

## Batten Scenario

Edward has a furniture repair and upholstery business (business code 811420). He has operated the business for 10 years from a warehouse that he rents at 8967 Jasper Avenue, Columbia TN 38401. Edward uses the cash method of accounting. In addition to the 1099-NEC, Edward's business also received additional gross income of \$10,380. Edward had the following business expenses:

Advertising	\$300
Business Insurance	\$647
Interest on a business loan	\$509
Legal Fees	\$475
Warehouse Rent	\$12,000
Repairs to Equipment	\$533
Supplies	\$2085
Business License	\$125
Utilities for Warehouse	\$2450

Edward uses his 2013 white Kia van to pick up and deliver his customers furniture. The van was purchased and placed in service on March 20, 2009 with an original cost of \$23,799. Edward has written records of his mileage and has another vehicle available for personal use. Edward has used the standard mileage rate for this vehicle in prior years. His mileage for the year is as follows:

Total mileage for the year:	9,120
Business miles for the year:	6,020
Commuting miles for the year:	520

Edward also paid \$4,200 during the year for health insurance for himself, Gretchen and Patrick.

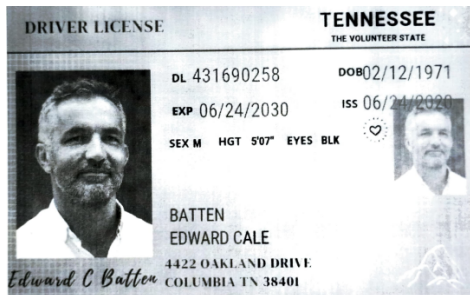
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>HVERMAN INDUSTRIES</b> <b>1304 CASTLE CREEK DRIVE</b> <b>NASHVILLE, TN 37216</b>		OMB No. 1545-0118  Form <b>1099-NEC</b>	<b>Nonemployee Compensation</b>  <b>Copy 1</b> <b>For State Tax Department</b>	
PAYER'S TIN <b>00-0145100</b>	RECIPIENT'S TIN <b>400-00-1451</b>	<b>1</b> Nonemployee compensation <b>\$ 30322.05</b>		
RECIPIENT'S name <b>EDWARD BATTEN</b>		<b>2</b> Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) <b>8967 JASPER AVENUE</b>		<b>3</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBIA, TN 38401</b>		<b>4</b> Federal income tax withheld <b>\$</b>		
Account number (see instructions) <b>\$</b>		<b>5</b> State tax withheld <b>\$</b>	<b>6</b> State/Payer's state no. 	<b>7</b> State income <b>\$</b>

Form **1099-NEC**

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service



Primary Name (as shown on SS Card) Edward Batten		Spouse Name (as shown on SS Card) Gretchen Batten	
Social Security # 400-00-1451	Date of Birth (MM/DD/YYYY) 02/12/1971	Social Security # 403-00-3333	Date of Birth (MM/DD/YYYY) 10-11-1973
Can anyone claim you as a dependent? YES or <b>NO</b> Were you married as of Dec 31st? <b>yes</b> or NO		If married, Live together? <b>Y</b> or N If no when did you separate?(MM/DD/YYYY)	
Occupation: self employed		Occupation: homemaker	
Email Address:		Email Address:	
Address IRS can send notices to: 4422 Oakland Drive		City: Columbia	State: TN Zip: 38401
Phone: Primary 931-381-5434		Phone: Spouse	
<b>Dependents:</b>			
Name	DOB	SS#	SS Card (Y or N)
Patrick Batten	03/10/2014	410-00-7777	
<b>DEPENDENTS</b>			
***Can anyone else claim your dependent(s) listed above? YES or <b>NO</b> ***			
Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR <b>NO</b>			
Do you or you spouse owe the IRS or have Student Loan debt? no		Who owes the debt?	
<p>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return. If you cannot provide all your income or expenses at the this time, you should not file this return. If you file and later find you have additional information you will need to AMEND at a cost of \$100 in additional fees and could possibly owe additional tax to the IRS. Always file any additional information prior to April 15th.</p>			

DIRECT DEPOSIT AUTHORIZATION FORM

**Name of Financial Institution** \_\_\_\_\_  
**Routing #** \_\_\_\_\_  
**Account #** \_\_\_\_\_  
**Type of Account: Checking/ Prepaid Card/ Savings** \_\_\_\_\_

DRIVERS LICENSE INFORMATION

**LICENSE NUMBER** \_\_\_\_\_  
**ISSUE DATE** \_\_\_\_\_  
**EXPIRATION DATE** \_\_\_\_\_  
  
**LICENSE NUMBER** \_\_\_\_\_  
**ISSUE DATE** \_\_\_\_\_  
**EXPIRATION DATE** \_\_\_\_\_

By signing below you certify that all the information is true, correct, and complete:

Edward Batten 

Primary   Date \_\_\_\_\_  
 Spouse  Date \_\_\_\_\_