## SCHEDULE SE (Form 1040)

## **Social Security Self-Employment Tax**

➤ See Instructions for Schedule SE (Form 1040). Attach to Form 1040.

| OMB No. 1545-0074 |
|-------------------|
| 40 <b>00</b>      |
|                   |
| Attachment        |

Department of the Treasury Internal Revenue Service

| ame of person with self-employment income (as shown on social security card) | Social security number of person with <b>self-employment</b> income ▶ | <br> |  |
|--|---|------|--|
|  |   |      |  |

## Who Must File Schedule SE

You must file Schedule SE if:

- Your net earnings from self-employment were \$400 or more (or you had wages of \$100 or more from an electing church or church organization); AND
- You did not have wages (subject to social security or railroad retirement tax) of \$45,000 or more.

For more information about Schedule SE, see the Instructions.

Note: Most taxpayers can now use the new short Schedule SE on this page. But, you may have to use the longer Schedule SE that is on the back.

## Who MUST Use the Long Schedule SE (Section B)

You must use Section B if ANY of the following applies:

- You choose the "optional method" to figure your self-employment tax. See Section B, Part II;
- You are a minister, member of a religious order, or Christian Science practitioner and received IRS approval (from Form **4361**) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings;
- You are an employee of a church or church organization that chose by law not to pay employer social security taxes;
- You have tip income that is subject to social security tax, but you did not report those tips to your employer; OR
- You are a government employee with wages subject ONLY to the 1.45% medicare part of the social security tax.

| Sec | ction A—Short Schedule SE   |    | •        |              |
|-----|---|----|----------|--------------|
|     | (Read above to see if you must use the long Schedule SE on the back (Section B).)   |    |          |              |
| 1   | Net farm profit or (loss) from Schedule F (Form 1040), line 39, and farm partnerships, Schedule K-1 (Form 1065), line 14a   | 1  |          |              |
| 2   | Net profit or (loss) from Schedule C (Form 1040), line 31, and Schedule K-1 (Form 1065), line 14a (other than farming). See the Instructions for other income to report | 2  |          |              |
| 3   | Add lines 1 and 2. Enter the total. If the total is less than \$400, <b>do not</b> file this schedule   | 3_ |          |              |
| 4   | The largest amount of combined wages and self-employment earnings subject to social security or railroad retirement tax (tier 1) for 1988 is                            |    | \$45,000 | 00           |
| 5   | Total social security wages and tips from Forms W-2 and railroad retirement compensation (tier 1)   | 5  |          |              |
| 6   | Subtract line 5 from line 4. Enter the result. (If the result is zero or less, <b>do not</b> file this schedule.)   | 6  |          |              |
| 7   | Enter the <b>smaller</b> of line 3 or line 6  | 7  |          |              |
|     | If line 7 is \$45,000, enter \$5,859 on line 8. Otherwise, multiply line 7 by .1302 and enter the result on line 8  |    | ×.1302   | <del>,</del> |
| _8_ | Self-employment tax. Enter this amount on Form 1040, line 48  | 8  |          |              |

| Sched | dule SE (Fo  | rm 1040) 1988  |  | Attachment S  | Sequence No. <b>1</b>             | 8   |  |                                    | Page 2            |
|-------|--|--|--|---|-----------------------------------|---|--|------------------------------------|-------------------|
| Nam   | e of perso   | n with <b>self-employmen</b>   | t income (as shown on socia  | security card)  |                                   | rity number of persor<br>mployment income ▶ |  | 1 1                                | _                 |
| Sec   | tion B-  | -Long Schedule S   |  |   |                                   | alata (O a atta a ANN                       |  |                                    |                   |
|       | If your o  |  | g, see if you can use the sh   |   |                                   |   | ulakia a C                             | National and A101                  |                   |
| A     | AND vo   | u filed <b>Form 4361.</b> th   | income was from earning<br>ien DO NOT file Schedule<br>IOO or more of other earni                      | SE. Instead, write  | "Exempt-Fo                        | orm 4361" on Form                           | 1040.                                  | line 48. Howeve                    | er. if vou        |
| В     | exempt   | only earnings subject<br>from employer social<br>and go on to line 5a.         | t to self-employment tax<br>security taxes and you are   | are wages from<br>e not a minister or                           | an electing<br>a member o         | church or church-<br>f a religious order,   | controllo<br>skip line                 | ed organization<br>s 1–3b. Enter z | that is<br>ero on |
| Par   |  |  | ity Self-Employment  | ax  |                                   |   |  |                                    |                   |
|       |  |  |  |   |                                   |   | _                                      | · ·                                |                   |
| 1     | 1 Net farm profit or (loss) from Schedule F (Form 1040), line 39, and farm partnerships, Schedule K-1 (Form 1065), line 14a  |  |  |   |                                   |   | 1. <b>1</b>                            |                                    |                   |
| 2     | 2 Net profit or (loss) from Schedule C (Form 1040), line 31, and Schedule K-1 (Form 1065), line 14a (other than farming). (See Instructions for other income to report.) Employees of an electing church or church-controlled organization <b>do not</b> enter your Form W-2 wages on line 2. See the Instructions |  |  |   |                                   | r   |  |                                    |                   |
| 3-    | Enterth  | e amount from line 1   | (or, if you elected the far  | m antional matha  | 1 Dort II line                    | e 10)                                       | . 3a                                   |                                    |                   |
|       |  |  | (or, if you elected the no   | •   |                                   | •   | · —                                    |                                    |                   |
|       |  |  | •  | •   | •                                 | •   | `                                      |                                    |                   |
| ·     | If you ar  | re an employee of an   | ne total. If the total is less<br>electing church or churc<br>er zero and complete the                 | h-controlled organ  | nization and                      |   |  |                                    |                   |
| 4     |  | gest amount of comb<br>retirement tax (tier 1)                                 | bined wages and self-em<br>) for 1988 is   | ployment earning  |                                   | o social security o                         | r<br>. <b>4</b>                        | \$45,000                           | 00                |
|       | compens  | sation (tier 1). <b>Note:</b> G<br>he 1.45% medicare t<br>d organizations shou | nd tips from Forms W-2 are Sovernment employees who ax and employees of certaild not include those was | ose wages are subj<br>ain church or chur<br>ges on this line. S | ect  <br>ch-                      |   |  |                                    |                   |
| b     |  |  | cial security tax from Form  |   |                                   |   |  |                                    |                   |
|       |  |  | e total  |   |                                   |   | . <u>5c</u>                            |                                    |                   |
| 6a    | Subtract   | line 5c from line 4. E   | Inter the result. (If the res  | ult is zero or less,  | enter zero.)                      |   | . 6a                                   |                                    |                   |
| b     | <b>b</b> Enter your medicare qualified government wages if you are required to use the worksheet in the Instructions   <b>6b</b>   |  |  |   |                                   | e ///////                                   |  |                                    |                   |
|       | organiza   | tion <u>6c</u>   | ses of \$100 or more   | from an electing  | g church o                        | r church-controlle                          |  |                                    |                   |
|       |  | s 3c and 6c. Enter the   |  |   |                                   |   | . 6d                                   |                                    | -                 |
|       |  | e smaller of line 6a or  |  |   |                                   |   | · //////////////////////////////////// |                                    |                   |
|       | If line 7<br>line 8  | is \$45,000, enter \$5<br>· · · · · · · ·                                      | ,859 on line 8. Otherwise  |   | y .1302 and<br>                   | l enter the result o                        | 1 <b>/////////</b>                     | ×.1302                             | 2                 |
| 8     | Self-emi   | olovment tax. Enter th   | nis amount on Form 1040  | line 48   |                                   |   | . 8                                    |                                    |                   |
|       |  |  | Figure Net Earnings  |   | e Schedule S                      | SF" in the Instruction                      |  | ,                                  |                   |
| _     |  |  | nerally, you may use this  | `   | o concaano (                      | 22 III tilo illoti doti.                    | J110.)                                 |                                    |                   |
|       |  |  | not more than \$2,400; o   | ·   |                                   |   |  |                                    |                   |
|       | _  |  | more than \$2,400 and yo   |   | :s² were <b>less</b>              | than \$1.600: or                            |  |                                    |                   |
|       |  |  | less than \$1,600 and also   |   |                                   |   | me.4                                   |                                    |                   |
| Note  | : If line 2  | above is two-thirds (%   | (s) or more of your gross nor  | farm income4, or it   | fline 2 is \$1,                   | 600 or more, you ma                         | ay <b>not</b> us                       | se the optional m                  | nethod.           |
|       |  |  | and Schedule K-1 (Form 1065)   |   |                                   |   |  |                                    |                   |
| 2From | Schedule   | F (Form 1040), line 39, a  | and Schedule K-1 (Form 1065)   | , line 14a. From S  | chedule C (For                    | m 1040), line 5, and S                      | chedule K                              |                                    |                   |
| 9     | Maximu   | m income for optional  | I methods  |   |                                   |   | . 9                                    | <b>\$1,</b> 600                    |                   |
|       | farm inc   | ome from Schedule F  | you meet test A or B abo<br>(Form 1040), line 12, ar<br>er this amount on line 3a a                    | nd farm partnersh   | aller of: two<br>ips, Schedul<br> | -thirds (¾) of gros<br>e K-1 (Form 1065)    | s<br>,<br>. <b>10</b>                  |                                    |                   |
| 11    | Subtract   | line 10 from line 9. E   | Inter the result   |   |                                   |   | . 11                                   |                                    |                   |
|       | nonfarm<br>than fari   | income from Scheduning); or \$1,600; or,                                       | —If you meet test C abovule C (Form 1040), line 5 if you elected the farm op                           | , and Schedule K-<br>ptional method, th                         | 1 (Form 10)<br>e amount or        | 65), line 14c (othe<br>I line 11. Also ente | r ////////                             |                                    |                   |
|       |  |  | · · ·  |   |                                   |   | 14                                     |                                    |                   |