2024 Individual Taxpayer Organizer Sole Proprietorship

(See next page for Organizer)

John J. Fitzpatrick, CPA Brian R. Masessa, CPA P.O. Box 89 Pitman NJ 08071



856-256-0330

Fax: 856-589-2192

www.premieraccountingpc.com

2024 Individual Taxpayer Organizer

Taxpayer						Tax ID # *				
First Name	M.I.	Last	Name	Ema	nil			IP PIN		
Occupation		Date	of birth			Are you ne	w to or	ır firm?	Yes	No
Address		City				State		Zip		
County		Cellpl	hone			Secondary	phone	1		
Driver's License No.				State	e Issue	Date	Ех	cp. Date		
Spouse						Tax ID#*				
First Name	M.I.	Last	Name	Ema	nil	'		IP PIN		
Occupation		Date	of birth			Are you ne	w to ou	ır firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Cellpl	hone			Secondary	phone	•		
Driver's License No.				State	e Issue	Date	Eχ	cp. Date		
If you moved during 2024, enter your	previous address	s.				Date of mo	Date of move			
Marital status on 12/31/24: Single Were you divorced or separated durin <i>Note:</i> Individuals in registered domes	ng the year? Ye		О	We	ere there any	gistered Domes deaths in the fa red married for f	mily?	Yes N	Ю	
Names of dependent children Child's full name	Tax ID #		IP PIN		Date of birt	Months lived	l in	Relationship	(College tudent?
Did any of the children have unearned income of \$1,300 or more? Yes No Do any of the children have a disability? Yes No Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2024? Yes No										
Other dependents or people who liv	ed with you									
Name	Tax ID # *		IP PIN	D	Pate of birth	Months lived in home in 2024	Rela	tionship	In	come
Bank information: Use for Direct d	eposit of refund	Dire	ct debit of balar	nce di	ue Name of	bank				
Checking Savings Routing transit number Accord				Account nu	Account number					
Ask your tax preparer for information	n about depositing	g a refu	ınd into an IRA	acco	unt or splitti	ng the deposit is	nto moi	re than one	e acco	ount.
*A Tax ID # is a Social Security Number (SS	N), adoption taxpay	ver iden	tification number	r (ATI	N), or an indiv	idual taxpaver ide	entificat	ion number	(ITIN	J).

Questions—All Taxpayers

"You" refers to both taxpayer and spouse—ask your preparer if you are unsure about a question.

"Yo1			1 / 1	ise—ask your preparer if yo	u are unsure	about a question.						
-	Yes	No		ur spouse legally blind?								
L	Yes	No		ny notice from the IRS or sta			T					
	Yes	No	Paid Received \$									
	Yes	No	Did you purchase he	ealth insurance through a pul	olic exchang	e/marketplace? (Provid	le Form 1095-A.)					
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?									
	Yes	No	Did you pay anyone	Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home?								
L	Yes	No	Did you purchase an	Did you purchase an energy-efficient, hybrid, or electric vehicle?								
	Yes	No	Are you involved in	bankruptcy, foreclosure, repo	ossession, or	had any debt (includin	g credit cards) cancell	led?				
	Yes	No	Are you a member o	f the military?		Are you a Veteran?	Yes No					
	Yes	No	Were you a citizen of	f or did you live in a foreign	country?	Foreign country						
	Yes	No	Do you own or have	financial interest in a foreign	n bank or fin	ancial account? Maxim	um value in 2024 \$					
	Yes	No	Would you like to all Designee's name	low your tax preparer or ano Ph	ther person one number	to discuss your return v	vith the IRS? PIN (any five digits)				
	Yes	No	Were any children bo	orn or adopted in 2024? (Prov	ride statement	for other expenses.)						
	Yes	No	Were any children at	tending college? (Provide For	m 1098-T and	d Form 1098-E.)						
			Year in college	Paid by you: Tuition \$		Books \$	Student loan interest	\$				
				Paid by student: Tuition \$		Books \$	Student loan interest	\$				
	Yes	No	Did you pay any tuit	tion for a private school for a	dependent	or take classes yourself						
1 5			Student			· · · · · · · · · · · · · · · · · · ·	Amount paid \$					
			Name and address of so	chool			,					
	Yes	No	,	d or dependent care so you c	ould work o	r go to school? (<i>Provide</i>	statement if applicable)					
			Name of provider	1			EIN or SSN					
			Address				Amount paid \$					
	Yes	No	Did you make any co	ontributions to a 529 plan in 2	2024? If yes,	provide details. We nee		J Best Contr	ibu			
	Yes	No	Did you, or will you,	, contribute any money to an	IRA for 202	4?	Traditional IRA	Roth IR	A			
	Yes	No	Did you roll over any	y amounts from a retirement	account in 2	024?						
2	Yes	No	Did you sell or trans	fer any stock or sell rental or	investment	property?						
	Yes	No	Did you receive any	income from an installment	sale?							
	Yes	No	Did you have any in	vestments become worthless	or were you	a victim of investment	theft in 2024?					
	Yes	No	Were you granted, or	r did you exercise, any emplo	oyee stock o	otions during 2024?						
	Yes	No	,	as a reward, award, or paym	-		sell, exchange, or othe	rwise disp	ose			
				a financial interest in a digita								
	Yes	No	Did you, or do you p	plan to, contribute money by	April 15, 202	25 to an HSA for 2024? I	f yes, provide details.					
	Yes	No	Did you pay any inte	erest on a loan for a boat or R	V that has li	ving quarters? If yes, pr	ovide details.					
	Yes	No	Did you pay sales ta	xes on a major purchase in 20	024, such as	a vehicle, boat, or home	?					
•	Yes	No	Did you make any ch	haritable contributions in 202	24? If yes, pro	ovide details.						
3	Yes	No	Did you work from a	a home office or use your car	for your bus	siness?						
-	Yes	No	Did you receive inco	me from a sharing/gig econo	omy activity	(e.g. Airbnb, Uber, etc.))?					
	Yes	No	Do you own a busine	ess or an interest in a partner	ship, corpor	ation, LLC, farming act	ivities, or other ventu	re?				
	Yes	No	Did you purchase or	sell a main home during the	year? If yes,	provide closing stateme	ent.					
	Yes	No	If you sold a home, d	lid you claim the First-Time F	Homebuyer (Credit when it was purc	hased? If yes, provide	details.				
	Yes	No	,	mortgage or take a home equ								
	Yes	No		rtgage loan proceeds for pur	· · · · · · · · · · · · · · · · · · ·			our home?				
	Yes	No	,	ew energy-efficient improve								
tat	e infor				Nonresiden				_			
			e during 2024 and date		1 VOIII COIUCI	Do you rent or ow	n your home? Rent	Own	_			
tat!	23 01 163	MEH	e during 2024 and da									
						Total rent paid \$	Includes heat	? Yes	N			

Income Worksheet

1)

2)

3)

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.						
Indicate "T" for taxpayer, "S" for spouse, "J" for joint	Provide additional statements if more room is needed					

Forms V	N-2—Wage and Tax Statement		
T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)
Forms 1	.099-INT—Interest Income		
T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)
Forms 1	099-DIV—Dividends and Distributions	·	
T/S/J	Name of issuer	T/S/J	Name of issuer

Forms 1099-R—Distributions From Pensions, Annuities,	, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.
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1 011113 1	Tolins 1055-K—Distributions from Lensions, Annualities, Retirement of Projet-sharing Luins, 1821s, Insurance Contracts, Etc.							
T/S	Name of issuer	T/S	Name of issuer					
	1)		4)					
	2)		5)					
	3)		6)					

4)

5)

6)

If the distribution is before age 591/2, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds—include statement)									
Payer	\$		Payer			\$			
Other Income									
State tax refund				Unreported tips	\$				
Unemployment compensation				Other	\$				
Social Security (taxpayer) — provide SSA-1099 or RRB-1099					\$				
Social Security (spouse)—provide SSA-1099 or RRB-1099					\$				
Gambling income—provide Form W-2G					\$				
Business income (see Sole Proprietorship Tax Organizer)				Stock sales	See "Sales and Exchanges Worksheet" below.				
Rental income (see Rental Property Tax Organizer)				Sale of other property					

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$14,600 Single, \$29,200 MFJ/QSS, \$21,900 HOH, or \$14,600 MFS to be a tax benefit.

		17.5% of income to be				\$500 in noncash cha			
, , , , , , , , , , , , , , , , , , ,				contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.					
Dentists	\$	Hospitals	\$	Monetary (cash, ch	eck, credit card)		\$		
Doctors	\$	Insurance	\$	Noncash contribut					
Equipment	\$	Prescriptions	\$	items must be in go			\$		
Eyeglasses	\$	Other	\$	Did you transfer fu		directly to a	4		
Medical miles	:	@ 21¢			No	@ 14 +	\$		
		paid for full or partia		Charitable mileage Casualty and The		@ 14¢			
rental-use pro	perty, including bu	siness use of the hom				cted damage or loss	of proporty or		
State withhold			Reported on W-2	a theft in a federall	v-declared disas	ter area, provide deta	ails to your tax		
	d taxes—paid in 20)24	\$		No	, 1			
Real estate tax	residence		\$	1	Miscellaneous Itemized Deductions. Miscellaneous item				
Real estate tax	—other		\$	deductions subject to the 2% AGI limitation are not deductible on the federal return. However, these expenses may be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No					
Personal prop	erty taxes		\$						
Property tax re	efund—received ir	1 2024	\$()						
Foreign tax pa	iid		\$	by your employer?					
Other			\$	Dues	\$	Subscriptions	\$		
Other			\$	Investment	\$	Supplies	\$		
Other			\$	expenses	.	T. (4		
	n 2024 from prior y			Job education	\$	Tax prep fees	\$		
(do not includ	e interest or penalt	ies)	\$	Job seeking	\$	Tools	\$		
		x paid during 2024?	Yes No	Legal fees	\$	Uniforms	\$		
Sales tax paid S		eat, or home in 2024? Part Date	Yes No	Licenses	\$	Union dues	\$		
		,		Safety equipment	\$	Other	\$		
Interest Paid. Do not include interest paid for full or partia use or rental-use property, including business use of the hor all Forms 1098 or lender information and ID numbers.				Other Deduction AGI limitation.	s. The following	deductions are not s	ubject to the 2%		
Main home	\$	Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$		
Second home	\$	Equity loan	\$	Impairment-	\$	Other	\$		
Points	\$	Investment interest	\$	related expenses	1				
Other D	eductions	or Question	S		•	•	•		

Other Deductions or Questions

Notes

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each. \$ *Health savings account (HSA).* Contributions for 2024 may be made through April 15, 2025. (Only include contributions you made out-of-pocket). \$ Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2024 may be made through April 15, 2025. Self-employed health insurance. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. Penalty on early withdrawal of savings. IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2024 may be made through April 15, 2025. \$ Student loan interest. Paid for taxpayers and dependents. Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer Other adjustments. Include description.

Estimated Tax Payments — Tax Year 2024									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2023 overpayment		\$		\$					
Total		\$		\$					

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. List or total for charitable contributions made in 2024.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

Sole Proprie	etor General Informati	ion						
Name of sole	proprietor							
Business name (if different) EIN (if applicable)								
Business address (if different from home address)								
Principal bus	siness activity			Date business started		Date business closed	d	
	duct or service					1		
Yes No		pose of the busi	ness activity	to realize a profit?				
Yes No				ular, continuous, and substantia	al basis) in	the operation of this b	ousiness?	
Yes No	Has the business repo	orted any losses	in prior yea	rs?		1		
Accounting 1			(specify)					
Yes No		under a calend	ar year? (If i	10, list the fiscal year.)				
Sole Proprie	etor Specific Question		<u> </u>	, , ,				
Yes No	.		business se	rvices?				
Yes No	 	•		subcontractors, attorneys, accou	ıntants, dir	ectors, etc.?		
		•		nd Social Security Number (SSN)			\$600 or more.	
	Name			······································		SSN		
	Name					SSN		
Yes No		vou plan to mal	ke, anv cont	ributions to a self-employed ret				
	Type of plan	<i>y</i> F	, , , , , , , , , , , , , , , , , , , ,	1		Amount contributed	\$	
Yes No	· · · · · · · · · · · · · · · · · · ·	own health/de	ntal insurar	ce? If Yes, provide amount of pren			\$	
Yes No	Did you have any em					g y	1 7	
Yes No	Did you have any bar		ons in 2024?	,				
Yes No	 			PP) loan that was forgiven in 20	24?			
	etor Business Income		8(
		Forme 1099_NF	C or 1099_K	list name of payer and amount sep	aratalu fron	a groce receipte or calee)	\$	
Form 1099		\$	C 01 1033-K,	Form 1099-K	uruieiy jion	\$	Φ	
	orms 1099-NEC and 10			101111 1077-IX		Ψ	\$	
			counts or ro	ductions in selling price)			\$()	
	e (not included in gross r		scourtts of re	ductions in sening price)			\$	
			(instead of	Form W-2) if you are not classi	fied as an	employee If you rece	1 '	
NEC, you are		file Schedule C	, Profit or Lo	ss From Business, claim any exp				
				alers, and businesses that make, b		andal		
			rers, wholes	aiers, and businesses that make, b	uy, or sen y	oous)	d.	
	the beginning of the yea ss costs of items withdra		1				\$	
Cost of labor	ss costs of items withar	awn for persona	ii use					
Materials and	l arrantica						\$	
	1.1						-	
	the end of the year						\$	
	etor Business Expens	ı			T.		T _	
Advertising		\$	Manageme		\$	Wages*	\$	
Bad debts		\$	Meals – bu		\$	Other	\$	
Bank charges		\$	Office supp		\$		\$	
Business licer		\$		sts (first year of business)	\$		\$	
Commissions		\$		d profit-sharing plans	\$		\$	
Contract labo		\$		se – car, machinery, equipment	\$		\$	
Employee benefit programs \$ Rent or lease – other business property \$							\$	
Employee health care plans \$ Repairs and maintenance \$							\$	
Entertainment (not deductible) \$ Supplies (not included in inventory cost) \$							\$	
Gifts \$ Taxes – payroll* \$							\$	
Insurance (other than health insurance) \$ Taxes – property \$								
Interest – mortgage \$ Taxes – sales \$								
Interest – othe		\$	Taxes – sta	te	\$		\$	
Internet servi		\$	Telephone		\$		\$	
	ofessional services	\$	Utilities		\$		\$	
* Provide co	oies of Form W-3, Form	940, Form 941,	Form 1096,	Form 1099-NEC, Form 1099-MI	ISC, and ar	ny state tax forms filed	l.	

Other Busine	ess Expenses – <i>L</i>	ist out type and expens	e amount						
	-	-	\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Car Expense	s (use a separate fo	orm for each vehicle)							
Make/Model	l				Date car	placed in service	:		
Yes No	Car available for	personal use during	off-duty hours?						
Yes No	Do you (or your	spouse) have any oth	er cars for persona	nal use? Did you trade in your car this year? Yes			No)	
Yes No	Do you have evi	dence?			Cost of	trade-in	Trade-in value		
Yes No	Is your evidence	written?			\$		\$		
		Mileage				A	ctual Expenses		
Beginning of	year odometer				Gas/oil		\$		
End of year o					Insuran	ce	\$		
Business mile						fees/tolls	\$		
Commuting				Registration/fees \$			\$		
Other mileag				Repairs \$			\$		
purposes. Ho	owever, to use the	ne standard mileage r standard mileage rat standard mileage rat	e, it must be used	in the f	irst year t				
Travel Exper									
home on bu	isiness. You can us eal allowance per	st of meals while trave se the actual cost of yo diem, which can vary	our meals or the	per Inc	nses of tra	aveling away from penses are transpo	luct the ordinary and your home for bortation, airfare, tax	usin i, lo	ess purposes.
	1		, , ,		and the second s				, , ,
Travel expens	ses			•					
Airfare			\$	Other travel expenses (describe below)					
Bus, train, tax	сi		\$						
Entertainmer	nt (not deductible)		\$					\$	
Lodging			\$					\$	
Parking and	Parking and tolls							\$	
Meals (actual receipts)			\$					\$	
Equipment P	urchases – <i>Enter</i>	the following informati	on for depreciable a	ssets pu	ırchased ti	hat have a useful lit	e greater than one ye	ar	
Asset					nurchased	Cost	Date placed in ser		New or used?
				<u> </u>		\$,		
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			

Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be used regularly and exclusively for business except for storage of inventory or daycare.

Note: Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Daycare Only			
A) Business use area (square footage)		1) Hours used for daycare		
B) Total area of home (square footage)		2) Total hours in year	8,784 hrs.	

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2024, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect	
Mortgage interest	\$	\$	Repairs and maintenance \$		\$	
Property taxes	\$	\$	Utilities	\$	\$	
Insurance	\$	\$	Other	\$	\$	
Rent	\$	\$	Other	\$	\$	
Depreciation of the Home						
Lower of cost or fair market value of home		\$	Improvements?	Improvements? Yes No		
Value of land		\$	Casualty losses in 2024?	Yes No		

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a daycare facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
 or more, or you had church employee income of \$108.28 or more. The SE
 tax rules apply no matter how old you are and even if you are already
 receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$168,600 (2024) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.