

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | |
|---|----------------------------|---|
| Your first name and middle initial Sonny | Last name Phunky | Your social security number 222-33-4444 |
| 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. RR 1 | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Rockridge ME 03905 | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | 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"/> | <input type="checkbox"/> |

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

| | | | | | |
|---|-----------|---------|--|------------|---------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | 1 | 31,071. |
| 2a Tax-exempt interest | 2a | | b Taxable interest. Attach Sch. B if required | 2b | 0. |
| 3a Qualified dividends | 3a | | b Ordinary dividends. Attach Sch. B if required | 3b | |
| 4a IRA distributions | 4a | | b Taxable amount | 4b | |
| c Pensions and annuities | 4c | | d Taxable amount | 4d | |
| 5a Social security benefits | 5a | | b Taxable amount | 5b | |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | 6 | |
| 7a Other income from Schedule 1, line 9 | | | | 7a | 3,571. |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | | 7b | 34,642. |
| 8a Adjustments to income from Schedule 1, line 22 | | | | 8a | |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | | | 8b | 34,642. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 | 13,850. | | | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | 453. | | | |
| 11a Add lines 9 and 10 | | | | 11a | 14,303. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | | 11b | 20,339. |

| | | | | | |
|------------|---|------------|--------|------------|--------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 2,245. | | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | | | 12b | 2,245. |
| 13a | Child tax credit or credit for other dependents | 13a | | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | | | 13b | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | | | 14 | 2,245. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | | | 15 | 0. |
| 16 | Add lines 14 and 15. This is your total tax | | | 16 | 2,245. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | | 17 | 3,462. |
| 18 | Other payments and refundable credits: | | | | |
| a | Earned income credit (EIC) | 18a | | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | | |
| d | Schedule 3, line 14 | 18d | | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | | | 18e | |
| 19 | Add lines 17 and 18e. These are your total payments | | | 19 | 3,462. |

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 1,217. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 1,217. |
| b | Routing number <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number <u>X X X X X X X X X X X X X X X X X X</u> | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Direct deposit?
See instructions.

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | |
| 24 | Estimated tax penalty (see instructions) | 24 | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

(Other than paid preparer) 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 Musician | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| 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.) <input type="text"/> |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|------------------|---|------|--------------|--|
| Preparer's name | Preparer's signature Self-Prepared | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name ▶ | Phone no. | | Firm's EIN ▶ | |
| Firm's address ▶ | | | | |

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

Sonny Phunky

Your social security number

222-33-4444

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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 | 2,264. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | 1,307. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | 3,571. |

Part II Adjustments to Income

| | | | |
|------------|--|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | |

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

REV 01/15/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

| | | |
|---|---|---|
| Name of proprietor Sonny Phunky | | Social security number (SSN) 222-33-4444 |
| A Principal business or profession, including product or service (see instructions) Musician | B Enter code from instructions ▶ 7 1 1 5 1 0 | |
| C Business name. If no separate business name, leave blank. Sonny "The Butterball" Phunky | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ▶ RR 1 City, town or post office, state, and ZIP code Rockridge, ME 03905 | | |
| 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 2019? 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 2019, check here | | <input type="checkbox"/> |
| I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| J If "Yes," did you or will you file required Forms 1099? | | <input checked="" 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 | 16,845. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 16,845. |
| 4 Cost of goods sold (from line 42) | 4 | 6,455. |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 10,390. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | 14,191. |
| 7 Gross income. Add lines 5 and 6 ▶ | 7 | 24,581. |

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

| | | | | | |
|--|------------|---------|---|------------|--------|
| 8 Advertising | 8 | 341. | 18 Office expense (see instructions) | 18 | 104. |
| 9 Car and truck expenses (see instructions). | 9 | 2,235. | 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 | 3,799. | 21 Repairs and maintenance | 21 | 114. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | 474. |
| 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 | 1,933. |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 1,311. |
| 17 Legal and professional services | 17 | 350. | 25 Utilities | 25 | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | 19,665. | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 4,916. | 27a Other expenses (from line 48) | 27a | 9,004. |
| 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 | 2,652. | 27b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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 | 2,264. | 32a <input checked="" type="checkbox"/> All investment is at risk. | | |
| 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 or 1040-SR), line 3 (or Form 1040-NR, line 13) 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. | | | 32b <input type="checkbox"/> Some investment is not at risk. | | |

Part III Cost of Goods Sold (see instructions)

| | |
|-----------|---|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input 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 0. |
| 36 | Purchases less cost of items withdrawn for personal use 36 1,000. |
| 37 | Cost of labor. Do not include any amounts paid to yourself 37 3,640. |
| 38 | Materials and supplies 38 |
| 39 | Other costs 39 2,425. |
| 40 | Add lines 35 through 39 40 7,065. |
| 41 | Inventory at end of year 41 610. |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 6,455. |

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) ▶ 01/01/2010 |
| 44 | Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for: |
| a | Business <u>3,853</u> b Commuting (see instructions) _____ c Other <u>8,235</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 or line 30.

| | |
|--|---------------|
| Trade Publications (Billboard) | 299. |
| Research-Streaming Video/Music Downloads | 613. |
| Performance Audit | 405. |
| Internet Service | 405. |
| Cell & Skype Service | 372. |
| Online A&R (Taxi) | 300. |
| CD Baby & other online fees | 79. |
| Instructional DVD's | 89. |
| See Line 48 Other Expenses | 6,442. |
| 48 Total other expenses. Enter here and on line 27a 48 | 9,004. |

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

Your social security number

Sonny Phunky

222-33-4444

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. [X] Yes [] No

Table with 6 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 The Lido Shuffle and UPE.

Summary table for Part II with 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. Totals: 3,420.

Part III Income or Loss From Estates and Trusts

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

Summary table for Part III with 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. Totals: 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. Row 39.

Part V Summary

Summary table for Part V with columns: Description, Amount. Rows 40-43. Total income or loss: 1,307.

**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 Sonny Phunky | Your taxpayer identification number 222-33-4444 |
|--|---|

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|------------|---|---|--|
| i | Sonny "The Butterball" Phunky | 222334444 | 2,264. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | |
|---|-----------|---------|--------------------------------|
| 2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | 2,264. | |
| 3 Qualified business net (loss) carryforward from the prior year | 3 | 0. | |
| 4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 2,264. | |
| 5 Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 align="right">453. |
| 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 | 0. | |
| 8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 0. | |
| 9 REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 align="right">0. |
| 10 Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 align="right">453. |
| 11 Taxable income before qualified business income deduction | 11 | 20,792. | |
| 12 Net capital gain (see instructions) | 12 | 0. | |
| 13 Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 20,792. | |
| 14 Income limitation. Multiply line 13 by 20% (0.20) | | | 14 align="right">4,158. |
| 15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶ | | | 15 align="right">453. |
| 16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 align="right">0. |
| 17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 align="right">0. |

Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service (99)

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

2019
Attachment
Sequence No. **176**

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

Name(s) of proprietor(s)
Sonny Phunky

Your social security number
222-33-4444

| Part I Part of Your Home Used for Business | | Musician | |
|--|---|----------|-----------|
| 1 | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) | 1 | 208 |
| 2 | Total area of home | 2 | 1,321 |
| 3 | Divide line 1 by line 2. Enter the result as a percentage | 3 | 15.75 % |
| 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 | 15.75 % |

| 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 | 4,916. |
| See instructions for columns (a) and (b) before completing lines 9-22. | | (a) Direct expenses | (b) Indirect expenses |
| 9 | Casualty losses (see instructions) | 9 | |
| 10 | Deductible mortgage interest (see instructions) | 10 | 6,408. |
| 11 | Real estate taxes (see instructions) | 11 | 1,897. |
| 12 | Add lines 9, 10, and 11 | 12 | 8,305. |
| 13 | Multiply line 12, column (b), by line 7 | 13 | 1,308. |
| 14 | Add line 12, column (a), and line 13 | 14 | 1,308. |
| 15 | Subtract line 14 from line 8. If zero or less, enter -0- | 15 | 3,608. |
| 16 | Excess mortgage interest (see instructions) | 16 | |
| 17 | Excess real estate taxes (see instructions) | 17 | |
| 18 | Insurance | 18 | 478. |
| 19 | Rent | 19 | |
| 20 | Repairs and maintenance | 20 | 199. |
| 21 | Utilities | 21 | 2,977. |
| 22 | Other expenses (see instructions) | 22 | |
| 23 | Add lines 16 through 22 | 23 | 3,654. |
| 24 | Multiply line 23, column (b), by line 7 | 24 | 576. |
| 25 | Carryover of prior year operating expenses (see instructions) | 25 | |
| 26 | Add line 23, column (a), line 24, and line 25 | 26 | 576. |
| 27 | Allowable operating expenses. Enter the smaller of line 15 or line 26 | 27 | 576. |
| 28 | Limit on excess casualty losses and depreciation. Subtract line 27 from line 15 | 28 | 3,032. |
| 29 | Excess casualty losses (see instructions) | 29 | |
| 30 | Depreciation of your home from line 42 below | 30 | 768. |
| 31 | Carryover of prior year excess casualty losses and depreciation (see instructions) | 31 | |
| 32 | Add lines 29 through 31 | 32 | 768. |
| 33 | Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32 | 33 | 768. |
| 34 | Add lines 14, 27, and 33 | 34 | 2,652. |
| 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 | 2,652. |

| Part III Depreciation of Your Home | | | |
|---|---|----|----------|
| 37 | Enter the smaller of your home's adjusted basis or its fair market value (see instructions) | 37 | 225,000. |
| 38 | Value of land included on line 37 | 38 | 35,000. |
| 39 | Basis of building. Subtract line 38 from line 37 | 39 | 190,000. |
| 40 | Business basis of building. Multiply line 39 by line 7 | 40 | 29,925. |
| 41 | Depreciation percentage (see instructions) | 41 | 2.5641 % |
| 42 | Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above | 42 | 768. |

| Part IV Carryover of Unallowed Expenses to 2020 | | | |
|--|--|----|----|
| 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 | 0. |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|---|--|-----------------------------------|
| Name(s) shown on return Sonny Phunky | Business or activity to which this form relates K1 Partnership SBE The Lido Shuffle | Identifying number 222-33-4444 |
|---|--|-----------------------------------|

Part I Election To Expense Certain Property Under Section 179

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

| | | |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | 1,020,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,550,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 | 13 | |

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

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

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

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

Section A

| | | |
|--|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2019 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

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

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

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

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

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| Vehicle | 01/01/2011 | 7.96 % | | | | S/L- | | |
| | | % | | | | S/L- | | |
| | | % | | | | S/L- | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B—Information on Use of Vehicles

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

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | 962 | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | 11,126 | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 12,088 | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | X | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | X | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | X | | | | | | | | | | |

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2019 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2019 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | |

| | |
|---------------------------|---------------------------------------|
| Your Name Sonny Phunky | Social Security Number 222-33-4444 |
|---------------------------|---------------------------------------|

Partnership
The Lido Shuffle

Expenses

| | | | |
|----|--|----|--------|
| 1 | Vehicle expenses | 1 | 558. |
| 2 | Vehicle rentals | 2 | 0. |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals | 3 | 412. |
| 4 | Business gifts | 4 | |
| 5 | Education | 5 | |
| 6 | Office supplies and expenses | 6 | |
| 7 | Telephone, fax, pager, etc | 7 | |
| 8 | Trade publications | 8 | |
| 9 | Depreciation and amortization | 9 | |
| 10 | Other (enter meals on line 12): | 10 | |
| | Supplies | | 294. |
| | Cell Phone | | 39. |
| | _____ | | |
| | _____ | | |
| 11 | Total expenses other than meals. Add lines 1 through 10 | 11 | 1,303. |
| 12 | Meal expenses | 12 | 1,980. |

Reimbursements & Deductible Expenses

| | | | |
|----|--|----|--------|
| 13 | Reimbursements for other than meals | 13 | |
| 14 | Reimbursements for meals | 14 | 360. |
| 15 | Deductible exp other than meals. Subtract line 13 from line 11 | 15 | 1,303. |
| 16 | Subtract line 14 from line 12 | 16 | 1,620. |
| 17 | Deductible meal expenses. Enter 50% of line 16 | 17 | 810. |
| 18 | Total expenses. Add line 15 and line 17 | 18 | 2,113. |

Self-Employed Income Reconciliation

| | | | |
|----|---|----|--|
| 19 | Net earnings (loss) from self-employment from Sch K-1 Wks, Part III, line 14 | 19 | |
| 20 | Expenses from line 18 | 20 | |
| 21 | Allowed section 179 expense from Schedule K-1 Additional Info 1, Box 12, line 2 (if applicable) | 21 | |
| 22 | Net self-employment income. Subtract lines 20 and 21 from line 19 | 22 | |

Car and Truck Expenses Worksheet

2019

▶ Keep for your records

K1 Partnership SBE The Lido Shuffle

Name(s) Shown on Return
Sonny Phunky

Social Security Number
222-33-4444

Vehicle Information
Complete for **all** vehicles

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|---|--|--|
| 1 Make and model of vehicle | Vehicle _____ | _____ | _____ |
| 2 Date acquired | _____ | _____ | _____ |
| 3 Date placed in service | 01/01/2011 | _____ | _____ |
| 4 Type of vehicle | Al - Auto | _____ | _____ |
| 5 a Ending mileage reading | _____ | _____ | _____ |
| b Beginning mileage reading | _____ | _____ | _____ |
| c Total miles for the year | 12,088 | _____ | _____ |
| 6 Business miles for the year | 962 | _____ | _____ |
| 7 Commuting miles for the year | _____ | _____ | _____ |
| 8 Other personal miles for the year | 11,126 | _____ | _____ |
| 9 Percent of business use | 7.96 % | _____ % | _____ % |
| 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"/> Yes | <input type="checkbox"/> No |
| b If 'Yes,' is the evidence written? | <input checked="" type="checkbox"/> Yes | <input 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 | 558 . | _____ | _____ |

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"/> 558 . | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Actual expenses | _____ | _____ | _____ |

Depreciation and Amortization Report

Tax Year 2019

► Keep for your records

Sonny Phunky

Sch C - Musician

222-33-4444

| Asset Description | *Code | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|---------------------------|-------|-----------------|--------------------|--------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|
| DEPRECIATION | | | | | | | | | | | | |
| Home Office | H | 01/01/00 | 190,000 | 35,000 | 15.75 | | | 29,925 | 39.0 | SL/MM | | 768 |
| Vehicle | L | 01/01/10 | | | 31.87 | | | | | | | |
| Fender Bass 1956 | | 07/01/18 | 15,000 | | 100.00 | | | 15,000 | 7.0 | 200DB/HY | 2,143 | 3,673 |
| GoPro HERO5 | | 07/01/18 | 395 | | 100.00 | | | 395 | 5.0 | 200DB/HY | 79 | 126 |
| Gallien-Krueger Amplifier | | 09/15/18 | 799 | | 100.00 | 799 | | 0 | 5.0 | 200DB/HY | 0 | 0 |
| iPhone XS | | 11/15/18 | 999 | | 100.00 | | 999 | 0 | 5.0 | 200DB/HY | 0 | 0 |
| SUBTOTAL PRIOR YEAR | | | 207,193 | 35,000 | | 799 | 999 | 45,320 | | | 2,222 | 4,567 |
| TOTALS | | | 207,193 | 35,000 | | 799 | 999 | 45,320 | | | 2,222 | 4,567 |
| AMORTIZATION | | | | | | | | | | | | |
| CD Production | | 07/01/18 | 10,000 | | 100.00 | | | 10,000 | 2.0 | | 2,500 | 5,000 |
| Website | | 08/09/18 | 2,841 | | 100.00 | | | 2,841 | 3.0 | | 395 | 947 |
| SUBTOTAL PRIOR YEAR | | | 12,841 | | | 0 | 0 | 12,841 | | | 2,895 | 5,947 |
| TOTALS | | | 12,841 | | | 0 | 0 | 12,841 | | | 2,895 | 5,947 |

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Additional information from your 2019 Federal Tax Return

Schedule C (Musician): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

| Description | Amount |
|--------------------------------|---------------|
| Atlantic City 14 days @ \$64 | 1,358. |
| New Orleans 4 days @ \$64 | 384. |
| Nashville (NAMM) 3 days @ \$59 | 177. |
| Other professional meals | 704. |
| Total | 2,623. |

Schedule C (Musician): Profit or Loss from Business

Ln 5: Other Income

Itemization Statement

| Description | Amount |
|------------------------------------|----------------|
| Endorsement (value of bass guitar) | 2,000. |
| Sales of CD's | 1,950. |
| Royalties | 241. |
| PLEDGEMUSIC Income | 10,000. |
| Total | 14,191. |

Schedule C (Musician): Profit or Loss from Business

Line 24a

Itemization Statement

| Description | Amount |
|-----------------------------|---------------|
| New Orleans Hotel & Airfare | 1,446. |
| Nashville (NAMM) | 487. |
| Total | 1,933. |

Schedule C (Musician): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

| Description | Amount |
|-----------------------|---------------|
| Sheet Music and Books | 161. |
| Promo Photos | 285. |
| Printing | 49. |
| AMORTIZATION | 5,947. |
| Total | 6,442. |

Supplemental Business Expenses Worksheet

Line 12

Itemization Statement

| Description | Amount |
|---------------------------|---------------|
| 36 days @ \$55 (per Deim) | 1,980. |
| Total | 1,980. |