## 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, x year beginning , 2008, and ending , 20

OMB No. 1545-0090

Department of the Treasury

a Amount of line 11 to be refunded to you. If Form 8888 is attached, check here   □		al Revenue Service	or other tax year beginning	, 2008, and	ending		, 20 .			
Present home address (number, street, and apt. no., or rural route)	ŧ	Your first name	and initial	Last name				Your soci	al security	number
Total Tax and Credits	e or pri	If a joint return,	spouse's first name and initial	Last name				Spouse's	social secur	ity number
Total Tax and Credits	se type	Present home a	ddress (number, street, and apt. no., or rural rou	ite)					1 1	
Filing status. Check the box for your filing status (see page SS-4).   Single   Married filing jointly   Married filing separately. Enter spouse's social security no. above and full name here. ▶	Plea	City, town or po	st office, commonwealth or territory, and ZIP co	de						
Filing status. Check the box for your filing status (see page SS-4).   Single   Married filing jointly   Married filing separately. Enter spouse's social security no. above and full name here. ▶	Pa	rt Tota	I Tax and Credits							
(a) First name  Last name  Last name  Social security number  relationship to you  relationship to you  relationship to you  relationship to you  as a constant of the provided to the provide	1	Filing status Single Married Married Qualifying c	filing jointly filing separately. Enter spouse's soci	ial security no. ab				ning the	addition	al child
3 Self-employment tax from Part V, line 12 4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4 5 Total tax. Add lines 3 and 4 (see page SS-4). 5 6 2008 estimated tax payments (see page SS-4) . 6 7 Excess social security tax withheld (see page SS-5) . 7 8 Additional child tax credit from Part II, line 3 . 8 9 Health coverage tax credit. Attach Form 8885 . 9 10 Total payments and credits. Add lines 6 through 9 11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid 12a Amount of line 11 to be refunded to you. If Form 8888 is attached, check here ▶		(a) First nam	e Last name	soci						
4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4  5 Total tax. Add lines 3 and 4 (see page SS-4) . 5  6 2008 estimated tax payments (see page SS-4) . 6  7 Excess social security tax withheld (see page SS-5) . 7  8 Additional child tax credit from Part II, line 3 . 8  9 Health coverage tax credit. Attach Form 8885 . 9  10 Total payments and credits. Add lines 6 through 9  11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid . 11  12a Amount of line 11 to be refunded to you. If Form 8888 is attached, check here ▶ □ . 12a  b Routing number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		(4)			1 1				,p 10 ye	
4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4  5 Total tax. Add lines 3 and 4 (see page SS-4) . 5  6 2008 estimated tax payments (see page SS-4) . 6  7 Excess social security tax withheld (see page SS-5) . 7  8 Additional child tax credit from Part II, line 3 . 8  9 Health coverage tax credit. Attach Form 8885 . 9  10 Total payments and credits. Add lines 6 through 9  11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid . 11  12a Amount of line 11 to be refunded to you. If Form 8888 is attached, check here ▶ □ . 12a  b Routing number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					1 1					
4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4  5 Total tax. Add lines 3 and 4 (see page SS-4)					1 1					
4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4  5 Total tax. Add lines 3 and 4 (see page SS-4)										
4 Household employment taxes (see page SS-4). Attach Schedule H (Form 1040) . 4  5 Total tax. Add lines 3 and 4 (see page SS-4)					1 1					
Total tax. Add lines 3 and 4 (see page SS-4).  6 2008 estimated tax payments (see page SS-4).  6 2008 estimated tax payments (see page SS-4).  7 Excess social security tax withheld (see page SS-5).  8 Additional child tax credit from Part II, line 3  9 Health coverage tax credit. Attach Form 8885.  10 Total payments and credits. Add lines 6 through 9  11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid.  11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid.  11 Amount of line 11 to be refunded to you. If Form 8888 is attached, check here b	3	Self-employm	ent tax from Part V, line 12					3		
Additional child tax payments (see page SS-4)   6   7	4	Household er	nployment taxes (see page SS-4). Attac	h Schedule H (For	m 1040) .		📙			
7 Excess social security tax withheld (see page SS-5)	5						. , . ⊨	5		-
Additional child tax credit from Part II, line 3										
Health coverage tax credit. Attach Form 8885  10 Total payments and credits. Add lines 6 through 9  11 If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid  11 Amount of line 11 to be refunded to you. If Form 8888 is attached, check here ▶ □  12a										
Total payments and credits. Add lines 6 through 9  If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid  Amount of line 11 to be refunded to you. If Form 8888 is attached, check here    Bouting number  Account number  Amount of line 11 to be applied to 2009 estimated tax.  Amount you owe. If line 5 is more than line 10, subtract line 10 from line 5. For details on how to pay, see page SS-1  Do you want to allow another person to discuss this return with the IRS (see page SS-2)? Yes. Complete the following. No line 10 from line 5. For details on how to pay, see page SS-1  Do you want to allow another person to discuss this return with the IRS (see page SS-2)? Yes. Complete the following. No line 10 from line 5. For details on how to pay, see page SS-1  Do you want to allow another person to discuss this return with the IRS (see page SS-2)? Yes. Complete the following. No line 10 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 11 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 12 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 12 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 12 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 14 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 15 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 16 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 16 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 16 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 16 from line 5. For details on how to pay, see page SS-2)? Yes. Complete the following. No line 16 from line 5. For details on how to pay, see page SS-2)? Ye										
If line 10 is more than line 5, subtract line 5 from line 10. This is the amount you overpaid  Amount of line 11 to be refunded to you. If Form 8888 is attached, check here    BROuting number  Account number  Amount of line 11 to be applied to 2009 estimated tax.  Amount of line 11 to be applied to 2009 estimated tax.  Amount you owe. If line 5 is more than line 10, subtract line 10 from line 5. For details on how to pay, see page SS-1  Do you want to allow another person to discuss this return with the IRS (see page SS-2)?  Third Party  Designee  Do you want to allow another person to discuss this return with the IRS (see page SS-2)?  Personal identification number (PIN)  Where some personal identification number (PIN)  Where some personal identification number (PIN)  Where some personal identification number (PIN)  Do you want to allow another person to discuss this return with the IRS (see page SS-2)?  Designee's personal identification number (PIN)  Where some personal identification number (PIN)  Where a copy for your signature  Preparer's samy knowledge.  Spouse's signature. If a joint return, both must sign.  Date  Check if self-employed preparer's signature.  Date  Check if self-employed preparer's signature.  Date  Check if self-employed preparer's signature.  EIN  Preparer's SSN or PTIN								10		
a Amount of line 11 to be refunded to you. If Form 8888 is attached, check here    b Routing number    d Account number    13 Amount of line 11 to be applied to 2009 estimated tax ▶ 13    14 Amount you owe. If line 5 is more than line 10, subtract line 10 from line 5. For details on how to pay, see page SS-1			_				⊢			
d Account number    33			•		_		] ] ]	12a		
Amount of line 11 to be applied to 2009 estimated tax	b									
Amount of line 11 to be applied to 2009 estimated tax	ч	Account num	har IIII							
Amount you owe. If line 5 is more than line 10, subtract line 10 from line 5. For details on how to pay, see page SS-1					10					
Third Party Designee  Do you want to allow another person to discuss this return with the IRS (see page SS-2)?  Designee  Designee's  name  Designee's  Designee's  name  Designee's  Desi						ails on ho	w to			
Designee  Designee's name		<del>-</del>						14		
Designee  Designee's name   Designee's name   Designee's name   Designee's name   Designee's name   Designee's name   No.    No	Thi	rd Party	Do you want to allow another person to discu	uss this return with th	ne IRS (see pag	je SS-2)?	Yes. Co	mplete th	e following	
Sign Here Joint return? See pg. SS-4. Keep a copy for your records.  Paid Preparer's Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of m 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.  Paid Preparer's Ilse Only  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of m 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.  Date  Date  Check if signature  Firm's name (or yours if self-employed),		signee	•	,	)			fication		
Freparer's Use Only  For your records.  Paid  Preparer's signature  Preparer's SSN or PTIN  Self-employed  Firm's name (or yours if self-employed),  Firm's name (or yours if self-employed),	Join See	ere t return? pg. SS-4.	Under penalties of perjury, I declare that I have knowledge and belief, they are true, correct, and the preparer has any knowledge.	e examined this return	n and accompar of preparer (oth	nying sched er than the	lules and stat	ased on a	ıll informatio	n of which
Preparer's  Ilse Only  Preparer's  Is en Indian Friedrich Self-employed   Check if self-employed	for y	our	Spouse's signature. If a joint return, <b>both</b> must s	sign.		Date				
Use Only yours if self-employed),		ıu			Date			Prepa	arer's SSN o	or PTIN
		e Only				•	EIN Phone no.	(	)	

Form	1040-SS (2008)						Р	age !
Part II Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit—See page 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	structions	s for Sche	dule F (Form 1040)	Soci	al security number	
ivai	ne or proprietor					3001	ar security number	
Note	. If you are filing a joint ret	urn and both you and	d vour s	nouse had	l a profit or loss fi	rom s	farming busin	1000
11010	see Joint returns and Husband	-	•	•	•		a lairiilig basii	1000,
		Section A—Farn						
	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 resal	e	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 el	ection (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 Expen						
	ot include personal or living exposice the amount of your farm exp						roduce farm inc	ome
	· · · · · · · · · · · · · · · · · · ·	lenses by any reimburse				VV.		
12	Car and truck expenses	12	25		nd profit-sharing	25		
12	(attach <b>Form 4562</b> )	13	06	plans . Rent or lea		20		
13 14		14	26					
15	Conservation expenses  Custom hire (machine work)	15	а	,	nachinery, and t	26a		
	,		b		d, animals, etc.)	26b		
16	Depreciation and section 179		27		nd maintenance	27		
	expense deduction not claimed elsewhere (attach		28		d plants purchased	28		
	Form 4562 if required)	16	29		nd warehousing	29		
17	Employee benefit programs		30	_	ourchased	30		
17	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		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		: :. :		<b>&gt;</b>	35		_
36	Net farm profit or (loss). Subtra	ct line 35 from line 11. E	nter the re	esult here ar	nd in Part V, line 1a	36		

Form 1040-SS (2008) Page **3** 

			come—Accrual Method			
	Do not include sales of livesto	ock held for draft, breeding	g, sport, or dairy purposes on any of th		below.	
37	Sales of livestock, produce, gra	ins, and other products du	uring the year	37		
38a	Total cooperative distributions (Form	(s) 1099-PATR) 38a	38b Taxable amount	38b		
39	Agricultural program payments	received		39		
40			ion (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	icts at the			
46	beginning of the year Cost of livestock, produce, grains, an			_		
			ring the year			
47	Add lines 45 and 46					
48 49	Inventory of livestock, produce, grain		I. Subtract line 48 from line 47*.	49		
<del>49</del>			ult here and in Part III, line 11	50		
			f valuing inventory and the amount on line 4		gar than the amoun	at or
line 4	47, subtract line 47 from line 48. Ent	er the result on line 49. Add li	nes 44 and 49. Enter the total on line 50 an	nd in Pa	ger man me amour rt III, line 11.	IL OI
			torship) - See the instructions for S			<u>))</u>
	me of proprietor	Submiced (Gold 1 Tophic	iorompy doe the metadatione for d		al security number	<u> </u>
	or proprietor			000.0		
Not	a If you are filing a joint return a	and both you and your end	buse had a profit or loss from a busine		i i	
NOU			on page SS-3 for more information.	33,		
	ooo oonii rotarrio ara riaddario		A-Income			
_	O			1		
1	·		ances \$ Balance ▶	1		
				_		
	Purchases less cost of items w	•				
		•	"	_		
d	Materials and supplies			_		
е	,			-		
f	Add lines 2a through 2e		0	_		
g	,					
h		_		2h		
3	-			3		
4	Other income			4		
_5_	Gross income. Add lines 3 and	0		5		
			B-Expenses			
6	Advertising	6	18 Rent or lease:			
7	Car and truck expenses	_	a Vehicles, machinery, and			
	(attach Form 4562)	7	equipment	18a		
8	Commissions and fees	9	<b>b</b> Other business property	18b		
9	Contract labor	19 Repairs and maintenance	19			
10	Depletion	10	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).		<b>22</b> 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		23 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 the	e result here and in Part V, line 2			

Par	Self-Employment Tax—If you had church employee income, see page SS-3 before	e you i	pegin.	
Nai	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 separate Part V.	must e	ach complete a	ı
Α	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you file had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Pa			
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	(	)
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 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		
3 4a	Combine lines 1a, 1b, and 2	4a		
	If you elect one or both of the optional methods, enter the total of lines 2 and 4 of Part VI here Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue	4b 4c		
	Enter your <b>church employee income</b> 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	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 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 8a			
b	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 12	Multiply line 6 by 2.9% (.029)	11		
Par				
	e. 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.		ire net earnings,	, you
	Farm Optional Method	T		
1	Maximum income for optional methods	1	4,200	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		