Understanding Fire Sprinkler Incentives
Through Tax Forms

This is a fictional case study that was presented to a CPA, with the intent being to "file" taxes with the information provided. (We wanted to prove that Section 179 existed and that we could find it.)

The Good News? It's there! Please see the tax forms and note that the cost of the fire sprinklers (\$14,500) is noted and is fully depreciated in year one.

This example was patterned after the Station Nightclub from a standpoint of square footage for the retrofit estimate from a real fire sprinkler contractor. The revenue and other expenses were gathered by using the National Restaurant Association's average for these types of businesses.

It's a straight forward example that is used for educational purposes only. Please consult with your tax professional for direct advice regarding fire sprinkler incentives realized through Section 179.

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separately, see inst	. *						5	14,50
6 (a) D	escription of proper	ty	(b) Cost (busi	ness use only)		(c) Elected cost		
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7 Listed property. En							14,500	
8 Total elected cost of			,				8	14,50
9 Tentative deduction							10	14,50
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2 Section 179 expens							12	14,50
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4 Special depreciation	n allowance f	or qualified propert	v (other than	listed prope	rtv) pl	aced in service		
		ns					14	
5 Property subject to	section 168(f)(	1) election					15	
6 Other depreciation							16	
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(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention		(f) Method	T -	reciation deduction
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See other side for tax form samples.

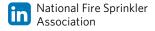












## #fastestwater

Fire is fast. Fire sprinklers are faster.



514 Progress Drive, Suite A Linthicum Heights, MD 21090 (443) 863-4464 • nfsa.org

	1302		Depreciation (Including Info					MB No. 1545-017 D∩1Ω
Departmen	int of the Treasury			ch to your tax			, A	ttachment
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04-		-Depreci														
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			C-Ques													
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30	employees? Do you treat									ors, or			wners		_	-
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41	Do you meet															
_	Note: If you		37, 38, 3	9, 40, or 4	11 is "Y	es," do	n't com	plete S	Section E	for the	cover	ed veh	icles.			
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42											$\perp$					
42									- 1							
	Amortization	-6			00.10	A					_		43			

	EDULE C						om Business			OMB No. 1545-00	)74
(For	m 1040)						torship)			2018	Ł
	ment of the Treasury						ructions and the latest information			Attachment	
	Revenue Service (99)	► Attac	ch to F	orm 1040, 1040NR, c	r 1041	; part	nerships generally must file Form			Sequence No. 09	<u>э</u>
	of proprietor							Soci		rity number (SSN)	
IANE	DOE									000-00-0000	
١.		ss or profession	on, incl	uding product or serv	ice (se	e instr	uctions)	BE	nter co	de from instructions	
	OXXXX							ᆫ	•		_
0	Business name.	If no separate	busin	ess name, leave blank				D E	nployer	ID number (EIN) (see in	nstr.
	Business addres	s (including s	uite or	room no.) ► 801 BR							
	City, town or po	st office, state	e, and 2		WN, G	SU 789	901				
	Accounting met	nod: (1)	✓ Casi	(2) Accrual	(3)		Other (specify) ►				
3	Did you "materia	ally participate	" in the	operation of this bus	iness o	during	2018? If "No," see instructions for li	mit o	n losse	ß . ✓ Yes	] N
1	If you started or	acquired this	busine	ss during 2018, check	k here					. ▶ 🗆	
	Did you make ar	ny payments i	n 2018	that would require yo	u to file	Forn	n(s) 1099? (see instructions)				7
		or will you file	e requi	ed Forms 1099? .						Yes	1
Par	til Income										
1	Gross receipts of	r sales. See in	nstruct	ons for line 1 and che	ck the	box if	f this income was reported to you on				
	Form W-2 and ti	ne "Statutory	employ	ee" box on that form	was ch	necked	±	1		300,000	_
2	Returns and allo	wances						2		0	_
3	Subtract line 2 fr							. 3		300,000	_
4	Cost of goods s							4		169,000	_
5	Gross profit. S	ubtract line 4	from lin	ne 3				5		131,000	_
6	Other income, in	cluding feder	al and	state gasoline or fuel t	ax cre	dit or	refund (see instructions)	. 6		0	_
7	Gross income.	Add lines 5 a	nd 6 .				<u> </u>	. 7		131,000	L
Par	till Expenses	<ul> <li>Enter expe</li> </ul>	enses	for business use of	of you	r hom	ne only on line 30.				
8	Advertising		8			18	Office expense (see instructions)	1	8		
9	Car and truck ex	penses (see				19	Pension and profit-sharing plans .	1	9		
	instructions)		9			20	Rent or lease (see instructions):				ī
10	Commissions ar	nd fees .	10			а	Vehicles, machinery, and equipment	20	la		_
11	Contract labor (see	instructions)	11			b	Other business property	20	b		_
12	Depletion		12			21	Repairs and maintenance	_ 2			_
13	Depreciation and expense dedu	section 179 ction (not				22	Supplies (not included in Part III) .	_ 2	2		_
	included in Pa					23	Taxes and licenses	. 2	3	400	
	instructions)		13	14,500		24	Travel and meals:				
14	Employee benef	fit programs				а	Travel	. 24	a		L
	(other than on lin	ne 19)	14	1,500		b	Deductible meals (see				П
15	Insurance (other	than health)	15	3,000			instructions)	24	b		_
16	Interest (see inst	ructions):				25	Utilities	. 2	5		
а	Mortgage (paid to	banks, etc.)	16a	4,500		26	Wages (less employment credits) .	_ 2	6		_
b	Other		16b			27a	Other expenses (from line 48)	27	'a		
17	Legal and professi	onal services	17			b	Reserved for future use	27	ъ		
28	Total expenses	before expen	ses for	business use of hom	e. Add	lines	8 through 27a	2	В	23,900	
29	Tentative profit of	or (loss). Subti	ract lin	28 from line 7				_ 2	9	107,100	_
30	Expenses for bi	usiness use o	of your	home. Do not report	these	expe	nses elsewhere. Attach Form 8829				
	unless using the										
	Simplified meth	od filers only	: enter	the total square foots	age of:	(a) you	ur home:	.			
	and (b) the part	of your home	used fo	or business:			. Use the Simplified				
	Method Worksh	eet in the inst	ruction	s to figure the amount	to ent	er on l	line 30	. 3	0	0	_
31	Net profit or (lo	ss). Subtract	line 30	from line 29.							
	<ul> <li>If a profit, enter</li> </ul>	on both Sched	dule 1 (l	orm 1040), line 12 (or l	Form 1	040NR	, line 13) and on Schedule SE,				
	line 2. (If you ched	ked the box or	line 1,	see instructions). Estate	s and tr	usts, e	enter on Form 1041, line 3.	3	1	107,100	_
	If a loss, you r	nust go to lir	ne 32.				J				
	10 1	s, check the b	oox tha	t describes your inves	tment	in this	activity (see instructions).				
32	If you have a los						1				
32			he loss	on both Schedule 1	(Form	1040	), line 12 (or Form 1040NR,				
32	If you checke	d 32a, enter t					), line 12 (or Form 1040NR, , see the line 31 instructions).			All investment is at	
32	If you checke	d 32a, enter t Schedule SE	, line 2	. (If you checked the b					ьΠ	All investment is at Some investment is at risk.	

3	Method(s) used to value closing inventory: a ☑ Cost b ☐ Lower of cost or market c ☐ Other (att	ach exp	planation)	
4	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	☐ Yes	<b></b> No
5	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0
6	Purchases less cost of items withdrawn for personal use	36		50,000
7	Cost of labor. Do not include any amounts paid to yourself	37		144,000
В	Materials and supplies	38		0
9	Other costs	39		0
)	Add lines 35 through 39	40		194,000
1	Inventory at end of year	41		25,000
2	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		169,000
art	If Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
3	When did you place your vehicle in service for business purposes? (month, day, year)	/		
•	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your	vehicle :	for:	
ŧ a	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your  Business		for:	
а				No
a	Business b Commuting (see instructions) c d			
a 5	Business b Commuting (see instructions) c C	Other .	. Yes	□ No
5 6 7a b	Business b Commuting (see instructions) c c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?	Other .	. Yes	□ No
a 5 6	Business b Commuting (see instructions) c c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?	Other .		□ No □ No
a 5 7a	Business b Commuting (see instructions) c c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?	Other		□ No □ No
a 5 7a	Business b Commuting (see instructions) e 0  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  V Other Expenses. List below business expenses not included on lines 8–26 or li	Other		□ No □ No
a 5 7a	Business b Commuting (see instructions) e c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  V Other Expenses. List below business expenses not included on lines 8-26 or li	Other		□ No □ No
a 5 7a	Business b Commuting (see instructions) e c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  V Other Expenses. List below business expenses not included on lines 8-26 or li	Other		□ No □ No
a 5 7 a b a 1 i i i	Business b Commuting (see instructions) e c C  Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  V Other Expenses. List below business expenses not included on lines 8-26 or li	Other		□ No □ No
a 5 7 a b a 1 i i i	Business	Other		□ No □ No
a 5 7 a b a 1 i i i	Business	Other		□ No □ No
a 5 7 a b a 1 i i i	Business	Other		□ No □ No
a 5 7 a b a 1 i i i	Business	Other		□ No □ No