

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning 2023, ending 2020

See separate instructions.

Personal information section including names, social security numbers, and address.

Filing Status section with checkboxes for Single, Married filing jointly, etc.

Digital Assets section with Yes/No options.

Standard Deduction section with checkboxes for dependent status.

Age/Blindness section with checkboxes for age and blindness.

Dependents table with columns for name, social security number, relationship, and credits.

Main income and deduction table with rows 1a through 16 and sub-rows for interest, dividends, etc.

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 6814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,172
	24	Add lines 22 and 23. This is your total tax	24	3,172

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	806
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	806
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	255
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	255
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,061

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

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	2,111
	38	Estimated tax penalty (see instructions)	38	

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

See instructions

Designee's name Susan F Gilstrap Phone no. (541) 426-3345 Personal identification number (PIN) 63345

**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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Satellite Dish Installer	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Self Employed	

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Susan F Gilstrap		3/21/2024	P00803882	
Firm's name	Firm's address		Phone no.	Firm's EIN
Prairie Creek Bookkeeping & Tax Services	PO Box G, Enterprise, OR 97828		(541) 426-3345	92-2170812

**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

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions):		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	22,451
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	-1,251
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	8,099
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Income from Form 8853	<b>8e</b>	
<b>f</b>	Income from Form 8889	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>	
<b>h</b>	Jury duty pay	<b>8h</b>	
<b>i</b>	Prizes and awards	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>	
<b>k</b>	Stock options	<b>8k</b>	
<b>l</b>	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	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>	
<b>p</b>	Section 461(f) excess business loss adjustment	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions)	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated	<b>8u</b>	
<b>z</b>	Other income. List type and amount:	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	0
<b>10</b>	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	<b>10</b>	29,299

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	1,586
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	11,332
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): . . . . .		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	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 . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: . . . . .	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	0
<b>26</b>	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 . . . . .	<b>26</b>	12,918

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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. **02**

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

Your social security number

<b>Part I Tax</b>			
1	Alternative minimum tax. Attach Form 6251 . . . . .	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	3	0

<b>Part II Other Taxes</b>			
4	Self-employment tax. Attach Schedule SE . . . . .	4	3,172
5	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	8	
9	Household employment taxes. Attach Schedule H . . . . .	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	10	
11	Additional Medicare Tax. Attach Form 8959 . . . . .	11	
12	Net investment income tax. Attach Form 8960 . . . . .	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	15	
16	Recapture of low-income housing credit. Attach Form 8611 . . . . .	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

HTA

**Part II Other Taxes (continued)**

<b>17</b> Other additional taxes:			
<b>a</b> Recapture of other credits. List type, form number, and amount:	<b>17a</b>		
<b>b</b> Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>		
<b>c</b> Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>		
<b>d</b> Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>		
<b>e</b> Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>		
<b>f</b> Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>		
<b>g</b> Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>		
<b>h</b> Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>		
<b>i</b> Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>		
<b>j</b> Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>		
<b>k</b> Golden parachute payments . . . . .	<b>17k</b>		
<b>l</b> Tax on accumulation distribution of trusts . . . . .	<b>17l</b>		
<b>m</b> Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>		
<b>n</b> Look-back interest under section 167(g) or 460(b) from Form 8897 or 8866 . . . . .	<b>17n</b>		
<b>o</b> Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>		
<b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>		
<b>q</b> Any interest from Form 8621, line 24 . . . . .	<b>17q</b>		
<b>z</b> Any other taxes. List type and amount: _____	<b>17z</b>		
<b>18</b> Total additional taxes. Add lines 17a through 17z . . . . .	<b>18</b>		<b>0</b>
<b>19</b> Reserved for future use . . . . .	<b>19</b>		
<b>20</b> Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>		
<b>21</b> Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>21</b>		<b>3,172</b>

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

Name of proprietor		Social security number (SSN)
<b>A</b> Principal business or profession, including product or service (see instructions) RV Park	<b>B</b> Enter code from instructions 721210	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) City, town or post office, state, and ZIP code		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
<b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2023, check here.		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	<b>1</b>	68,610
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	68,610
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	68,610
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	68,610

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>	3,088	<b>18</b> Office expense (see instructions)	<b>18</b>	82
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	3,112	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	1,615	<b>21</b> Repairs and maintenance	<b>21</b>	6,126
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	80
<b>15</b> Insurance (other than health)	<b>15</b>	2,300	<b>23</b> Taxes and licenses	<b>23</b>	3,039
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	235	<b>25</b> Utilities	<b>25</b>	15,899
<b>18</b> Total expenses before expenses for business use of home. Add lines 8 through 27b	<b>18</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	10,583
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	<b>30</b>		<b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205)	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you must go to line 32.	<b>31</b>	22,451			
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you must attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	0
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:	
	a Business	b Commuting (see instructions)
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

Fuel for equipment	582
Garbage	2,344
Internet	899
Postage	19
Septic pumping	754
Telephone	2,760
Customer WiFi	960
Gravel & landscaping	2,106
Tools	159
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>48 10,583</b>



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2023**

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

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

Department of the Treasury  
Internal Revenue Service

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person  
with self-employment income

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	<b>1a</b>	
<b>1b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ.	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order.	<b>2</b>	22,451
<b>3</b>	Combine lines 1a, 1b, and 2.	<b>3</b>	22,451
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	20,733
<b>4b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	<b>4b</b>	0
<b>4c</b>	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue.	<b>4c</b>	20,733
<b>5a</b>	Enter your church employee income from Form W-2. See instructions for definition of church employee income.	<b>5a</b>	
<b>5b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-.	<b>5b</b>	0
<b>6</b>	Add lines 4c and 5b.	<b>6</b>	20,733
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023.	<b>7</b>	160,200
<b>8a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11.	<b>8a</b>	
<b>8b</b>	Unreported tips subject to social security tax from Form 4137, line 10.	<b>8b</b>	
<b>8c</b>	Wages subject to social security tax from Form 8919, line 10.	<b>8c</b>	
<b>8d</b>	Add lines 8a, 8b, and 8c.	<b>8d</b>	0
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	<b>9</b>	160,200
<b>10</b>	Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	<b>10</b>	2,571
<b>11</b>	Multiply line 6 by 2.9% (0.029).	<b>11</b>	601
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3.	<b>12</b>	3,172
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15.	<b>13</b>	1,586

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

Schedule SE (Form 1040) 2023

HTA

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Sequence No. **27**

Name(s) shown on return		Identifying number
<b>1a</b>	Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	1a
<b>b</b>	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .	1b
<b>c</b>	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .	1c

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	1985 Park Model SP 16	7/1/1998	1/1/2023	0	2,114	3,365	-1,251
							0
							0
							0

<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .	3	
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	4	
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	5	
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .	6	
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .	7	-1,251

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	8	
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	9	0

**Part II Ordinary Gains and Losses (see instructions)**

<b>10</b>	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):		0
			0
			0
			0

<b>11</b>	Loss, if any, from line 7 . . . . .	11	( 1,251)
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	12	
<b>13</b>	Gain, if any, from line 31 . . . . .	13	
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	14	
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	15	
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	16	
<b>17</b>	Combine lines 10 through 16 . . . . .	17	-1,251

<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .	18a	
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .	18b	-1,251

## Qualified Business Income Deduction Simplified Computation

2023

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

Attach to your tax return.

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

Attachment  
Sequence No. **55**

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	Moonlight RV Park		8,282
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	8,282	
3	Qualified business net (loss) carryforward from the prior year	( 1,791 )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	6,491	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		1,298
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		1,298
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-	( 0 )	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	( 0 )	

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

Form **8867**

(Rev. November 2023)

Department of the Treasury  
Internal Revenue Service

## Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**

Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

OMB No. 1545-0074

For tax year  
20 23

Attachment  
Sequence No. **70**

Taxpayer name(a) shown on return

Taxpayer identification number

Preparer's name

Susan F Gilstrap

Preparer tax identification number

P00803882

### Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC     CTC/ACTC/ODC     AOTC     HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: <u>1099</u>			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2023)

HTA

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of this Form 8867.
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates Sch C: 01 - RV Park	Identifying number
-------------------------	--	--------------------

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
		0
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
		0
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12		13
		0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	1,615
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(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	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,615
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
2001 Ford PU	1/1/2021	100.00%							
2011 Suzuki	1/1/2021	100.00%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L –			
		%				S/L –			
		%				S/L –			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	0	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	0	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	3,767		984									
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	3,767		984									
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X		X									
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X		X									
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X		X									

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions			

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2023 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2023 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>
					0

**Form 4562 Statement - Sch C: 01**

12/31/2023

Item No.	Description of Property	Date Placed in Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con- vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
<b>Depreciation Detail</b>																
<b>MACRS deductions for prior years (Line 17)</b>																
	Showerkhouse	5/1/1996	R-5	100.00%	10,000	0	0	0	0	10,000	39.0	SL/GDS	MM	6,826	256	7,082
	Garages	5/1/1996	R-5	100.00%	14,000	0	0	0	0	14,000	39.0	SL/GDS	MM	9,558	359	9,917
	Stable	5/1/1996	R-5	100.00%	2,560	0	0	0	0	2,500	39.0	SL/GDS	MM	1,707	64	1,771
	Barn 5000'	5/1/1996	R-5	100.00%	20,000	0	0	0	0	20,000	39.0	SL/GDS	MM	13,654	513	14,167
	Well House	5/1/1996	R-5	100.00%	2,000	0	0	0	0	2,000	39.0	SL/GDS	MM	1,365	51	1,416
	1973 Van Dyke	7/1/1998	R-5	100.00%	3,617	0	0	0	0	3,617	39.0	SL/GDS	MM	2,269	93	2,362
	1985 Park Model SP 16	7/1/1998	R-5	100.00%	3,365	0	0	0	0	3,365	39.0	SL/GDS	MM	2,110	4	2,314
	Rental Trail SP 12	7/1/1999	R-5	100.00%	1,167	0	0	0	0	1,167	39.0	SL/GDS	MM	702	30	732
	Trailer 3643 Hwy 211	10/1/2001	R-5	100.00%	6,650	0	0	0	0	6,650	39.0	SL/GDS	MM	3,617	171	3,788
	Trailer SP 11	7/1/2003	R-5	100.00%	2,729	0	0	0	0	2,729	39.0	SL/GDS	MM	1,362	70	1,432
	Storage Bldgling	7/1/2010	R-5	100.00%	3,812	0	0	0	0	3,812	39.0	SL/GDS	MM	1,218	4	1,222
	<b>Total MACRS deductions for prior years (Line 17)</b>				<b>69,840</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,840</b>				<b>44,388</b>	<b>1,615</b>	<b>46,003</b>
	<b>Subtotal Depreciation</b>				<b>69,840</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,840</b>				<b>44,388</b>	<b>1,615</b>	<b>46,003</b>
<b>Listed Property</b>																
<b>Listed property with more than 50% business use (Line 25 and 26)</b>																
	2001 Ford PU	1/1/2021	V-7	100.00%										0	0	0
	2011 Suzuki	1/1/2021	V-5	100.00%										0	0	0
	<b>Total listed prop with &gt; 50% business use</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>
	<b>Subtotal Listed Property</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>
	<b>Total Depreciation and Amortization</b>				<b>69,840</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,840</b>				<b>44,388</b>	<b>1,615</b>	<b>46,003</b>



**Summary of Unadjusted Basis of Qualified Property (4562)**

12/31/2023

**Summary of Qualified Property by Activity**

Activity	Unadjusted Cost or Basis
1 Sch C: 01	70,163

**Detail of Qualified Property**

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	Sch C: 01	1985 Chevy Snow Plow	1/14/2014	5.0	10	1,500	100.00%	1,500
3	Sch C: 01	1951 Advertising Truck	1/1/2014	5.0	10	6,000	100.00%	6,000
4	Sch C: 01	Showerhouse	5/1/1996	39.0	28	10,000	100.00%	10,000
5	Sch C: 01	Garages	5/1/1996	39.0	28	14,000	100.00%	14,000
6	Sch C: 01	Stable	5/1/1996	39.0	28	2,500	100.00%	2,500
7	Sch C: 01	Barn 5000'	5/1/1996	39.0	28	20,000	100.00%	20,000
8	Sch C: 01	Well House	5/1/1996	39.0	28	2,000	100.00%	2,000
9	Sch C: 01	1973 Van Dyke	7/1/1998	39.0	26	3,617	100.00%	3,617
10	Sch C: 01	Rental Trail SP 12	7/1/1999	39.0	25	1,167	100.00%	1,167
11	Sch C: 01	Trailer 3643 Hwy 211	10/1/2001	39.0	23	6,650	100.00%	6,650
12	Sch C: 01	Trailer SP 11	7/1/2003	39.0	21	2,729	100.00%	2,729
13	Sch C: 01	2011 Suzuki	1/1/2021	5.0	3	0	100.00%	0
14	Sch C: 01	2001 Ford PU	1/1/2021	5.0	3	0	100.00%	0

**Assets by Classification - Sch C-01**

12/31/2023

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.	
<b>5-yr Computers and peripherals (not listed property)</b>																	
	Computer/Scanner/Printer	7/1/1999	F-5	100.00%	1,212	0	0	0	0	1,212	5.0	200DB	HY	1,212	0	1,212	
Total: 5-yr Computers (not listed)															1,212	0	1,212
<b>5-yr Distributive Trades &amp; Services</b>																	
	Utility Trailer	5/1/1996	F-19	100.00%	101	0	0	0	0	101	5.0	200DB	HY	101	0	101	
	Tractor	5/1/1996	F-19	100.00%	3,500	0	0	0	0	3,500	5.0	200DB	HY	3,500	0	3,500	
	**VW Pickup	5/1/1996	F-19	100.00%	700	0	0	0	0	700	5.0	200DB	HY	700	0	700	
	Irrigation Pump	5/1/1996	F-19	100.00%	1,000	0	0	0	0	1,000	5.0	200DB	HY	1,000	0	1,000	
	Signs	5/1/1996	F-19	100.00%	1,296	0	0	0	0	1,296	5.0	200DB	HY	1,296	0	1,296	
	Playground Equipment	5/1/1996	F-19	100.00%	728	0	0	0	0	728	5.0	200DB	HY	728	0	728	
	Picnic Tables	5/1/1996	F-19	100.00%	410	0	0	0	0	410	5.0	200DB	HY	410	0	410	
	Landscaping	5/1/1996	F-19	100.00%	308	0	0	0	0	308	5.0	200DB	HY	308	0	308	
	Lawn Mower Skag	7/1/2000	F-19	100.00%	2,865	0	0	0	0	2,865	5.0	200DB	HY	2,865	0	2,865	
	**Jeep	7/1/2000	F-19	100.00%	800	0	0	0	0	800	5.0	200DB	HY	800	0	800	
	**1958 International 4x4	4/1/2001	F-19	100.00%	800	0	0	0	0	800	5.0	200DB	HY	800	0	800	
	Troy Build Sickle Mower	8/1/2001	F-19	100.00%	1,100	0	0	0	0	1,100	5.0	200DB	HY	1,100	0	1,100	
	Hot Tub	7/1/2011	F-19	100.00%	2,786	0	0	2,786	0	0	5.0	200DB	HY	2,786	0	2,786	
	1951 Advertising Truck	1/1/2014	F-19	100.00%	6,000	0	0	3,000	0	3,000	5.0	200DB	HY	6,000	0	6,000	
	1985 Chevy Snow Plow	1/1/2014	F-19	100.00%	1,500	0	0	750	0	750	5.0	200DB	HY	1,500	0	1,500	
Total: 5-yr Distrib Trades/Service															23,894	0	13,858
<b>Land</b>																	
	Land (42000-38736 DG&Tim)	10/10/1995	N-1	100.00%	3,264	0	0	0	0	3,264	0			0	0	0	
	Land RV Park 12 Acres adj	10/10/1995	N-1	100.00%	12,524	0	0	0	0	12,524	0			0	0	0	
	Survey and Planning Dept	12/31/2009	N-1	100.00%	2,999	0	0	0	0	2,999	0			0	0	0	
Total: Land															18,787	0	18,787
<b>15-yr Land Improvements</b>																	
	RV Park Improvements	5/1/1996	R-2	100.00%	90,500	0	0	0	0	90,500	15.0	150DB	HY	90,500	0	90,500	
	Pedestal Electrical Update	5/1/1996	R-2	100.00%	4,463	0	0	0	0	4,463	15.0	150DB	HY	4,463	0	4,463	
	Well	5/1/1996	R-2	100.00%	4,068	0	0	0	0	4,068	15.0	150DB	HY	4,068	0	4,068	
Total: 15-yr Land improvements															99,031	0	99,031
<b>39-yr Nonresidential and commercial real estate</b>																	
	Showhouse	5/1/1996	R-5	100.00%	10,000	0	0	0	0	10,000	39.0	SLUGDS	MM	6,826	256	7,082	
	Garages	5/1/1996	R-5	100.00%	14,300	0	0	0	0	14,300	39.0	SLUGDS	MM	9,558	359	9,917	
	Stable	5/1/1996	R-5	100.00%	2,500	0	0	0	0	2,500	39.0	SLUGDS	MM	1,707	64	1,771	
	Barn 5000'	5/1/1996	R-5	100.00%	20,000	0	0	0	0	20,000	39.0	SLUGDS	MM	13,854	513	14,167	
	Well House	5/1/1996	R-5	100.00%	2,600	0	0	0	0	2,600	39.0	SLUGDS	MM	1,365	51	1,416	
	1973 Van Dyke	7/1/1998	R-5	100.00%	3,617	0	0	0	0	3,617	39.0	SLUGDS	MM	2,269	93	2,362	
	**1985 Park Model SP 16	7/1/1998	R-5	100.00%	3,365	0	0	0	0	3,365	39.0	SLUGDS	MM	2,110	4	2,114	
	Rental Trail SP #2	7/1/1989	R-5	100.00%	1,167	0	0	0	0	1,167	39.0	SLUGDS	MM	702	30	732	
	Trailer 36x3 Hwy 211	10/1/2001	R-5	100.00%	6,650	0	0	0	0	6,650	39.0	SLUGDS	MM	3,617	171	3,788	
	Trailer SP 11	7/1/2003	R-5	100.00%	2,729	0	0	0	0	2,729	39.0	SLUGDS	MM	1,362	70	1,432	
	**Storage Building	7/1/2019	R-5	100.00%	3,812	0	0	0	0	3,812	39.0	SLUGDS	MM	1,218	4	1,222	
Total: 39-yr Nonresidential real estate															69,840	0	69,840
Total: 5-yr Computers (not listed)															1,212	0	1,212
Total: 5-yr Distrib Trades/Service															23,894	0	13,858
Total: Land															18,787	0	18,787
Total: 15-yr Land improvements															99,031	0	99,031
Total: 39-yr Nonresidential and commercial real estate															69,840	0	69,840
Total: 5-yr Computers (not listed)															1,212	0	1,212
Total: 5-yr Distrib Trades/Service															23,894	0	13,858
Total: Land															18,787	0	18,787
Total: 15-yr Land improvements															99,031	0	99,031
Total: 39-yr Nonresidential and commercial real estate															69,840	0	69,840

**Assets by Classification - Sch C: 01**

12/31/2023

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.	
<b>5-yr Passenger vehicles (excluding certain trucks and vans)</b>																	
	2011 Suzuki	1/1/2021	V-5	100.00%	0	0	0	0	0	0	5.0	SL	FM	0	0	0	
	Total: 5-yr Pass veh (excl some trkts/vans)				0	0	0	0	0	0				0	0	0	
<b>5-yr Light trucks, vans, and autos built on a truck chassis</b>																	
	2001 Ford PU	1/1/2021	V-7	100.00%	0	0	0	0	0	0	5.0	SL	FM	0	0	0	
	Total: 5-yr Truck, van, auto on trk chassis				0	0	0	0	0	0				0	0	0	
	Sub Totals				212,764	0	0	6,536	0	202,728				168,525	1,615	170,140	
	Less: Disposed Assets				( 9,477)	( 0)	( 0)	( 0)	( 0)	( 9,477)				( 5,628)	( 8)	( 5,636)	
	Ending Totals				203,287	0	0	6,536	0	193,251				162,897	1,607	164,504	

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶ 9326892024073np45tet

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2023** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	16,394
2	Total tax	3,172
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	806
4	Amount you want refunded to you	0
5	Amount you owe	2,111

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize Prairie Creek Bookkeeping & Tax Services to enter or generate my PIN 64071 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ [Signature] Date ▶ 04-01-2024

**Spouse's PIN: check one box only**

I authorize Prairie Creek Bookkeeping & Tax Services to enter or generate my PIN 64072 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ [Signature] Date ▶ 04-01-2024

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 93268964070 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ [Signature] Date ▶ 3/13/2024

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <u>3</u>		Social security number
Spouse's name		Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	66,816.
2	Total tax	2	7,644.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,561.
4	Amount you want refunded to you	4	
5	Amount you owe	5	83.

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-953-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal consent.

Taxpayer's PIN: check one box only

I authorize Colette B Vaughn, CPA, PLLC to enter or generate my PIN 87153 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 04/17/2023

Spouse's PIN: check one box only

I authorize Colette B Vaughn, CPA, PLLC to enter or generate my PIN 97423 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 04/17/2023

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 71585241977

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Colette B Vaughn, CPA, PLLC Date ▶ 04/17/2023

**Part II Adjustments to Income**

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	1,926.
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 B1 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 adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	1,926.

**SCHEDULE 2**  
**(Form 1040)**

**Additional Taxes**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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.

**2022**  
Attachment  
Sequence No. **02**

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

Your social security number

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE	4	3,852.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

**Part II Other Taxes (continued)**

<b>17</b> Other additional taxes:			
<b>a</b> Recapture of other credits. List type, form number, and amount			
	<b>17a</b>		
<b>b</b> Recapture of federal mortgage subsidy, if you sold your home see instructions			
	<b>17b</b>		
<b>c</b> Additional tax on HSA distributions. Attach Form 8889			
	<b>17c</b>		
<b>d</b> Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889			
	<b>17d</b>		
<b>e</b> Additional tax on Archer MSA distributions. Attach Form 8853			
	<b>17e</b>		
<b>f</b> Additional tax on Medicare Advantage MSA distributions. Attach Form 8853			
	<b>17f</b>		
<b>g</b> Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property			
	<b>17g</b>		
<b>h</b> Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A			
	<b>17h</b>		
<b>i</b> Compensation you received from a nonqualified deferred compensation plan described in section 457A			
	<b>17i</b>		
<b>j</b> Section 72(m)(5) excess benefits tax			
	<b>17j</b>		
<b>k</b> Golden parachute payments			
	<b>17k</b>		
<b>l</b> Tax on accumulation distribution of trusts			
	<b>17l</b>		
<b>m</b> Excise tax on insider stock compensation from an expatriated corporation			
	<b>17m</b>		
<b>n</b> Look-back interest under section 167(g) or 460(b) from Form 8607 or 8666			
	<b>17n</b>		
<b>o</b> Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR			
	<b>17o</b>		
<b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund			
	<b>17p</b>		
<b>q</b> Any interest from Form 8621, line 24			
	<b>17q</b>		
<b>z</b> Any other taxes. List type and amount:			
	<b>17z</b>		
<b>18</b> Total additional taxes. Add lines 17a through 17z			<b>18</b>
<b>19</b> Reserved for future use			<b>19</b>
<b>20</b> Section 965 net tax liability installment from Form 965-A	<b>20</b>		
<b>21</b> Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			<b>21</b>
			<b>3,852.</b>



**SCHEDULE 3**  
**(Form 1040)**

**Additional Credits and Payments**

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. 03

Department of the Treasury  
Internal Revenue Service

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.

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

Your social security number

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	96.
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8972	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount:	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	96.

(continued on page 2)

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

Schedule 3 (Form 1040) 2022

**Part II Other Payments and Refundable Credits**

9	Net premium tax credit. Attach Form 9962		9
10	Amount paid with request for extension to file (see instructions)		10
11	Excess social security and tier 1 RRTA tax withheld		11
12	Credit for federal tax on fuels. Attach Form 4136		12
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b	
c	Reserved for future use	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Reserved for future use	13g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z		14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15

**Part III Cost of Goods Sold (see instructions)**

33 Method(s) used to value closing inventory: a  Cost b  Lower of cost or market c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation  Yes  No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

**Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.**

43 When did you place your vehicle in service for business purposes? (month/day/year) \_\_\_\_\_

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:  
 a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours?  Yes  No

46 Do you (or your spouse) have another vehicle available for personal use?  Yes  No

47 a Do you have evidence to support your deduction?  Yes  No  
 b If "Yes," is the evidence written?  Yes  No

**Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.**

Fuel for equipment	887.
Garbage	2,204.
Internet	899.
Postage	107.
Septic pumping	1,496.
Telephone	3,016.
Customer WiFi	960.
Gravel & landscaping	965.
48 Total other expenses. Enter here and on line 27a	10,534.

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

OMB No. 1545-0071

**2022**  
Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) \_\_\_\_\_ Social security number of person with self-employment income \_\_\_\_\_

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	
1b	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	
2	Net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	27,259.
3	Combine lines 1a, 1b, and 2	27,259.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	25,174.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
4c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue	25,174.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	
5b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	
6	Add lines 4c and 5b	25,174.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	147,000
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11	33,342.
8b	Unreported tips subject to social security tax from Form 4137, line 10	
8c	Wages subject to social security tax from Form 8919, line 10	
8d	Add lines 8a, 8b, and 8c	33,342.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	113,658.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	3,122.
11	Multiply line 6 by 2.9% (0.029)	730.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	3,852.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	1,926.

**Part II Optional Methods To Figure Net Earnings (see instructions)**

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> wasn't more than \$9,060, or (b) your net farm profits<sup>2</sup> were less than \$6,540.

14	Maximum income for optional methods	6,040
15	Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$6,040. Also, include this amount on line 4b above	

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>2</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>2</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31, and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7, and Sch. K-1 (Form 1065), box 14, code C.

**Depreciation and Amortization**  
(including information on Listed Property)

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return. **SCHEDULE C-1**

Attachment  
Sequence No. 179

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Moonlight RV Park**

**EXEMPT TO EXPENSE Certain Property Under Section 179.** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	1,788.
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18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(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	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (Business/Investment Use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,788.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** **Listed Property** (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
2011 Suzuki	010121	6.06 %				S/L -		
2001 Ford PU	080122	22.64 %				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle 1		(e) Vehicle 2		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)							1,132		1,132			
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven							17,535		3,868			
33 Total miles driven during the year. Add lines 30 through 32							18,667		5,000			
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization method or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

Your social security number

**Part I Alternative Minimum Taxable Income**

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	35,849.
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	25,900.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line B2	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) <b>Stat 6</b>	2l	33.
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
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	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$778,100, see instructions.)	4	61,782.

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

5	Exemption. IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household ... \$539,900 ... \$75,900 Married filing jointly or qualifying widow(er) ... 1,079,800 ... 118,100 Married filing separately ... 539,900 ... 59,050 If line 4 is over the amount shown above for your filing status, see instructions.	5	118,100.
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. • 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. • All others: If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 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	3,888.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0.

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 5. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13
14	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15
16	Enter the smaller of line 12 or line 15	16
17	Subtract line 16 from line 12	17
18	If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	18
19	Enter: <ul style="list-style-type: none"> <li>• \$83,350 if married filing jointly or qualifying widow(er),</li> <li>• \$41,675 if single or married filing separately, or</li> <li>• \$55,800 if head of household.</li> </ul>	19
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15, if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20
21	Subtract line 20 from line 19. If zero or less, enter -0-	21
22	Enter the smaller of line 12 or line 13	22
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23
24	Subtract line 23 from line 22	24
25	Enter: <ul style="list-style-type: none"> <li>• \$459,750 if single,</li> <li>• \$258,000 if married filing separately,</li> <li>• \$517,200 if married filing jointly or qualifying widow(er), or</li> <li>• \$488,500 if head of household.</li> </ul>	25
26	Enter the amount from line 21	26
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27
28	Add line 25 and line 27	28
29	Subtract line 28 from line 25. If zero or less, enter -0-	29
30	Enter the smaller of line 24 or line 29	30
31	Multiply line 30 by 15% (0.15)	31
32	Add lines 23 and 30 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	32
33	Subtract line 32 from line 22	33
34	Multiply line 33 by 20% (0.20) If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34
35	Add lines 17, 32, and 33	35
36	Subtract line 35 from line 12	36
37	Multiply line 36 by 25% (0.25)	37
38	Add lines 18, 31, 34, and 37	38
39	If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	39
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40



# Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0073

**2022**  
Attachment  
Sequence No. 54

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

Name(s) shown on return

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a student (see instructions).

- Traditional and Roth IRA contributions, and ABLÉ account contributions by the designated beneficiary for 2022. Do not include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- Add lines 1 and 2
- Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter 0
- In each column, enter the smaller of line 5 or \$2,000
- Add the amounts on line 6. If zero, stop; you can't take this credit

	(a) You	(b) Your spouse
1		
2	958.	
3	958.	
4		
5	958.	
6	958.	
7		958.

- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* **66,816.**
- Enter the applicable decimal amount from the table below.

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
...	\$20,500	0.5	0.5	0.5
\$20,500	\$22,000	0.5	0.5	0.2
\$22,000	\$30,750	0.5	0.5	0.1
\$30,750	\$33,000	0.5	0.2	0.1
\$33,000	\$34,000	0.5	0.1	0.1
\$34,000	\$41,000	0.5	0.1	0.0
\$41,000	\$44,000	0.2	0.1	0.0
\$44,000	\$51,000	0.1	0.1	0.0
\$51,000	\$68,000	0.1	0.0	0.0
\$68,000	...	0.0	0.0	0.0

Note: If line 9 is zero, stop; you can't take this credit.

- Multiply line 7 by line 9 **96.**
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the ins. **3,888.**
- Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 **96.**

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

**Qualified Business Income Deduction  
Simplified Computation**

**2022**

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.

Attachment  
Sequence No. **55**

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 \$170,050 (\$340,100 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	Moonlight RV Park		25,333.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	25,333.
3	Qualified business net (loss) carryforward from the prior year	3	( )
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	25,333.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	5,067.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	5,067.
11	Taxable income before qualified business income deduction	11	40,916.
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	40,916.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	8,183.
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	15	5,067.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( )

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

Form **8995** (2022)

**Qualified Business Income After Deductions**

Activity: Moonlight RV Park

1.	Qualified business income before deductions		<u>27,259.</u>
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity	<u>27,259.</u>	
b.	Total income subject to self-employment tax	<u>27,259.</u>	
c.	Line 2a divided by line 2b (not greater than 1.000)	<u>1.000000000</u>	
d.	Amount from Schedule 1 (Form 1040), line 15	<u>1,926.</u>	
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		<u>1,926.</u>
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity		
b.	Net earnings from		
c.	Line 3a divided by line 3b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 16		
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity		
b.	Health insurance limits for activity above		
c.	Lesser of line 4a or line 4b		
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		<u>25,333.</u>

Activity: \_\_\_\_\_

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity		
b.	Total income subject to self-employment tax		
c.	Line 2a divided by line 2b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 15		
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity		
b.	Net earnings from		
c.	Line 3a divided by line 3b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 16		
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity		
b.	Health insurance limits for activity above		
c.	Lesser of line 4a or line 4b		
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment	
	Moonlight RV Park									
13	Showerhouse	050196	SL	40.00	10,000.	6,406.	256.	250.	6.	
14	Garages	050196	SL	40.00	14,000.	8,969.	359.	350.	9.	
15	Stable	050196	SL	40.00	2,500.	1,602.	64.	64.	0.	
16	Barn 5000'	050196	SL	40.00	20,000.	12,813.	513.	500.	13.	
17	Well House	050196	SL	40.00	2,000.	1,281.	51.	51.	0.	
18	1973 Van Dyke	070198	SL	40.00	3,617.	2,121.	93.	90.	3.	
19	1985 Park Model SP 16	070198	SL	40.00	3,365.	1,973.	83.	81.	2.	
20	Rental Trail SP 12	070199	SL	39.00	1,167.	672.	30.	30.	0.	
21	Trailer 3643 Hwy 211	100101	SL	39.00	6,650.	3,446.	171.	171.	0.	
22	Trailer SP 11	070103	SL	39.00	2,729.	1,292.	70.	70.	0.	
23	Storage Building	070110	SL	39.00	3,812.	1,120.	98.	98.	0.	
	** Subtotal **				69,840.	41,695.	1,788.	1,755.	33.	
	*** Grand Total ***				69,840.	41,695.	1,788.	1,755.	33.	

2022 DEPRECIATION AND AMORTIZATION REPORT

Moonlight RV Park

SCHEDULE C- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D)Utility Trailer	05/01/96	200DB	5.00		HY17	101.				101.	101.		0.	101.
2	Tractor	05/01/96	200DB	5.00		HY17	3,500.				3,500.	3,500.		0.	3,500.
3	(D)VW Pickup	05/01/96	200DB	5.00		HY17	700.				700.	700.		0.	700.
4	Irrigation Pump	05/01/96	200DB	5.00		HY17	1,000.				1,000.	1,000.		0.	1,000.
5	Computer/Scanner/Printer	07/01/99	200DB	5.00		HY17	1,212.				1,212.	1,212.		0.	1,212.
6	Lawn Mower Skaggs	07/01/00	200DB	5.00		HY17	2,865.				2,865.	2,865.		0.	2,865.
7	(D)Jeep	07/01/00	200DB	5.00		HY17	800.				800.	800.		0.	800.
8	Troy Build Sickle Mower	08/01/01	200DB	5.00		HY17	1,100.				1,100.	1,100.		0.	1,100.
9	(D)1958 International 4x4	04/01/01	200DB	5.00		HY17	800.				800.	800.		0.	800.
10	Hot Tub	07/01/11	200DB	5.00		HY17	2,786.			2,786.	0.			0.	0.
11	1983 Chevy Snow Plow	01/14/14	200DB	5.00		HY17	1,500.			750.	750.	750.		0.	750.
12	1951 Advertising Truck	01/01/14	200DB	5.00		HY17	6,000.			3,000.	3,000.	3,000.		0.	3,000.
13	Showerhouse	05/01/96	SL	39.00		MM17	10,000.				10,000.	6,570.		256.	6,826.
14	Garages	05/01/96	SL	39.00		MM17	14,000.				14,000.	9,199.		359.	9,558.
15	Stable	05/01/96	SL	39.00		MM17	2,500.				2,500.	1,643.		64.	1,707.
16	Barn 5000'	05/01/96	SL	39.00		MM17	20,000.				20,000.	13,141.		513.	13,654.
17	Well House	05/01/96	SL	39.00		MM17	2,000.				2,000.	1,314.		51.	1,365.
18	1973 Van Dyke	07/01/98	SL	39.00		MM17	3,617.				3,617.	2,176.		93.	2,269.

528111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, QO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Moonlight RV Park

SCHEDULE C - I

Asset No	Description	Date Acquired	Method	Life	Cost Basis	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	(D)1985 Park Model SP 16	07/01/98	SL	39.00	MM17		3,365.				3,365.	2,024.		83.	2,107.
20	Rental Trail SP 12	07/01/99	SL	39.00	MM17		1,167.				1,167.	672.		30.	702.
21	Trailer 3643 Hwy 211	10/01/01	SL	39.00	MM17		6,650.				6,650.	3,446.		171.	3,617.
22	Trailer SP 11	07/01/03	SL	39.00	MM17		2,729.				2,729.	1,292.		70.	1,362.
23	Storage Building	07/01/10	SL	39.00	MM17		3,812.				3,812.	1,120.		98.	1,218.
24	Signs	05/01/96	200DB	5.00	HM17		1,296.				1,296.	1,296.		0.	1,296.
25	Playground Equipment	05/01/96	200DB	5.00	HM17		728.				728.	728.		0.	728.
26	Picnic Tables	05/01/96	200DB	5.00	HM17		410.				410.	410.		0.	410.
27	RV Park Improvements	05/01/96	150DB	15.00	HM17		90,500.				90,500.	90,500.		0.	90,500.
28	Landscaping	05/01/96	200DB	5.00	HM17		308.				308.	308.		0.	308.
29	Pedestal Electrical Update	05/01/96	150DB	15.00	HM17		4,463.				4,463.	4,463.		0.	4,463.
30	Wall	05/01/96	150DB	15.00	HM17		4,068.				4,068.	4,068.		0.	4,068.
31	Land (42000 38736 DG&Tim)	10/10/95	L				3,264.				3,264.			0.	0.
32	Land RV Park 12 Acres adJ	10/10/95	L				12,524.				12,524.			0.	0.
33	(D)Survey and Planning Dept	12/31/09	L				2,999.				2,999.			0.	0.
Total Sch C Depreciation							212,764.			6,536.	286,228.	160,198.		1,788.	161,986.

258111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Moonlight RV Park

SCHEDULE C- 1

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	Current Year Activity															
	Beginning balance						212,764.		0.	6,536.	206,228.	160,198.				161,986.
	Acquisitions						0.		0.	0.	0.	0.				0.
	Dispositions/Retired						8,765.		0.	0.	8,765.	4,425.				4,508.
	Ending balance						203,999.		0.	6,536.	197,463.	155,773.				157,478.

028111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

ENTITY NAME: Sch C - Moonlight RV Park

DESCRIPTION: 2001 Ford PU

VEHICLE 2

MILEAGE INFORMATION

- 1. Date vehicle was placed in service 08/01/22
- 2. Total miles vehicle was driven during 2022 5,000
- 3. Business miles included on line 2 1,132
- 4. Business miles after June 30 included on line 3 1,132
- 5. Percent of business use. Divide line 3 by line 2 22.64 %
- 6. Commuting miles included on line 2
- 7. Other personal miles. Add lines 3 and 6 and subtract the total from line 2

3,868

MILEAGE RATE

- 8. Multiply business miles by 58.5 cents
- 9. Multiply business miles after June 30 by 62.5 cents
- 10. Total standard mileage. Add lines 8 and 9

708.  
708.

ACTUAL EXPENSES

- 11. Gasoline, oil, repairs, vehicle insurance, etc.
- 12. Net lease amount
- 13. Total actual business use auto expenses not including depreciation. Add lines 11 and 12 and multiply by percentage on line 5

                    

DEPRECIATION

- 14. Unadjusted cost or basis less Section 179/special allowance 2,000.
- 15. Basis for depreciation (business use only)  
multiply line 14 by line 5 453.
- 16. Method of figuring depreciation SL
- 17. Depreciation percentage 9.93 %
- 18. Multiply line 15 by percentage on line 17 45.
- 19. Section 179/special allowance
- 20. Multiply line 19 by percentage on line 5
- 21. Add lines 18 and 20 45.
- 22. Limitation amount 11,200.
- 23. Business percent limit. Multiply line 22 by line 5 2,536.
- 24. Total depreciation taken on auto. Enter the smaller of line 21 or line 23 45.

45.

- 25. Total actual business use auto expenses. Add line 13 and line 24

45.

- 26. Actual auto or mileage taken. Enter the greater of line 10 or line 25

708.



**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
C-	Moonlight RV Park						
	* Regular Income	27,259.					
	AMT Depr Adj	33.		33.			
	* AMT Net Income	27,292.		33.			
	** Total Adj & Pref **			33.			

Form 1040	Wages Received and Taxes Withheld				Statement 1	
T S Employer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA Tax	Medicare Tax
T Direct TV	32,376.	6,755.			2,067.	483.
T Alight Solutions BPS AT&T Benefit Center-IMP Inc	8.				0.	
<b>Totals</b>	<b>32,384.</b>	<b>6,755.</b>			<b>2,067.</b>	<b>483.</b>

Form 1040	Federal Income Tax Withheld - Form(s) W-2	Statement 2
-----------	---	-------------

T S Description	Amount
T Direct TV	6,755.
<b>Total to Form 1040, line 25a</b>	<b>6,755.</b>

Form 1040	Federal Income Tax Withheld - Form(s) 1099	Statement 3
-----------	--	-------------

T S Description	Amount
T From Form 1099-G	806.
<b>Total to Form 1040, Line 25b</b>	<b>806.</b>

Schedule C	Car and Truck Expenses	Statement 4
------------	------------------------	-------------

Description	Amount
2011 Suzuki - 566 Business Miles @ \$0.585	331.
2011 Suzuki - 566 Business Miles @ \$0.625	354.
2001 Ford PU - 0 Business Miles @ \$0.585	0.
2001 Ford PU - 1132 Business Miles @ \$0.625	708.
<b>Total to Schedule C, line 9</b>	<b>1,393.</b>

Statement(s) 1, 2, 3, 4

ENTITY NAME: Sch C - Moonlight RV Park

DESCRIPTION: 2011 Suzuki

VEHICLE 1

MILEAGE INFORMATION

1. Date vehicle was placed in service 01/01/21  
 2. Total miles vehicle was driven during 2022 18,667  
 3. Business miles included on line 2 1,132  
 4. Business miles after June 30 included on line 3 566  
 5. Percent of business use. Divide line 3 by line 2 6.06 %  
 6. Commuting miles included on line 2  
 7. Other personal miles. Add lines 3 and 6 and subtract the total from line 2 17,535

MILEAGE RATE

8. Multiply business miles by 58.5 cents 331.  
 9. Multiply business miles after June 30 by 62.5 cents 354.  
 10. Total standard mileage. Add lines 8 and 9 685.

ACTUAL EXPENSES

11. Gasoline, oil, repairs, vehicle insurance, etc.  
 12. Net lease amount  
 13. Total actual business use auto expenses not including depreciation. Add lines 11 and 12 and multiply by percentage on line 5

DEPRECIATION

14. Unadjusted cost or basis less Section 179/special allowance 7,000.  
 15. Basis for depreciation (business use only) multiply line 14 by line 5 424.  
 16. Method of figuring depreciation SL  
 17. Depreciation percentage 20.05 %  
 18. Multiply line 15 by percentage on line 17 85.  
 19. Section 179/special allowance  
 20. Multiply line 19 by percentage on line 5  
 21. Add lines 18 and 20 85.  
 22. Limitation amount 16,400.  
 23. Business percent limit. Multiply line 22 by line 5 994.  
 24. Total depreciation taken on auto. Enter the smaller of line 21 or line 23 85.

25. Total actual business use auto expenses. Add line 13 and line 24 85.

26. Actual auto or mileage taken. Enter the greater of line 10 or line 25 685.

Schedule SE	Non-Farm Income	Statement 5
Description		Amount
RV Park		27,259.
Total to Schedule SE, line 2		27,259.

Form 6251 Depreciation on Assets Placed in Service After 1986 Statement 6

Description	Amount
Showerhouse	6.
Garages	9.
Barn 5000'	13.
1973 Van Dyke	3.
1985 Park Model SP 16	2.
Total to Form 6251, line 21	33.

Form 8880 Credit Limit Worksheet Statement 7

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18.	3,888.
2	Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l.	0.
3	Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop; you cannot take the credit - don't file this form.	3,888.

Statement(s) 5, 6, 7