E4 0 4 0	Dep	rtment of the Treasury - Internal Revenue Service	1	aa aa	l	1			
1040		6. Individual Income Tax Ret	urn	2023	OMB No. 1545-007	4 IRS Use Only-	-Do not w	rite or staple in this	space.
For the year Jan	. 1-Dec	31, 2023, or other tax year beginning		, 2023, ending		, 20	See sep	parate instructi	ons.
Your first name	and m	de initial SO A Last na	me	COM	E ST	ATE	Your so	cial security nur	nber
If joint return, s	pouse's	first name and middle initial Last na	me				Spouse'	s social security	number
Home address	(numbe	rand street). If you have a P.O. box, see instruction	ns.	JMF	20	Apt. no.		ntial Election Ca here if you, or yo	
City, town, or p	ost offi	e. If you have a foreign address, also complete s			INCE	code	to go to box bek	if filing jointly, w this fund, Chec ow will not chan	king a
Foreign country	/ name	LDOC LIDE	oreign pro	ovince/state/count	ty Fon	eign postal code	your tax	or refund.	Spouse
Filing Status	; <u> </u>	Single			Head of house	ehold (HOH)			
Check only		Married filing jointly (even if only one had i	ncome)						
one box.		Married filing separately (MFS)			Qualifying surv				
		ou checked the MFS box, enter the name of	DOD CHANGE TO A	ouse. If you che	ecked the HOH or	QSS box, enter	r the chi	ld's name if the	9
	qu	alifying person is a child but not your depen	dent:						
Digital	At ar	y time during 2023, did you: (a) receive (as	a reward	, award, or payr	nent for property o	or services); or	(b) sell,		
Assets		ange, or otherwise dispose of a digital asse						☐ Yes ☐	No
Standard	Som	eone can claim: You as a dependent	- D	Your spouse as	a dependent				
Deduction		pouse itemizes on a separate return or you	were a c	dual-status alien	1				
Age/Blindness	You	Were born before January 2, 1959	Are bli	nd Spouse	: Was born be	efore January 2	. 1959	☐ Is blind	
Dependents				11000				lies for (see instru	uctions):
and the same		rst name Last name	200000000000000000000000000000000000000	ocial security number	(3) Relationship to you	Child tax or	1	Credit for other de	
If more than four	444		T			П			
dependents,						- H		H	
see instructions	s —							- H	
and check here				1					
Income	1a	Total amount from Form(s) W-2, box 1 (se	e instruct	ions) FARNE	D INCOME.		1a		
whose in the contraction	b	Household employee wages not reported			LINCOLLE		1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see ins					10		
attach Forms	d	Medicaid waiver payments not reported or	n Form(s)	W-2 (see instru	ictions)		1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits from For	m 2441,	line 26			1e		
was withheld.	f	Employer-provided adoption benefits from	Form 88	339, line 29 .			1f		
If you did not	g	Wages from Form 8919, line 6					1g		
get a Form W-2, see	h	Other earned income (see instructions)					1h		
instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i				
	z	Add lines 1a through 1h		,			1z		
Attach Sch. B	2a	Tax-exempt interest 2a	· /	b T	axable interest		2b		
if required.	3a	Qualified dividends 3a		b 0	ordinary dividends		3b		
	4a	IRA distributions 4a		b T	axable amount .		4b		
Standard Deduction for—	5a	Pensions and annuities 5a		b T	axable amount .		5b		
Single or Married filing	6a	Social security benefits 6a			axable amount .		6b		
Married filing separately,	С	If you elect to use the lump-sum election r				, , , , .			
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if				[7		
jointly or Qualifying	8	Additional income from Schedule 1, line 1					8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8.					9		
\$27,700 Head of	10	Adjustments to income from Schedule 1, I					10		
household, \$20,800	11	Subtract line 10 from line 9. This is your ac	5.				11		
If you checked T	12	Standard deduction or itemized deduct					12		
any box under Standard	13	Qualified business income deduction from			5-A		13		
Deduction, see instructions.	14	Add lines 12 and 13					14		
Jan Histigutions.	15	Subtract line 14 from line 11. If zero or less	s enter -	U This is your !	taxable income		15		

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

15

15

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	n(s): 1 881	4 2 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, line	93				[17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for c	ther dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	
	23	Other taxes, including self-er	nployment tax,	from Schedule	2, line 21			23	
	24	Add lines 22 and 23. This is y	our total tax					24	
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						25d	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC) .		Academic of a contract of		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. Th			hanner of the control of the control of the			33	
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want r				Malayana a managana ana	. 🗆 [35a	
Direct deposit?	b	Routing number			c Type:	Checking	Savings		
See instructions.	d	Account number					3.000		
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe					
You Owe	-50	For details on how to pay, go						37	
	38	B Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		569	
Designee	ins	structions				. Yes. C	omplete be	elow. No	
		signee's		Phone			onal identific	ation	
	na		at I'll ann annamha	no.			ber (PIN)	heat of my branch	
Sign		der penalties of perjury, I declare th lief, they are true, correct, and comp							
Here		ur signature	Your occupation			RS sent you an Iden	7		
	.10	ui signature		Date Your occupation				tion PIN, enter it he	
Joint return?								st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign,	Date	Spouse's occupati	on	If the I	RS sent your spouse	e an
your records.							(see in	y Protection PIN, en	ter it here
***************************************		Y26/9C/		Facilities			(300 11)	sc,	
	70.55	one no.	Droporerie eierei	Email address		Data	DTIN	Check if:	
Paid	Pre	eparer's name	Preparer's signal	lufe		Date	PTIN		played
Preparer	_	1 • PROPOSE NA					1	Self-em	ployed
Use Only	Firm's name Phone								
<u></u>	Firm's address Firm's								
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	t information.					Form 10	040 (2023)

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleA for instructions and the latest information. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Attachment Sequence No. 07

Name(s) shown on	Form	n 1040 or 1040-SR			You	rsoc	cial security numbe
Medical and Dental Expenses Taxes You Paid		Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions). Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075). Subtract line 3 from line 1. If line 3 is more than line 1, enter -0 State and local taxes. State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	1 3			4	
	6	State and local real estate taxes (see instructions)	5b 5c 5d 5e	/IN			
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	(((((((((((((((((((Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 8b 8c 8d 8e 9			7	
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 12	Add lines 8e and 9	11 12 13			10	
Casualty and Theft Losses	14	Add lines 11 through 13	ified See	14			
Other Itemized Deductions		Other—from list in instructions. List type and amount:				16	
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, 6 Form 1040 or 1040-SR, line 12	10.	01100 50 50		17	

check this box .

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 08

varieta) ariowii oii ii	btuirt:		Tour	social secui	ity iidiii	Dei
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Am	ount	
Interest See instructions		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
and the Instructions for Form 1040,		TALEDECT				
ine 2b.)		INTERES				
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, ist the firm's		\$ -> BANK -> INCOME	1			
name as the payer and enter the total interest shown on that form.						
om.	2	Add the amounts on line 1	2			_
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	646	Attach Form 8815	3			
	4 Note:	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b If line 4 is over \$1,500, you must complete Part III.	4	Δm	ount	
Part II	5	List name of payer:		All	ount	
	556					
Ordinary Dividends						
See instructions						
and the Instructions for Form 1040,			_			
ine 3b.) Note: If you		COMPANIEC - DIVI	5	ENIF		
received a Form 1099-DIV		7 => COMPANIES => DIVI	וע			
or substitute						
statement from a brokerage firm,		<u> </u>				
ist the firm's name as the				-		
payer and enter						
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d			nd a fo	oreig
Foreign	accou	int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign	trust	Š.		
Accounts					Yes	No
and Trusts Caution: If required, failure to file FinCEN Form	7a	At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locate country? See instructions				
114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	EN F	Form 114		
Additionally, you may be required to file Form 8938, Statement of	b		ies) v	where the		
Specified Foreign Financial Assets. See instructions.	8	During 2023, did you receive a distribution from, or were you the grantor of, or to foreign trust? If "Yes," you may have to file Form 3520. See instructions	ransfe	eror to, a		

SCHEDULE C (Form 1040)

Department of the Treasury

'Click for entry form

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.

OMB No. 1545-0074

Attachment

ternal	al Revenue Service Go to www.irs.gov/Sche	duleC for instructions and the latest information.		Sequence No	o. 09
lame	e of proprietor	ETOPOLITO	Social sec	curity number	(SSN)
	Principal business or profession, including product or s	ervice (see instructions)	R Enter co	de from instruct	tione
	SOLL MACHALI	E46 KOTTI	D Enter co		ions
	Business name. If no separate business name, leave bl	TECTION!	D Employe	r ID number (EIN)) (see instr.
	MI ASSEL PRI				
	Business address (including suite or room no.)	OILUITOII			
	City, town or post office, state, and ZIP code				
	Accounting method: (1) Cash (2) Acco				
22	Did you "materially participate" in the operation of this			s . Li Yes	☐ No
	If you started or acquired this business during 2023, ch			· · 🖂	□No
	Did you make any payments in 2023 that would require	: [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]		Yes	and the same of
Par	If "Yes," did you or will you file required Form(s) 1099?			. , _ Tes	NO
1/09/		about about a constraint and a constraint and a constraint	200		
1	Gross receipts or sales. See instructions for line 1 and Form W-2 and the "Statutory employee" box on that for		1		
2	Returns and allowances	ли настона	. 2		
3	Subtract line 2 from line 1	CTNIECC	3		
4	Cost of goods sold (from line 42)	SIMESS	4		
5		OTIVE	5		
6	Other income, including federal and state gasoline or fi				
7	Gross income. Add lines 5 and 6	,	7		
Part			e 1		
8	Advertising 8	18 Office expense (see instructions)	. 18		
9	Car and truck expenses	19 Pension and profit-sharing plans			-
a	(see instructions) 9	20 Rent or lease (see instructions):			
10	Commissions and fees . 10	wehicles, machinery, and equipment	20a		
11	Contract labor (see instructions) 11	b Other business property	10000000		
12	Depletion 12	21 Repairs and maintenance			
13	Depreciation and section 179	22 Supplies (not included in Part III)	7.00		
	expense deduction (not	23 Taxes and Icenses			
	included in Part III) (see instructions) 13	24 Travel and meals:	20		
14	Employee benefit programs	a Travel	-		
	(other than on line 19) . 14	b Deductible meals (see instructions)	24b		
15	Insurance (other than health) 15	25 Utilities	. 25		
16	Interest (see instructions):	26 Wages (less employment credits)	26		
a	Mortgage (paid to banks, etc.) 16a	27a Other expenses (from line 48) .	. 27a		
ь	X - 413 SOM 16 16 17 17 17 17 17 17 17 1	b Energy efficient commercial bldgs			
17	Legal and professional services 17	deduction (attach Form 7205) .	73 (0.07.5)		
28	Total expenses before expenses for business use of h		. 28		
29	Tentative profit or (loss). Subtract line 28 from line 7.		. 29		
30	Expenses for business use of your home. Do not re	port these expenses elsewhere. Attach Form 8829	9		
	unless using the simplified method. See instructions.				
	Simplified method filers only: Enter the total square f		· .		
	and (b) the part of your home used for business:	. Use the Simplified	7225		
2.	Method Worksheet in the instructions to figure the amo	ount to enter on line 30	. 30		
31	Net profit or (loss). Subtract line 30 from line 29.	3			
	 If a profit, enter on both Schedule 1 (Form 1040), lin checked the box on line 1, see instructions.) Estates ar 	B. 15 - 18 B. 17 B. 17 S. 18 S. 18 B. 18 S. 18 B. 18 B. 18 S. 18 B. 1	31		
	 If a loss, you must go to line 32. 	The state of the s			
32	If you have a loss, check the box that describes your in	envestment in this activity. See instructions.			
	 If you checked 32a, enter the loss on both Schedule SE, line 2. (If you checked the box on line 1, see the line Form 1041, line 3. 	[2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	20/27/01 <u>11/2</u> /3	All investment i Some investme	
	If you checked 30h, you must attach Form 6108, You	ur loss may be limited		at risk.	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Internal Revenue Service

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Department of the Treasury Attachmen Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Name(s) shown on return Your social security number Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (d) Adjustments Subtract column (e) (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, (sales price) (or other basis) combine the result whole dollars. line 2, column (g) with column (g) **TRADE TRADE** 1a Totals for all short-term transactions reported on Form DATE DATE 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 WITHIN ONE YEAR on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (d) (e) Adjustments Subtract column (e) lines below. Proceeds to gain or loss from Cost from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2, column (g) with column (g) **TRADE TRADE** 8a Totals for all long-term transactions reported on Form **DATE DATE** 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). **OVER ONE YEAR** 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 on the first companies and not not be the first one of the standard companies and not not not the 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Part	Summary Summary	
16	Combine lines 7 and 15 and enter the result	16
	• 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.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and you are 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:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	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.	
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

SCHEDULE E (Form 1040)

Click for entry form

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment

OMB No. 1545-0074

Sequence No. 13 Name(s) shown on return Your social security number Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions □ No В If "Yes," did you or will you file required Form(s) 1099? ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) A В C 1b Type of Property For each rental real estate property listed Fair Rental Personal Use QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only A if you meet the requirements to file as a В qualified joint venture. See instructions. C Type of Property: 7 Self-Rental Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Properties: Income: A В C 3 Rents received . 3 4 Royalties received . 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance 10 10 Legal and other professional fees 11 Management fees 11 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest 13 14 14 Supplies 15 15 16 16 17 17 18 Depreciation expense or depletion . . . 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 22 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties . 23b Total of all amounts reported on line 12 for all properties . . . 23c Total of all amounts reported on line 18 for all properties . . . 23d d Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5, Otherwise, include this amount in the total on line 41 on page 2

26

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

Your social security number

						ľ			
Cautio	on: The IRS compares amount	s reported on your ta	ax return with a	mounts show	wn on So	hedule(s) K-	1.		
Part	Income or Loss From	m Partnerships an	d S Corpora	itions					
	Note: If you report a loss, i	receive a distribution, d	ispose of stock,	or receive a lo	an repayr	ment from an S	corporat	ion, you n	nust check
	the box in column (e) on lin amount is not at risk, you	ne 28 and attach the rec	uired basis com	putation. If you	u report a	loss from an a	t-risk act	ivity for w	hich any
	amount is not at risk, you	must check the box in o	column (t) on line	e 28 and attacr	Form 6	198. See instruc	ctions.		
27	Are you reporting any loss no	ot allowed in a prior	year due to the	e at-risk or b	asis limi	tations, a pric	or year u	inallowed	d loss from
	passive activity (if that loss v	was not reported on	Form 8582), o	r unreimburs	ed partr	nership exper	ses? If	you ansi	wered "Yes
	see instructions before comp	leting this section						- 0	Yes No
28	1100		(b) Enter P for	(c) Check if	(d)	Employer		heck if	(f) Check if
	(a) Name		partnership; S for S corporation	foreign partnershio		cation number		mputation quired	any amount I
A	SMALL BUSINESS CORPORAT	TON	S	Darthership			13.19	- Louisea	not at risk
В	LIMITED PARTNERSHIP	1011	P		-			┽	
		· ·			-				
С	LIMITED LIABILITY COMPAN	Y	P						
D			T.						
	Passive Incom	ne and Loss		N	Nonpass	ive Income a	and Los	s	
	(g) Passive loss allowed	(h) Passive incom		assive loss allow) Section 179 ex			emooni evizzz
	(attach Form 8582 if required)	from Schedule K-	1 (366	Schedule K-1)	de	duction from For	m 4562	from Se	chedule K-1
A									
В									
C									
D									
29a	Totals	j.							
Ь	Totals								
30	Add columns (h) and (k) of lin	0.200					30		
						* * * * *	-	,	
31	Add columns (g), (i), and (j) of						31		
32	Total partnership and S cor	·	· · · · · · · · · · · · · · · · · · ·	ne lines 30 ar	nd 31	(4) (4)	32		
Part	I Income or Loss From	m Estates and Tru	sts						
33		(a) f	lame					(b) Emp	
_	1							dentificatio	n number
Α_							_		
B_									
	Passive	Income and Loss			N	onpassive In	come a	nd Loss	
	(c) Passive deduction or loss a		Passive income			ion or loss	(f) Other inc	
	(attach Form 8582 if requir	edj rron	n Schedule K-1		from Sch	edule K-1	_	Schedu	JE K-1
Α	1								
В	1								
34a	Totals								
b	Totals								
35	Add columns (d) and (f) of line	e 34a					35		
36	Add columns (c) and (e) of lin						36	(
37	Total estate and trust incom		e lines 35 and	36	6 (6 (3) 6 (6 (3		37		
Part					duite (F	REMICs)_E		Holde	r
	The state of E033 1 10			c) Excess inclus		(d) Taxable in			
38	(a) Name		Employer stion number	Schodulos Q.	line 2c	(net loss) fr	om		come from ules Q, line 3b
		rooming	ALIGHT HUMBON	(see instruct)	ions)	Schedules Q.	line 1b	SCIRCU	nos en inte ou
39	Combine columns (d) and (e)	only. Enter the result	here and inclu	ide in the tot	al on line	e 41 below .	39		
Part	V Summary								
40	Net farm rental income or (los	ss) from Form 4835.	Also, complete	e line 42 belo	w		40		
41	Total income or (loss). Com						,		
	1 (Form 1040), line 5	2000 20, 02, 07,			.ioic and	2 ST. Sorieddie	41		
40					3 13 37		71.1		
42	Reconciliation of farming								
	farming and fishing income re								
	(Form 1065), box 14, code 8:				_				
	AN; and Schedule K-1 (Form				2				
43	Reconciliation for real esta	te professionals. If	you were a rea	l estate					
	professional (see instruction								
	reported anywhere on Form	1040, Form 1040-S	R, or Fonn 1	040-NR					
	from all rental real estate act								
	under the passive activity los		2 42 20 20	A.	3				