

From:

To:

SHERMAN, KELLY & ASSOCIATES, P.C.
P.O. BOX 1455
SOUTH DENNIS, MA 02660

||..|||||...||..||..||..||

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Preparer use only**2025 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
Employer identification number _____ [3]
Business name _____ [5]
Principal business/profession _____ [6]
Business code _____ [12]
Business address, if different from home address on Organizer Form ID: 1040
Address _____ [15]
City/State/Zip _____ [16] _____ [17] _____ [18]
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]
If other: _____ [21]
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]
If other enter explanation: _____ [24]

Enter an explanation if there was a change in determining your inventory: _____ [25]

Did you "materially participate" in this business? (Y, N) _____ [26]
If not, number of hours you did significantly participate _____ [28]
Mark if you began or acquired this business in 2025 _____ [30]
Did you make any payments in 2025 that require you to file Form(s) 1099? (Y, N) _____ [31]
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]
Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]
Medical insurance premiums paid by this activity + _____ [41]
Long-term care premiums paid by this activity + _____ [45]
Amount of wages received as a statutory employee + _____ [48]

Business Income**2025 Information****Prior Year Information**

Gross receipts and sales

Returns and allowances + _____ [56]
Other income:

_____ + _____ [58]

_____ + _____

Cost of Goods Sold**2025 Information****Prior Year Information**

Beginning inventory + _____ [60]
Purchases + _____ [62]
Labor:

Materials + _____ [66]
Other costs:

Ending inventory + _____ [70]

Control Totals +**Form ID: C-1**

Form ID: C-2