



ending \_\_\_\_\_ See separate instructions.

Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Apt. no. \_\_\_\_\_

below. State ZIP code \_\_\_\_\_

ate/country Foreign postal code \_\_\_\_\_

You  Spouse

Head of household (HOH)

(come)  Qualifying surviving spouse (QSS)

your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying

a reward, award, or payment for property or services); or (b) sell, (or a financial interest in a digital asset)? (See instructions.) . . . . .  Yes  No

**Standard Deduction**  Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents (see instructions):**

| If more than four dependents, see instructions and check here. . . . <input type="checkbox"/> | (1) First name |  | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|---|----------------|--|----------------------------|-------------------------|--|-----------------------------|
|   | Last name      |  |                            |                         | Child tax credit                                       | Credit for other dependents |
|   |                |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|   |                |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|   |                |  |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

|     |   |     |         |
|-----|---|-----|---------|
| 1 a | Total amount from Form(s) W-2, box 1 (see instructions) . . . . .   | 1 a |         |
| b   | Household employee wages not reported on Form(s) W-2 . . . . .  | 1 b |         |
| c   | Tip income not reported on line 1a (see instructions) . . . . .   | 1 c |         |
| d   | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .                                     | 1 d |         |
| e   | Taxable dependent care benefits from Form 2441, line 26 . . . . .   | 1 e |         |
| f   | Employer-provided adoption benefits from Form 8839, line 29 . . . . .   | 1 f |         |
| g   | Wages from Form 8919, line 6 . . . . .  | 1 g |         |
| h   | Other earned income (see instructions) . . . . .  | 1 h |         |
| i   | Nontaxable combat pay election (see instructions) . . . . . <input type="checkbox"/> 1 i                              |     |         |
| z   | Add lines 1a through 1h . . . . .   | 1 z |         |
| 2 a | Tax-exempt interest . . . . .   | 2 a |         |
| 2 b | Taxable interest . . . . .  | 2 b | 36.     |
| 3 a | Qualified dividends . . . . .   | 3 a |         |
| 3 b | Ordinary dividends . . . . .  | 3 b |         |
| 4 a | IRA distributions . . . . .   | 4 a |         |
| 4 b | Taxable amount . . . . .  | 4 b | 19,200. |
| 5 a | Pensions and annuities . . . . .  | 5 a |         |
| 5 b | Taxable amount . . . . .  | 5 b |         |
| 6 a | Social security benefits . . . . .  | 6 a | 45,917. |
| 6 b | Taxable amount . . . . .  | 6 b | 214.    |
| c   | If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>    |     |         |
| 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/> | 7   |         |
| 8   | Additional income from Schedule 1, line 10 . . . . .  | 8   | -9,767. |
| 9   | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                                | 9   | 9,683.  |
| 10  | Adjustments to income from Schedule 1, line 26 . . . . .  | 10  |         |
| 11  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                                     | 11  | 9,683.  |
| 12  | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | 12  | 30,700. |
| 13  | Qualified business income deduction from Form 8995 or Form 8995-A . . . . .   | 13  |         |
| 14  | Add lines 12 and 13 . . . . .   | 14  | 30,700. |
| 15  | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .               | 15  | 0.      |

**Standard Deduction for —**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

|                        |           |   |           |    |
|------------------------|-----------|---|-----------|----|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814<br>2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | <b>16</b> | 0. |
|                        | <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b> |    |
|                        | <b>18</b> | Add lines 16 and 17   | <b>18</b> | 0. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b> |    |
|                        | <b>20</b> | Amount from Schedule 3, line 8  | <b>20</b> |    |
|                        | <b>21</b> | Add lines 19 and 20   | <b>21</b> | 0. |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b> | 0. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b> |    |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b> | 0. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 |           | a Form(s) W-2   | <b>25a</b> |        |
|                 |           | b Form(s) 1099  | <b>25b</b> | 2,304. |
|                 |           | c Other forms (see instructions)  | <b>25c</b> |        |
|                 |           | d Add lines 25a through 25c   | <b>25d</b> | 2,304. |
|                 |           | <b>26</b> 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 |           | <b>27</b> Earned income credit (EIC)  | <b>27</b>  |        |
|                 |           | <b>28</b> Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 |           | <b>29</b> American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 |           | <b>30</b> Reserved for future use   | <b>30</b>  |        |
|                 |           | <b>31</b> Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 |           | <b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 |           | <b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 2,304. |

If you have a qualifying child, attach Sch. EIC.

|               |            |   |  |        |
|---------------|------------|---|--|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> .          | <b>34</b>  | 2,304. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>   | 2,304. |
|               |            | b Routing number  | <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
|               |            | d Account number  |  |        |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>  | <b>36</b>  |        |

|                       |           |  |           |  |
|-----------------------|-----------|--|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions. | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)   | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS?  
See instructions.  **Yes. Complete below.**  **No**

Designee's name: **RYAN JANKE** Phone no.: **509-725-3251** Personal identification number (PIN): **99122**

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|  |               |   |   |
|--|---------------|---|---|
| Your signature   | Date          | Your occupation<br><b>DISABLED</b>          | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, both must sign. | Date          | Spouse's occupation<br><b>COMPUTER TECH</b> | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.  | Email address |   |   |

**Paid Preparer Use Only**

|   |   |      |                               |   |
|---|---|------|-------------------------------|---|
| Preparer's name<br><b>RYAN JANKE</b>                | Preparer's signature  | Date | PTIN<br><b>P01468597</b>      | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br><b>LEFFEL OTIS &amp; WARWICK, PS</b> | Firm's address<br><b>513 SIXTH STREET<br/>DAVENPORT, WA 99122</b> |      | Phone no. <b>509-725-3251</b> | Firm's EIN <b>91-1138438</b>                        |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

T

**Part I Additional Income**

|    |   |    |         |
|----|---|----|---------|
| 1  | Taxable refunds, credits, or offsets of state and local income taxes  | 1  |         |
| 2a | Alimony received  | 2a |         |
| b  | Date of original divorce or separation agreement (see instructions):  |    |         |
| 3  | Business income or (loss). Attach Schedule C  | 3  |         |
| 4  | Other gains or (losses). Attach Form 4797   | 4  |         |
| 5  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | 5  | -9,767. |
| 6  | Farm income or (loss). Attach Schedule F  | 6  |         |
| 7  | Unemployment compensation   | 7  |         |
| 8  | Other income:   |    |         |
| a  | Net operating loss  | 8a | ( )     |
| b  | Gambling  | 8b |         |
| c  | Cancellation of debt  | 8c |         |
| d  | Foreign earned income exclusion from Form 2555  | 8d | ( )     |
| e  | Income from Form 8853   | 8e |         |
| f  | Income from Form 8889   | 8f |         |
| g  | Alaska Permanent Fund dividends   | 8g |         |
| h  | Jury duty pay   | 8h |         |
| i  | Prizes and awards   | 8i |         |
| j  | Activity not engaged in for profit income   | 8j |         |
| k  | Stock options   | 8k |         |
| l  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l |         |
| m  | Olympic and Paralympic medals and USOC prize money (see instructions)   | 8m |         |
| n  | Section 951(a) inclusion (see instructions)   | 8n |         |
| o  | Section 951A(a) inclusion (see instructions)  | 8o |         |
| p  | Section 461(l) excess business loss adjustment  | 8p |         |
| q  | Taxable distributions from an ABL account (see instructions)  | 8q |         |
| r  | Scholarship and fellowship grants not reported on Form W-2  | 8r |         |
| s  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d  | 8s | ( )     |
| t  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                   | 8t |         |
| u  | Wages earned while incarcerated   | 8u |         |
| z  | Other income. List type and amount:   | 8z |         |
| 9  | Total other income. Add lines 8a through 8z   | 9  |         |
| 10 | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8         | 10 | -9,767. |

| <b>Part II Adjustments to Income</b> |   |     |
|--------------------------------------|---|-----|
| 11                                   | Educator expenses.....  | 11  |
| 12                                   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....  | 12  |
| 13                                   | Health savings account deduction. Attach Form 8889.....   | 13  |
| 14                                   | Moving expenses for members of the Armed Forces. Attach Form 3903.....  | 14  |
| 15                                   | Deductible part of self-employment tax. Attach Schedule SE.....   | 15  |
| 16                                   | Self-employed SEP, SIMPLE, and qualified plans.....   | 16  |
| 17                                   | Self-employed health insurance deduction.....   | 17  |
| 18                                   | Penalty on early withdrawal of savings.....   | 18  |
| 19a                                  | Alimony paid.....   | 19a |
| b                                    | Recipient's SSN.....  |     |
| c                                    | Date of original divorce or separation agreement (see instructions):.....   |     |
| 20                                   | IRA deduction.....  | 20  |
| 21                                   | Student loan interest deduction.....  | 21  |
| 22                                   | Reserved for future use.....  | 22  |
| 23                                   | Archer MSA deduction.....   | 23  |
| 24                                   | Other adjustments:  |     |
| a                                    | Jury duty pay (see instructions).....   | 24a |
| b                                    | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....                                       | 24b |
| c                                    | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....   | 24c |
| d                                    | Reforestation amortization and expenses.....  | 24d |
| e                                    | Repayment of supplemental unemployment benefits under the Trade Act of 1974.....  | 24e |
| f                                    | Contributions to section 501(c)(18)(D) pension plans.....   | 24f |
| g                                    | Contributions by certain chaplains to section 403(b) plans.....   | 24g |
| h                                    | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....  | 24h |
| i                                    | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations..... | 24i |
| j                                    | Housing deduction from Form 2555.....   | 24j |
| k                                    | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....  | 24k |
| z                                    | Other adjustments. List type and amount:.....   | 24z |
| 25                                   | Total other adjustments. Add lines 24a through 24z.....   | 25  |
| 26                                   | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.....                    | 26  |

0.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

**Alternative Minimum Tax – Individuals**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|    |  |    |          |
|----|--|----|----------|
| 1  | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1  | -21,017. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12  | 2a | 30,700.  |
| b  | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z  | 2b | ( )      |
| c  | Investment interest expense (difference between regular tax and AMT)   | 2c |          |
| d  | Depletion (difference between regular tax and AMT)   | 2d |          |
| e  | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount  | 2e |          |
| f  | Alternative tax net operating loss deduction   | 2f | ( )      |
| g  | Interest from specified private activity bonds exempt from the regular tax   | 2g |          |
| h  | Qualified small business stock, see instructions   | 2h |          |
| i  | Exercise of incentive stock options (excess of AMT income over regular tax income)   | 2i |          |
| j  | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)  | 2j |          |
| k  | Disposition of property (difference between AMT and regular tax gain or loss)  | 2k |          |
| l  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)   | 2l |          |
| m  | Passive activities (difference between AMT and regular tax income or loss)   | 2m | 9,767.   |
| n  | Loss limitations (difference between AMT and regular tax income or loss)   | 2n |          |
| o  | Circulation costs (difference between regular tax and AMT)   | 2o |          |
| p  | Long-term contracts (difference between AMT and regular tax income)  | 2p |          |
| q  | Mining costs (difference between regular tax and AMT)  | 2q |          |
| r  | Research and experimental costs (difference between regular tax and AMT)   | 2r |          |
| s  | Income from certain installment sales before January 1, 1987   | 2s | ( )      |
| t  | Intangible drilling costs preference   | 2t |          |
| 3  | Other adjustments, including income-based related adjustments  | 3  |          |
| 4  | <b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$831,150, see instructions.)  | 4  | 19,450.  |

**Part II Alternative Minimum Tax (AMT)**

|    |   |    |          |
|----|---|----|----------|
| 5  | Exemption.<br><b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b><br>Single or head of household ... \$ 578,150 ... \$ 81,300<br>Married filing jointly or qualifying surviving spouse ... 1,156,300 ... 126,500<br>Married filing separately ... 578,150 ... 63,250<br>If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.   | 5  | 126,500. |
| 6  | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.   | 6  | 0.       |
| 7  | • If you are filing Form 2555, see instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.<br>• <b>All others:</b> If line 6 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result. | 7  | 0.       |
| 8  | Alternative minimum tax foreign tax credit (see instructions)   | 8  |          |
| 9  | Tentative minimum tax. Subtract line 8 from line 7.   | 9  | 0.       |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions.  | 10 | 0.       |
| 11 | <b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1.   | 11 | 0.       |

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income Not Subject to Self-Employment Tax)
Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form4835 for the latest information.

Department of the Treasury
Internal Revenue Service

Attachment Sequence No. 37

Name(s) shown on tax return

Your social security number

Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2023? See instructions. [X] Yes [ ] No

Part I Gross Farm Rental Income - Based on Production. Include amounts converted to cash or the equivalent.

Table with 7 rows for Gross Farm Rental Income. Line 1: 1,219. Line 7: 1,219.

Part II Expenses - Farm Rental Property. Do not include personal or living expenses.

Table with 32 rows for Expenses. Line 31: 10,986. Line 32: 0. Line 34c: -9,767.

**Qualified Business Income Deduction  
Simplified Computation**

**2023**

Attachment  
Sequence No. **55**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|--|------------------------------------|---|
| i   | HAY                                      |                                    | -9,767.                                 |
| ii  |  |                                    |   |
| iii |  |                                    |   |
| iv  |  |                                    |   |
| v   |  |                                    |   |

|    |  |           |    |
|----|--|-----------|----|
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c).....  | -9,767.   |    |
| 3  | Qualified business net (loss) carryforward from the prior year.....  | ( 0.)     |    |
| 4  | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-.....  | 0.        |    |
| 5  | Qualified business income component. Multiply line 4 by 20% (0.20).....  |           | 0. |
| 6  | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).....  | 0.        |    |
| 7  | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.....  | ( 0.)     |    |
| 8  | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.....  | 0.        |    |
| 9  | REIT and PTP component. Multiply line 8 by 20% (0.20).....   |           | 0. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9.....   |           | 0. |
| 11 | Taxable income before qualified business income deduction (see instructions).....  | 0.        |    |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....  | 0.        |    |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0-.....   | 0.        |    |
| 14 | Income limitation. Multiply line 13 by 20% (0.20).....   |           | 0. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)..... |           | 0. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.....  | ( 9,767.) |    |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.....  | ( 0.)     |    |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8995 (2023)



TERRY B. AND DEBORAH M. ANDERSON

STATEMENT 1  
FORM 1040  
IRA DISTRIBUTION SCHEDULE

| <u>SPOUSE - PAYER</u>          | <u>TOTAL RECEIVED</u> | <u>TAXABLE AMOUNT</u> | <u>FEDERAL W/H</u> | <u>STATE W/H</u> |
|--------------------------------|-----------------------|-----------------------|--------------------|------------------|
| CAPITAL BANK AND TRUST COMPANY | 19,200.               | 19,200.               | 2,304.             |                  |
| GRAND TOTAL                    | <u>19,200.</u>        | <u>19,200.</u>        | <u>2,304.</u>      | <u>0.</u>        |