province/state/county		Foreign postal code

Part I Total Tax and Credits

1 Filing status. Check the box for your filing status (see instructions).

- □ Single
- Married filing jointly
- ☐ Married filing separately. Enter spouse's social security no. above and full name here. ►
- 2 Qualifying children. Complete only if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax credit (see instructions).

	(a) First name	Last name			(b) Child's identifying nu	(c) Child's relationship to you					
 3S6	elf-employ	yment tax from F	Part V. line 12.						3			
4 He 5 Ae	ousehold dditional N	employment tax Medicare Tax. At Add lines 3 throu	es (see instruct tach Form 8959	ions). Atta 9	ach Schedule	H (Form 1040)	· ·		4 5 6			
7 20 8 Ex 9 Ad 10 Hd 11 To 12 If	013 estima xcess soc dditional c ealth cove otal paym line 11 is	ated tax paymer ial security tax v child tax credit fr erage tax credit. Tents and credi more than line 6 ine 12 you want	ots (see instructivitheld (see ins om Part II, line 3 Attach Form 88 ts (see instructions, subtract line 6	ons) . structions 3 885 ons) . from line)	. 7 . 8 . 9 . 10 	 overp	aid	11 12 13a	2		
b R	outing Nu	mber			► c Type: [] Checking] Savi	ings				
-	ccount Nu											
15 A	mount yo	ine 12 you want u owe. If line 6 instructions .		ne 11, su	btract line 11	from line 6. Fo		ails on hov	/ · 15			
Third Pa Designe	arty De:	you want to allow signee's ne ►	another person to	o discuss tl	his return with th Phone no. ►	e IRS (see instru	ctions)	? 🗌 Yes. C Persona Number	Identifie		ing. 🗌 I	No
Sign Here	and	der penalties of perju belief, they are true knowledge.	ury, I declare that I l e, correct, and comp	have exami blete. Decla	ned this return and ration of preparer	d accompanying s (other than the tax	chedule payer) i	es and statem s based on a	nents, ar Il inform	nd to the best ation of whicl	of my kno n the prepa	owledge arer has
Joint Return? See instruction Keep a copy	ns.	ur signature			Date	Daytime phone r		it here (see		In Identity Pro	tection PIN	√, enter
for your records.	Spo	ouse's signature. If a	joint return, both m	ust sign.			Dat	e				
Paid Prepar		ype preparer's name	•	Preparer's	signature		Date			< ☐ if mployed	1	
Use Or	F ¹	name 🕨						Firm	s EIN 🕨	•		
		address 🕨						Phor	ie no.			
For Disclo	sure, Priva	cy Act, and Paper	work Reduction A	ct Notice,	see instructions		Cat. N	lo. 17184B		Form	1040-SS	3 (2013)

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Par	Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit-See inst	tructions.
Caut	ion. You must have three or more qualifying children to claim the additional child tax credit.	
1	Income derived from sources within Puerto Rico	1
2	Withheld social security and Medicare taxes from Puerto Rico Forms 499R-2/W-2PR (attach copy of form(s))	2
3	Additional child tax credit. Use the worksheet in the instructions to figure the amount to enter here and in Part I, line 9	3
Par	III Profit or Loss From Farming—See the Instructions for Schedule F (Form 1040).	
Name	of proprietor	Social security number

Note. If you are filing a joint return and both you and your spouse had a profit or loss from a farming business, see *Joint returns* and *Business Owned and Operated by Spouses* in the instructions for more information.

	Section A—Farm Income—Cash Method			
	Complete Sections A and B. (Accrual method taxpayers, complete Sections B and C, and Sect	ion A	., line 11.)	
	Do not include sales of livestock held for draft, breeding, sport, or dairy purposes (see inst	ructio	ons).	
1	Sales of livestock and other items you bought for resale			
2	Cost or other basis of livestock and other items reported on line 1 2			
3	Subtract line 2 from line 1	3		
4	Sales of livestock, produce, grains, and other products you raised	4		
5a	Total cooperative distributions (Form(s)1099-PATR)5a5bTaxable amount	5b		
6	Agricultural program payments received	6		
7	Commodity Credit Corporation (CCC) loans reported under election (or forfeited)	7		
8	Crop insurance proceeds.	8		
9	Custom hire (machine work) income	9		
10	Other income	10		
11	Gross farm income. Add amounts in the right column for lines 3 through 10. If accrual method			
	taxpayer, enter the amount from Section C, line 50	11		

Section B-Farm Expenses-Cash and Accrual Method

Do not include personal or living expenses (such as taxes, insurance, or repairs on your home) that did not produce farm income. Reduce the amount of your farm expenses by any reimbursements before entering the expenses below.

	the amount of your larm expen		, any remained			· ·	1	1	
12	Car and truck expenses				25	Pension and profit-sharing			
	(see instructions)	12				plans	25		
13	Chemicals	13			26	Rent or lease:			
14	Conservation expenses	14			а	Vehicles, machinery, and			
15	Custom hire (machine work)	15				equipment	26a		
16	Depreciation and section 179				b	Other (land, animals, etc.) .	26b		_
	expense deduction not				27	Repairs and maintenance	27		
	claimed elsewhere (attach				28	Seeds and plants purchased	28		_
	Form 4562 if required).	16			29	Storage and warehousing .	29		
17	Employee benefit programs				30	Supplies purchased	30		
	other than on line 25	17			31	Taxes	31		
18	Feed purchased	18			32	Utilities	32		
19	Fertilizers and lime	19			33	Veterinary, breeding, and			
20	Freight and trucking	20				medicine	33		
21	Gasoline, fuel, and oil	21			34	Other expenses (specify):			
22	Insurance (other than health)	22			а		34a		
23	Interest:				b		34b		
а	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 th	rough	n 34e				35		
36	Net farm profit or (loss). Subtra	act lin	e 35 from line 11	. Ent	er the re	sult here and in Part V, line 1a	36		

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Section C-Farm Income-Accrual Method

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes on any of the lines below (see instructions).

37	Sales of livestock, produce, grains, and other products during the year.		37	
		-		
38a	Total cooperative distributions (Form(s) 1099-PATR) 38a 38b Taxable amo	bunt [38b	
39	Agricultural program payments received		39	
40	Commodity Credit Corporation (CCC) loans reported under election (or forfeited)	. [40	
41	Crop insurance proceeds.	. L	41	
42	Custom hire (machine work) income	. L	42	
43	Other farm income (specify)		43	
44	Add the amounts in the right column for lines 37 through 43	L	44	
45	Inventory of livestock, produce, grains, and other products at the			
	beginning of the year			
46	Cost of livestock, produce, grains, and other products purchased during the year 46			
47	Add lines 45 and 46			
48	Inventory of livestock, produce, grains, and other products at the end of the year 48			
49	Cost of livestock, produce, grains, and other products sold. Subtract line $\overline{48}$ from line 47^* .		49	
50	Gross farm income. Subtract line 49 from line 44. Enter the result here and in Part III, line 11 ▶	•	50	

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and in Part III, line 11.

 Part IV
 Profit or Loss From Business (Sole Proprietorship) – See the Instructions for Schedule C (Form 1040).

 Name of proprietor
 Social security number

Note. If you are filing a joint return and both you and your spouse had a profit or loss from a business, see *Joint returns* and *Business Owned and Operated by Spouses* in the instructions for more information.

		Sec	ction A	A—Inc	om	e						
1	Gross receipts \$	Less returns and	allowa	ances	\$				Balance		1	
2a	Inventory at beginning of year .						2a					
b	Purchases less cost of items wit	hdrawn for personal	use .				2b					
С	Cost of labor. Do not include any	y amounts paid to yo	urself.				2c					
d	Materials and supplies						2d					
е	Other costs (attach statement) .						2e					
f	Add lines 2a through 2e						2f					
g	Inventory at end of year						2g					
h	Cost of goods sold. Subtract line	e 2g from line 2f									2h	
3	Gross profit. Subtract line 2h fro	om line 1									3	
4	Other income										4	
5	Gross income. Add lines 3 and	4								. ►	5	
		Sect	tion B	-Exp	ens	ses						
6	Advertising	6		18	F	Rent	or leas	e:				
7	Car and truck expenses			a	ı ۱	Vehic	les, ma	achine	y, and			
	(see instructions)	7			e	equip	ment.				18a	
8	Commissions and fees	8		k) (Other	' busin	ess pro	operty .		18b	
9	Contract Jabor	9		10	F	Rona	ire and	maint	ananca		10	

9		9		19	nepairs and maintenance.	13	
10	Depletion	10		20	Supplies (not included in Section A)	20	
11	Depreciation and section 179			21	Taxes and licenses	21	
••	expense deduction (not			22	Travel, meals, and entertainment:		
	included in Section A). (Attach			а	Travel	22a	
	Form 4562 if required.)	11		b	Deductible meals and entertainment	22b	
12	Employee benefit programs			23	Utilities	23	
	(other than on line 17)	12		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						
	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 thro	ugh 2	5b			26	
27	Net profit or (loss). Subtract lin	e 26 f	rom line 5. Enter the re	esult he	re and in Part V, line 2	27	

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	V Self-Employment Tax—If you had church employee income, see instructions before	you begin.
Name o	f person with self-employment income Social security number of person with self-employment income ►	
	If you are filing a joint return and both you and your spouse had self-employment income, you must o separate Part V.	each complete a
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Fo	orm 4361, but you 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 partnership (non-instructions)	
3	optional method (see instructions)	2 3
3 4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter the amount from	5
та		4a
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	
b	If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here . $\ .$	4b
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 2013	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 \$113,700 or more, skiplines 8b through 10, and go to line 11.Ines 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) 8c	
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 12	Multiply line 6 by 2.9% (.029) .	11 12
	V Optional Methods To Figure Net Earnings—See instructions for limitations.	12
	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 figure net earnings, you
	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 \$4,640. 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