

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20

See separate instructions.

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

Foreign country name Foreign province/state/county Foreign postal code

Filing Status

- Single Head of household (HOH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction

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

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

Dependents

Table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income

Table with columns: Line number, Description, Amount. Includes lines 1a through 1z for earned income.

Attach Sch. B if required.

Table with columns: Line number, Description, Amount. Includes lines 2a through 6b for interest, dividends, and social security benefits.

Standard Deduction for—

Table with columns: Line number, Description, Amount. Includes lines 7 through 15 for capital gain, total income, adjusted gross income, and taxable income.

Tax and Credits

16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 _____ 16

17 Amount from Schedule 2, line 3 17

18 Add lines 16 and 17 18

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

22 Subtract line 21 from line 18. If zero or less, enter -0- 22

23 Other taxes, including self-employment tax, from Schedule 2, line 21 23

24 Add lines 22 and 23. This is your **total tax** 24

Payments

25 Federal income tax withheld from:

| | | |
|--|-----|--|
| a Form(s) W-2 | 25a | |
| b Form(s) 1099 | 25b | |
| c Other forms (see instructions) | 25c | |
| d Add lines 25a through 25c | 25d | |

26 2023 estimated tax payments and amount applied from 2022 return 26

27 Earned income credit (EIC) 27

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

33 Add lines 25d, 26, and 32. These are your **total payments** 33

Refund

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 35a

Direct deposit? See instructions.

b Routing number _____ c Type: Checking Savings

d Account number _____

36 Amount of line 34 you want **applied to your 2024 estimated tax** . . . 36

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe**.
For details on how to pay, go to www.irs.gov/Payments or see instructions 37

38 Estimated tax penalty (see instructions) 38

Third Party Designee

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

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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.) _____ |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------|----------------------|------|------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| Firm's address | Firm's EIN | | | |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

Attach to Form 1040 or 1040-SR.

Department of the Treasury
Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

| | | | |
|--|---|---|-----------|
| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | |
| | 1 Medical and dental expenses (see instructions) | 1 | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 11 2 | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You Paid | 5 State and local taxes. | | |
| | a 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 <input type="checkbox"/> | 5a | |
| | b State and local real estate taxes (see instructions) | 5b | |
| | c State and local personal property taxes | 5c | |
| | d Add lines 5a through 5c | 5d | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | |
| | 6 Other taxes. List type and amount: _____ | 6 | |
| | 7 Add lines 5e and 6 | | 7 |
| Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions. | 8 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 <input type="checkbox"/> | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b | |
| | _____ | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| | d Reserved for future use | 8d | |
| | e Add lines 8a through 8c | 8e | |
| | 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| | 10 Add lines 8e and 9 | | 10 |
| | Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions. | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 |
| 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | 12 | |
| 13 Carryover from prior year | | 13 | |
| 14 Add lines 11 through 13 | | | 14 |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | 15 |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount: _____ | | 16 |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | 17 |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

PRINCIPAL RESIDENCE
 NO ASSET PROTECTION
 NO LIVING TRUST
 PROBATE COST
 3% TO 8%
 GROSS ASSETS

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

Name(s) shown on return

Your social security number

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the 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:

\$ -> BANK -> INTEREST INCOME

Amount

1

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2

3

4

Amount

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer:

\$ -> COMPANIES -> DIVIDEND

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

**SCHEDULE C
(Form 1040)**

Click for entry form

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor _____ Social security number (SSN) _____

A Principal business or profession, including product or service (see instructions) _____ **B** Enter code from instructions _____

C Business name. If no separate business name, leave blank. _____ **D** Employer ID number (EIN) (see instr.) _____

E Business address (including suite or room no.) _____
City, town or post office, state, and ZIP code _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

| | | |
|----------|--|----------|
| 1 | 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"/> | 1 |
| 2 | Returns and allowances | 2 |
| 3 | Subtract line 2 from line 1 | 3 |
| 4 | Cost of goods sold (from line 42) | 4 |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 |
| 7 | Gross income. Add lines 5 and 6 | 7 |

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

| | | | | | |
|-----------|--|------------|------------|---|------------|
| 8 | Advertising | 8 | 18 | Office expense (see instructions) | 18 |
| 9 | Car and truck expenses (see instructions) | 9 | 19 | Pension and profit-sharing plans | 19 |
| 10 | Commissions and fees | 10 | 20 | Rent or lease (see instructions): | |
| 11 | Contract labor (see instructions) | 11 | a | Vehicles, machinery, and equipment | 20a |
| 12 | Depletion | 12 | b | Other business property | 20b |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 21 | Repairs and maintenance | 21 |
| 14 | Employee benefit programs (other than on line 19) | 14 | 22 | Supplies (not included in Part III) | 22 |
| 15 | Insurance (other than health) | 15 | 23 | Taxes and licenses | 23 |
| 16 | Interest (see instructions): | | 24 | Travel and meals: | |
| a | Mortgage (paid to banks, etc.) | 16a | a | Travel | 24a |
| b | Other | 16b | b | Deductible meals (see instructions) | 24b |
| 17 | Legal and professional services | 17 | 25 | Utilities | 25 |
| 18 | | | 26 | Wages (less employment credits) | 26 |
| 19 | | | 27a | Other expenses (from line 48) | 27a |
| 20 | | | b | Energy efficient commercial bldgs deduction (attach Form 7205) | 27b |
| 21 | | | 28 | Total expenses before expenses for business use of home. Add lines 8 through 27b | 28 |
| 22 | | | 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 |
| 23 | | | 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: 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 | 30 |
| 24 | | | 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 |
| 25 | | | | 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 Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | |

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

| | |
|--|---|
| <p>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)</p> <p>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</p> <p>35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation</p> <p>36 Purchases less cost of items withdrawn for personal use</p> <p>37 Cost of labor. Do not include any amounts paid to yourself</p> <p>38 Materials and supplies</p> <p>39 Other costs</p> <p>40 Add lines 35 through 39</p> <p>41 Inventory at end of year</p> <p>42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4</p> | <p style="text-align: center;">35</p> <hr/> <p style="text-align: center;">36</p> <hr/> <p style="text-align: center;">37</p> <hr/> <p style="text-align: center;">38</p> <hr/> <p style="text-align: center;">39</p> <hr/> <p style="text-align: center;">40</p> <hr/> <p style="text-align: center;">41</p> <hr/> <p style="text-align: center;">42</p> <hr/> |
|--|---|

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? **Yes** **No**

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

47a 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, line 27b, or line 30.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

48 Total other expenses. Enter here and on line 27a **48**

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.

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 No

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 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 from Form(s) 8949, Part I, line 2, column (g) | (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 . | TRADE DATE | TRADE DATE | | |
| | WITHIN ONE YEAR | | | |
| 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 Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 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 long-term 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 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 from Form(s) 8949, Part II, line 2, column (g) | (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 . | TRADE DATE | TRADE DATE | | |
| | OVER ONE YEAR | | | |
| 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 | | | | |
| 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 Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 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 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | | |
|-----------|--|-----------|--------------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | |
| | <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | () |
| | <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

SCHEDULE E
(Form 1040)

Click for entry form

Supplemental Income and Loss

OMB No. 1545-0074

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

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

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.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. Yes No
- B** If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

| | |
|----------|--|
| A | |
| B | |
| C | |

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|--|---|------------------|-------------------|--------------------------|
| A | | A | | <input type="checkbox"/> |
| B | | B | | <input type="checkbox"/> |
| C | | C | | <input type="checkbox"/> |

Type of Property:

- 1** Single Family Residence
- 2** Multi-Family Residence
- 3** Vacation/Short-Term Rental
- 4** Commercial
- 5** Land
- 6** Royalties
- 7** Self-Rental
- 8** Other (describe) _____

| Income: | Properties: | | |
|-----------------------------|--------------------|----------|----------|
| | A | B | C |
| 3 Rents received | 3 | | |
| 4 Royalties received | 4 | | |

| Expenses: | Properties: | | |
|--|--------------------|----------|----------|
| | A | B | C |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 | | |
| 15 Supplies | 15 | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 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 | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () |

| | | |
|---|------------|-----|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | |
| c Total of all amounts reported on line 12 for all properties | 23c | |
| d Total of all amounts reported on line 18 for all properties | 23d | |
| e 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

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

Part II Income or Loss From Partnerships and S Corporations

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

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

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows include SMALL BUSINESS CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY COMPANY.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary lines 35-37.

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

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

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40-43 for net farm rental income, total income, and reconciliations.