

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: Liz Last name: Brushstroke Your social security number: 333 44 5555

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. Commonwealth Ave Apt. no. 5 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Chestnut Hill State MA ZIP code 02467 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.

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ You Spouse

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box. 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 (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(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
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 68,941.
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 68,941.

Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7
	8 Additional income from Schedule 1, line 10	8 3,157.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 72,098.
	10 Adjustments to income from Schedule 1, line 26	10 223.
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 71,875.
	12 Standard deduction or itemized deductions (from Schedule A)	12 15,700.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13 587.
	14 Add lines 12 and 13	14 16,287.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 55,588.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,534.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	7,534.
	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	7,534.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	446.
24	Add lines 22 and 23. This is your total tax	24	7,980.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	8,041.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	8,041.
	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	8,041.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	61.																			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	61.																			
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X											
	X	X	X	X	X	X	X	X	X	X													
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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 Professor/Artist	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 Peter Jason Riley CPA	Preparer's signature Peter Jason Riley CPA	Date 01/26/2024	PTIN P00413102	Check if: <input type="checkbox"/> Self-employed
Firm's name RILEY & ASSOCIATES, P.C.	Firm's address 5 PERRY WAY - P O BOX 157 NEWBURYPORT MA 01950			Phone no. (978) 463-9350 Firm's EIN 93-4700750

**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

2023

Attachment
Sequence No. **01**

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

Liz Brushstroke

Your social security number

333-44-5555

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	3,157.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	3,157.

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

Schedule 1 (Form 1040) 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	223 .
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	223 .

**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 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
Liz Brushstroke

Your social security number
333-44-5555

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	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	446.
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)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	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		21
			446 .

**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 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor Liz Brushstroke		Social security number (SSN) 333-44-5555
A Principal business or profession, including product or service (see instructions) Visual Artist	B Enter code from instructions 7 1 1 5 1 0	
C Business name. If no separate business name, leave blank. Big Orb Art Studio	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) Commonwealth Ave City, town or post office, state, and ZIP code Chestnut Hill, MA 02467		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G 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		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I 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		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> 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	31,047.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	31,047.
4 Cost of goods sold (from line 42)	4	10,500.
5 Gross profit. Subtract line 4 from line 3	5	20,547.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0.
7 Gross income. Add lines 5 and 6	7	20,547.

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

8 Advertising	8		18 Office expense (see instructions)	18	141.
9 Car and truck expenses (see instructions)	9	3,773.	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	617.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	207.
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	5,259.
b Other	16b		b Deductible meals (see instructions)	24b	888.
17 Legal and professional services	17	350.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	6,155.
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		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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		28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	17,390.
32 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.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	3,157.
			31 Net profit or (loss). Subtract line 30 from line 29.	31	3,157.

32a All investment is at risk.
32b 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 checked="" 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 checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 5,000.
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 3,000.
39	Other costs	39 8,000.
40	Add lines 35 through 39	40 16,000.
41	Inventory at end of year	41 5,500.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 10,500.

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) <u>01/01/2010</u>
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 <u>4,834</u> b Commuting (see instructions) _____ c Other <u>11,344</u>
45	Was your vehicle available for personal use during off-duty hours? <input checked="" 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 checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" 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.

AMORTIZATION	648.
Graphics Design Fees	395.
Printing	498.
Photo Costs	525.
Processing	314.
Internet Service	304.
Wireless	315.
Museum Memberships	220.
See Line 48 Other Expenses	2,936.
48 Total other expenses. Enter here and on line 27a	48 6,155.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **17**

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

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

Social security number of person
with self-employment income 333-44-5555

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 Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

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 **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

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 **2** 3,157.

3 Combine lines 1a, 1b, and 2 **3** 3,157.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 2,915.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 2,915.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 2,915.

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 2023 **7** 160,200

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 \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 68,941.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 68,941.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 91,259.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 361.

11 Multiply line 6 by 2.9% (0.029) **11** 85.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 446.

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** **13** 223.

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

Schedule SE (Form 1040) 2023

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **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	16	
17 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² 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.

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

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Liz Brushstroke

Your taxpayer identification number

333-44-5555

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	Big Orb Art Studio	333-44-5555	2,934.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	2,934.
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	2,934.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	587.
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	587.
11	Taxable income before qualified business income deduction (see instructions)	11	56,175.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	56,175.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	11,235.
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)	15	587.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s)

Liz Brushstroke

Your social security number

333-44-5555

Part I Part of Your Home Used for Business

Visual Artist

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	190
2	Total area of home	2	1,085
3	Divide line 1 by line 2. Enter the result as a percentage	3	17.51 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	17.51 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	3,157.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	3,157.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	3,157.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2024

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Sch C Visual Artist

Name(s) Shown on Return
Liz Brushstroke

Social Security Number
333-44-5555

Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
1 Make and model of vehicle	Auto		
2 Date acquired			
3 Date placed in service	01/01/2010		
4 Type of vehicle	Al - Auto		
5 a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year	16,178		
6 Business miles for the year	4,834		
7 Commuting miles for the year			
8 Other personal miles for the year	11,344		
9 Percent of business use	29.88 %		
10 Months for special allocation. See Tax Help			
11 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Was the vehicle used primarily by a more than 5% owner or related person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14 a Is there evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 'Yes,' is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Standard Mileage Rate

15 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the vehicle leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Standard mileage deduction	3,166.		

Actual Expenses

18 Expenses:			
a Gasoline, oil, repairs, insurance, etc			
b Vehicle registration, license (excluding property taxes)			
c Vehicle lease or rental fees:			
1 30 days or more			
2 29 days or less			
3 Total vehicle lease/rental fees			
d Leased vehicle inclusion amount:			
1 Year lease began			
2 FMV of leased vehicle			
3 Number of lease days in year			
4 Inclusion amount			
19 Expenses subtotal			
20 Expenses applicable to business			
21 Vehicle depreciation and Sec 179 (from page 2)			
22 Total actual expenses			

Standard Mileage vs Actual Expenses

Check box to force a method

23 Standard mileage	<input type="checkbox"/> 3,166.	<input type="checkbox"/>	<input type="checkbox"/>
24 Actual expenses			

Total Car and Truck Expenses Complete for all vehicles	Vehicle 1 <u>Auto</u>	Vehicle 2	Vehicle 3
25 Line 23 or line 24	3,166.		
26 Additional expenses:			
a Business-related parking fees, tolls, etc	607.		
b Property taxes (including property tax portion of registration)			
c Less personal portion of property taxes			
d Interest on vehicle			
e Less personal portion of vehicle interest			
27 Total expenses	3,773.		
28 Less business portion of lease or rental fees less inclusion amount (if actual expenses)			
29 Less business portion of depreciation (if actual expenses)			
30 Total car and truck expenses	3,773.		

Vehicle Depreciation Information – Complete for Actual Expenses only

31 Cost or basis			
32 Section 179 expense elected			
33 Depreciation and Sec 179 limit for automobiles			
34 a Economic Stimulus - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 If yes, and if placed in service after 9/27/17, was this property acquired after 9/27/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b Qualified Disaster Area - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Kansas Disaster Zone - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Gulf Opportunity Zone - Qualified Property	Reg Ext No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reg Ext No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reg Ext No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e Percentage for Special Depr Allowance	100% & 50% 30% N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	100% & 50% 30% N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	100% & 50% 30% N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f Elect OUT of Special Depr Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Elect 30% in place of 50% Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h QuickZoom to Election Stmt			
i Special Depreciation Allowance			
j AMT Special Depreciation Allowance			
35 Prior depreciation			
36 Depreciation deduction			
37 Alternative minimum tax prior depreciation			
38 AMT depreciation deduction			
39 AMT adjustment/preference			
40 QuickZoom to Asset Life History			
MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion			
41 Elect OUT of regs under Sec 1.168(i)-6(i)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
42 If asset represents entire basis of replacement property, enter excess basis			
Pre-02/28/04 transactions only (See TaxHelp):			
43 Asset ID (Enter same ID on all related assets)			
44 Check if asset represents exchanged basis of replacement property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Total basis of all related parts			

Section 199A (QBI Deduction) attributes

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

UBIA for this asset	0.	0.	0.
This asset is ineligible for UBIA			
Gains/(losses) from disposition of asset			
Short term gain/(loss)	0.	0.	0.
Ordinary income from depreciation recapture	0.	0.	0.
Long term gain/(loss)	0.	0.	0.
Gain/(loss) is not eligible for 199A deduction			

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Two-Year Comparison

2023

Name(s) Shown on Return <u>Liz Brushstroke</u>	Social Security Number
---	------------------------

Income	2022	2023	Difference	%
Wages, salaries, tips, etc	53,211.	68,941.	15,730.	29.56
Interest and dividend income				
State tax refund				
Business income (loss)	4,492.	3,157.	-1,335.	-29.72
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	57,703.	72,098.	14,395.	24.95
Adjustments to Income	317.	223.	-94.	-29.65
Adjusted Gross Income	57,386.	71,875.	14,489.	25.25
Itemized Deductions				
Medical and dental				
Income or sales tax	595.	4,000.	3,405.	572.27
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	595.	4,000.	3,405.	572.27
Standard or Itemized Deduction	14,700.	15,700.	1,000.	6.80
Qualified Business Income Deduction	835.	587.	-248.	-29.70
Taxable Income	41,851.	55,588.	13,737.	32.82
Income Tax				
Income tax	4,830.	7,534.	2,704.	55.98
Additional income taxes				
Alternative minimum tax	0.	0.	0.	
Total Income Taxes	4,830.	7,534.	2,704.	55.98
Credits				
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax	634.	446.	-188.	-29.65
Other taxes				
Total Tax After Credits	5,464.	7,980.	2,516.	46.05
Withholding	6,144.	8,041.	1,897.	30.88
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	6,144.	8,041.	1,897.	30.88
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	680.	61.	-619.	-91.03
Balance Due				

Current year effective tax rate 10.48 %

Schedule C Two-Year Comparison

2023

▶ Keep for your records

Proprietor name: Liz Brushstroke

333-44-5555

Business or profession: Visual Artist

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

	2022	2022 Percent of Net Sales*	2023	2023 Percent of Net Sales*	2022 to 2023 Comparison <input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent	
Income:						
1	Gross receipts or sales	29,540.	100.00	31,047.	100.00	1507.00
2	Returns & allowances					
3	Net receipts or sales	29,540.	100.00	31,047.	100.00	1507.00
Cost of goods sold:						
4 a	Beginning inventory	5,000.	16.93	5,000.	16.10	0.00
b	Purchases					
c	Cost of labor					
d	Materials & supplies	3,000.	10.16	3,000.	9.66	0.00
e	Other costs	8,000.	27.08	8,000.	25.77	0.00
f	Ending inventory	5,500.	18.62	5,500.	17.72	0.00
5	Cost of goods sold	10,500.	35.55	10,500.	33.82	0.00
6	Gross profit	19,040.	64.45	20,547.	66.18	1507.00
7	Other income			0.		0.00
8	Gross income	19,040.	64.45	20,547.	66.18	1507.00
Expenses:						
9	Advertising					
10	Car & truck expenses	2,539.	8.60	3,773.	12.15	1234.00
11	Commissions and fees					
12	Contract labor					
13	Depletion					
14	Depreciation & Sec 179	894.	3.03	617.	1.99	-277.00
15	Employee benefits					
16	Insurance					
17 a	Mortgage interest					
b	Other interest					
18	Legal and professional	250.	0.85	350.	1.13	100.00
19	Office expense	104.	0.35	141.	0.45	37.00
20	Pension & profit-sharing					
21	Rent or lease:					
a	Vehicle/machinery/equip					
b	Other business property					
22	Repairs & maintenance					
23	Supplies	207.	0.70	207.	0.67	0.00
24	Taxes and licenses					
25 a	Travel	3,835.	12.98	5,259.	16.94	1424.00
b	Meals & entertainment	888.	3.01	888.	2.86	0.00
26	Utilities					
27	Wages (less job credit)					
28	Other expenses	5,831.	19.74	6,155.	19.82	324.00
29	Energy effi com bldgs					
30	Total expenses	14,548.	49.25	17,390.	56.01	2842.00
31	Tentative profit (loss)	4,492.	15.21	3,157.	10.17	-1335.00
32	Office in home					
33	Net profit (loss)	4,492.	15.21	3,157.	10.17	-1335.00
Passive suspended losses:						
Schedule C						
Form 4797						
Schedule D						

*Lines 1 through 32 as a percentage of net sales revenue.

Tax History Report

2023

▶ Keep for your records

Name(s) Shown on Return

Liz Brushstroke

	Five Year Tax History:				
	2019	2020	2021	2022	2023
Filing status	Single	Single	Single	Single	Single
Total income	57,488.	57,772.	57,772.	57,703.	72,098.
Adjustments to income	302.	322.	322.	317.	223.
Adjusted gross income	57,186.	57,450.	57,450.	57,386.	71,875.
Tax expense	566.	2,580.	2,580.	595.	4,000.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	13,850.	14,050.	14,250.	14,700.	15,700.
QBI deduction	795.	848.	848.	835.	587.
Taxable income	42,541.	42,552.	42,352.	41,851.	55,588.
Tax	5,214.	5,157.	5,071.	4,830.	7,534.
Alternative min tax . .					
Total credits					
Other taxes	604.	644.	644.	634.	446.
Payments	6,144.	6,144.	6,144.	6,144.	8,041.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	326.	343.	429.	680.	61.
Effective tax rate % . .	9.12	8.98	8.83	8.42	10.48
**Tax bracket %	22.0	22.0	22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Smart Worksheets From 2023 Federal Tax Return

Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address. . . Commonwealth Ave
City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)
Chestnut Hill MA 02467
Or, foreign country information:

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Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>	
A QBI worksheet to report (double-click to link)	Big Orb Art Studio
B Trade or Business Name	Big Orb Art Studio
C Trade or Business ID Number	_____
D 1 Is this a Specified Service Trade or Business (SSTB)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)	_____
4 Percentage of qualified income attributable to SSTB	_____
E 1 Tentative Sch C profit (loss) from this business	3,157.
2 a Former Employer Expenses	_____
b Former Employer Income	_____
c Net Gain Former Employer	_____
d Foreign Expenses	_____
e Foreign Income	_____
f Foreign Net Gain	_____
Total adjustments to qualified business income	_____
3 Tentative Sch C profit (loss) from qualified business	3,157.
4 a Calculated QBI allowed after passive/at-risk limits	3,157.
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	3,157.
5 Self employed deductions connected to this business	_____
a Self employed health insurance for this business	_____
b Total deduction for 1/2 self employment tax	223.
c Deduction for 1/2 S.E. tax connected to this business	223.
d Total deduction for S.E. retirement contributions	_____
e S.E. retirement deduction connected to this business	_____
Total self employed deductions connected to this business	223.
6 Sch C profit (loss) after S.E. deductions	2,934.
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	2,934.
9 Allowable Sch C profit (loss) allocated to SSTB	0.
10 Allowable Sch C profit (loss) from this business	2,934.
F 1 Ordinary gain (loss) from business assets	0.
2 Ordinary gain (loss) adjustments	_____
3 Qualified ordinary gain (loss)	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5 Allowable ordinary gain (loss) allocated to SSTB	0.
6 Allowable ordinary gain (loss)/recapture from this business	0.
G 1 Section 1231 gain (loss) from business assets	0.
2 Section 1231 gain (loss) adjustments	_____
3 Section 1231 gain (loss) from qualified business	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable ordinary 1231 qualified gain (loss)	0.
5 Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6 Allowable ordinary 1231 gain (loss) from this business	0.

Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	2,934.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	_____
b Adjustments to previously disallowed losses	_____
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wsht for previously disallowed losses, if present	_____
I 1 Tentative wages	0.
2 Adjustments	_____
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	3,893.
2 Adjustments	_____
3 Qualified UBIA	3,893.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop	_____
2 Wages allocable to qualified payments from coop	_____
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018	_____
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17	_____

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Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2023 Smart Worksheet

Enter carryovers from prior year below.

	Regular Tax	QBI	Alternative Minimum Tax
A Section 179 carryover (enter as positive amount) . . .			
At-Risk Loss Carryovers (enter as negative amts)			
B Schedule C suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Loss Carryovers (enter as negative amts)			
G Schedule C suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			

Carryovers to 2023 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category)

Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	100.00	100.00	100.00	100.00
2019	100.00	100.00	100.00	100.00
2020	100.00	100.00	100.00	100.00
2021	100.00	100.00	100.00	100.00
2022	100.00	100.00	100.00	100.00

Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	3,157.	3,157.	3,141.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	3,157.	3,157.	3,141.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

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Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
At-risk loss carryforwards to 2024		
Before 2018	A Operating loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Schedule C (Visual Artist): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
Passive losses		
Passive loss carryforwards to 2024		
Before 2018	A Operating Loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating Loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Schedule C (Visual Artist): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Commonwealth Ave) -- Smart Worksheet

Simplified Method Smart Worksheet

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2023**? Yes No

Did you elect to use the simplified method in **2022**? Yes No

A Gross income limitation _____

B Enter the square footage of your office _____

C The lesser of the square footage of your office or 300 _____

D Number of months in 2023 this home office was used at least 15 days during the month _____

E Business percentage for daycare facilities (if applicable, or 100.00 if not) _____%

F Line C times line D divided by 12 times \$5.00 times line E _____

G Allowable Simple Method deduction. Enter the lesser of line A or line F _____

Schedule C (Visual Artist): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Commonwealth Ave) -- Smart Worksheet

Line 8 Calculation Smart Worksheet

A Enter the date you began using this home office for this business 01/01/2010

B Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home 100.00 %

C 1 Calculated gain from business use of this home on Schedule D or Form 4797 _____

2 Adjustments to calculated gain _____

3 Net gain _____

D 1 Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____

2 Adjustments to calculated loss (enter additional losses as a negative number) _____

3 Net loss _____

Schedule C (Visual Artist): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Commonwealth Ave) -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

Additional Information From 2023 Federal Tax Return

Schedule C (Visual Artist): Profit or Loss from Business

Line 24a

Itemization Statement

Description	Amount
Ireland - Airfare & Transportation	1,952.
Ireland - AirBnB - 8 Days	2,180.
Phoenix - Airfare	704.
Phoenix	423.
Total	5,259.

Schedule C (Visual Artist): Profit or Loss from Business

Line 39

Itemization Statement

Description	Amount
Printing	2,000.
Framing	6,000.
Total	8,000.

Schedule C (Visual Artist): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
Gallery Costs	89.
Shipping & Postage	1,341.
Publications	177.
Dues & Memberhips	215.
Show Entry Fees	195.
Art History Class (Ireland)	622.
Promotional Expense	297.
Total	2,936.