E 104	40	Department of the Treas U.S. Individu				20	23	ОМВ	No. 1545-	-0074	IRS Use	Only-Do i	not write or	staple in	this space.
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning											See separate instructions.				
Your first na	ame ar	nd middle initial		Last name	3			6	10)[\	7	You	r social s	ecurity	number
If joint return	n, spol	use's first name and mid	dle initial	Last name)		U	V	儿	Ĺ		Spou	ise's soci	al secur	ty number
		umber and street). If you				T			7/0		t. no.		Check h spouse i	ere if you if filing joir	ntly, want \$3
City, town o	r post	office. If you have a fore	eign address	, also comple	ete spaces below	. State			ZIP code	•		ŀ	box belo	w will not	
Foreign cou	intry na	ame	Foreign pr	ovince/state/	county				Foreign _[postal	code		· —	or refund	Spouse
Filing Statu	s [2	K Single			· · · · · · · · · · · · · · · · · · ·			Head	of househ	old (HC	OH)				j opene
Check only	Γ	Married filing jointly	(even if only	one had inco	ome)			11000	or modesciii	014 (114	J,				
one box.	Ī	Married filing separa	itely (MFS)		·			Qualif	ying surviv	vina sp	ouse (QS	SS)			
	- 1			e name of vo	ur enquee If you	chacked t	ᄱᄱ	•	-		,	•			
		f you checked the MFS i qualifying person is a chi		-		i checked ti	ie non c	JI WOO	oox, enter	the Cr	nio s nam	e II lile			
				от формации											
Digital	At	t any time during 202	3, did you: ((a) receive ((as a reward, a	ward, or p	ayment 1	for pro	perty or s	service	s); or (b) sell,			_
Assets	ex	change, or otherwise	dispose of	a digital as	set (or a financ	cial interes	t in a dig	gital as	set)? (Se	e inst	ructions	.)	. Y	es X	No
Standard	<u>s</u>	omeone can claim:	You	as a deper	ndent	Your spor	use as a	depen	ndent						
Deduction	L	Spouse itemizes o	n a separat	e return or	you were a dua	al-status a	lien								
Age/Blindnes	ss Y	ou: X Were born	before Jan	uary 2, 195	9 Are b	lind Sp	ouse:	Wa	as born b	efore	January	2, 1959		s blind	
Dependents	s (see	instructions):			(2) Social :	security	((3) Rela	tionship		(4) Check	the box if	qualifies for	r (see inst	ructions):
f more (1)	First (name	Last name		numb	er		to	you		Child to	ax credit	Credit	for other	dependents
han four															
dependents, —— see instr. ——															
and check															
nere															
Income	1a	Total amount from F	orm(s) W-2	2, box 1 (see	e instructions)							1a			
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									1b				
W-2 here. Also		Tip income not reported on line 1a (see instructions)									1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f					
If you did not get a Form	g	Wages from Form 8										1g			
W-2, see	h	Other earned income										1h			
instructions.	i	Nontaxable combat					1	1i							
	Z	Add lines 1a through	1 1h				· · · · · · · •					1z			
Attach Sch. B	2a	Tax-exempt interest	2a		2,186	b Taxab	le intere	st				2b	-		70
if required.	3a	Qualified dividends	3a			b Ordina						3b			73
	4a	IRA distributions	4a			b Taxab	le amou	-4				4b			
Standard	5a	Pensions and annuities	5a			b Taxab	le amou					5b			
Single or	6a	Soc. sec. ben.	6a		14,123	b Taxab	le amou					6b			0
Married filing	С	If you elect to use th	e lump-sun	n election m											
separately, \$13,850	7								• · • • • · · · • ·			7		_	3,000
 Married filing 	8	, , , , , , , , , , , , , , , , , , , ,								8			4,765		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	· · · · · · · · · · · · · · · · · · ·		7,622		
surviving spouse, \$27,700	10				-							10			0
 Head of 	11	•								11		-6	7,622		
household, I \$20,800	12	Standard deduction		-								12			8,783
 If you checked any box under 	13	Qualified business in										13			<u>- , </u>
Standard	مَّهُ ا	Add lines 12 and 12	.come acul	200011 110111	, 51111 0995 OF 1	JIII 0330	• • • • • • • • • • • • • • • • • • • •					13		1	8 783

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

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

Form 1040 (2023)

15

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 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **01**

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

Your social security number Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 2a 2a b Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C 3 3 Other gains or (losses). Attach Form 4797 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -71,883 5 Farm income or (loss). Attach Schedule F 6 6 Unemployment compensation 7 7 8 Other income: Net operating loss See Stmt 1 8a Gambling 7,118 8h Cancellation of debt C 8c Foreign earned income exclusion from Form 2555 8d Income from Form 8853 Income from Form 8889 8f Alaska Permanent Fund dividends 8g h Jury duty pay 8h Prizes and awards 8i Activity not engaged in for profit income Stock options 8k 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 m Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment g8 Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t Wages earned while incarcerated _____ 8u Other income. List type and amount: Total other income. Add lines 8a through 8z 7,118 9 9 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10

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

1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2023

-64,765

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment Sequence No. 12

Name(s) shown on return	r ennial e	ncial security number			
Did you dispose of any investment(s) in a qualified op If "Yes," attach Form 8949 and see its instructions for			X No loss.		
Part I Short-Term Capital Gains ar	nd Losses — Gener	ally Assets Held O	ne Year or Less	(see in	structions)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pai	t I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			inc 2, coloni (g	,	with column (g)
1b Totals for all transactions reported on Form(s) 8949 with					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
 Short-term gain from Form 6252 and short-term Net short-term gain or (loss) from partnerships, Schedule(s) K-1 				5	-3
6 Short-term capital loss carryover. Enter the amo	ount, if any, from line 8 of	your Capital Loss Carry	/over		
Worksheet in the instructions Net short-term capital gain or (loss). Combin			long-	6 (
Part II Long-Term Capital Gains an			ore Than One Ye	<u> 7 </u> ear (see	-3 instructions)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (g	m L II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	49.44.4				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					
11 Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S	corporations, estates, and	d trusts from Schedule(s)	K-1	12	-43,172
 Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount Worksheet in the instructions 	nt, if any, from line 13 of	your Capital Loss Carryo	over	13	
15 Net long-term capital gain or (loss). Combine li	nes 8a through 14 in colu	ımn (h). Then, go to Part	III	15	-43,172
For Paperwork Reduction Act Notice, see your tax					edule D (Form 1040) 2023

Pa	irt III Summary		
		16	-43,175
16	Combine lines 7 and 15 and enter the result		
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.		
	Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete		
	line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or		
	1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
	and the second s		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the	18	
	amount, if any, from line 7 of that worksheet		
	and the second s		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see	19	
	instructions), enter the amount, if any, from line 18 of that worksheet		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21		
	and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	-		3,000)
	The loss on line 16; or	21 (3,000
	• (\$3,000), or if married filing separately, (\$1,500)		
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 16.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	Land '	■ (1000000000000000000000000000000000000	

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

Your social security number

Cai	ution: The	e IRS compares amounts re	eported on your tax re	eturn witl	h amounts s	hown	on S	Schedule(s) K-1						
	art II	Income or Loss From												
		Note: If you report a loss, re-											ck	
		the box in column (e) on line									for wh	ich any		
_		amount is not at risk, you me												
27	Are you re	porting any loss not allowed in	a prior year due to the	at-risk or	basis limitatio	ns, a	prior y	year unallowed los	ss fror	n a				
		ctivity (if that loss was not report ctions before completing this se				ip ex	pense	es? If you answere	ed "Ye		s X	١		
_	see mstrat	Stions before completing this se	scuoii	(b) Enter P for	(c) C	heck if		 	(e) Che	_		heck if		
28	(a) Name				partnership; S for S corporation	for	eign ership	(d) Employer identification numb	er b	e) Che asis comp is requ	putation	any ar	neck ir nount is at risk	
Α	Kel	ly Enterprises of	Enterprises of WW, LLC			panii	- Islip			_ is redu	ireq	not	atrisk	
В		Rental Real Estat			P P		1		1					
С		Other Loss			P									
D	Sout	thgate Center Mark	et, LLC		P									
		Passive Income and	Loss				No	npassive Incom	e and	Loss				
) Passive loss allowed	(h) Passive income	(1	(i) Nonpassive loss allowed			(j) Section 179 e		1,4,,				
_	(alla	ch Form 8582 if required)	from Schedule K-1		(see Schedule	K-1)		deduction from Fo	rm 456	2	froi	m Schedul	8 K-1	
<u>A</u>							위						7 306	
B C					2.	2,6							7,306	
Ď						0,5	$\overline{}$							
29a	Totals											3	7,306	
b	Totals				11:	3,2	39		10001010000				,,,,,	
30	Add colu	ımns (h) and (k) of line 29a								30		3	7,306	
31	Add colu	ımns (g), (i), and (j) of line 29b								31 (3,239	
32		ertnership and S corporation			s 30 and 31					32		-75	5,933	
	art III	Income or Loss From	Estates and Trus	ts										
33			(a) Name									Employer ation numb		
			Disclain	mer T	ruet		FT	PA			denunc	alion numb	er	
B			DISCIAL	WET I	Lust		EL	/FR						
		Passive Incom	e and Loss					Nonpassive I	ncom	e and I	oss			
	(c) Pass	ive deduction or loss allowed	(d) Passive inc	come			(e) De	duction or loss		(f) Other income from				
	(alta	ch Form 8582 if required)	from Schedule	K-1	from			n Schedule K-1		Schedule K-1				
<u>A</u>		0							0			4	1,050	
<u>B</u>						0000000000			*************					
34a										0.0000000000000000000000000000000000000	0100000000000	4	1,050	
b														
35 36		umns (d) and (f) of line 34a umns (c) and (e) of line 34b								35			1,050 0	
37		ate and trust income or (loss). C	Combine lines 35 and 36						···· }	36 (1,050	
T17 11 11	art IV	Income or Loss From							Resid		older		2,000	
38		(a) Name	(b) Employer identification number	ccess inclusion from	s inclusion from (d) Taxable income (les Q, line 2c (net loss) from					(e) Ind	come from les Q, line :	3ь		
				(5	see instructions)		-	Schedules Q, line 1b						
39	Combine	columns (d) and (e) only. Ent	er the result here and in	clude in t	he total on lin	a 41 h	l			39				
The second	art V	Summary	or the result here and in	Ciude III t	ine total on ini	C 41 L	CIOVV		ال	39				
40		rental income or (loss) from F	orm 4835. Also, comple	ete line 42	2 below					40				
41		come or (loss). Combine lines							····					
	1 (Form	1 (Form 1040), line 5							41		_7:	L,883		
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1													
	(Form 10	065), box 14, code B; Schedule	e K-1 (Form 1120-S), bo	x 17, cod	le	1.								
43		Schedule K-1 (Form 1041), bo lation for real estate profession				42	4							
75	profession	nal (see instructions), enter the net i	ncome or (loss) you											
	reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules													