

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: Sonny; Last name: Phunky; Your social security number: 222 33 4444; Spouse's social security number: ; If joint return, spouse's first name and middle initial: ; Last name: ;

Home address (number and street): RR 1; Apt. no.: ; City, town, or post office: Rockridge; State: ME; ZIP code: 03905; Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ; Presidential Election Campaign: You [] Spouse []

Filing Status: [X] Single; [] Married filing jointly; [] Married filing separately; [] Head of household (HOH); [] Qualifying surviving spouse (QSS); Check only one box.

Digital Assets: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose of a digital asset? [] Yes [X] 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: [X] Were born before January 2, 1959 [] Are blind; Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes dependents section.

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Attach Sch. B if required.

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.

Table with columns 2a-6a, b, 7-15. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11.

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	2,417.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,417.
	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	2,417.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	284.
24	Add lines 22 and 23. This is your total tax	24	2,701.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3,462.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,462.
	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	3,462.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	761.																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	761.																	
	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></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				
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 Musician	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

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

**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
Sonny Phunky

Your social security number
222-33-4444

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	4,194.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	1,238.
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 ABL 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	5,432.

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	142.
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	142.

**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
Sonny Phunky

Your social security number
222-33-4444

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	284.
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
			284.

**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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 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	18,412.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	18,412.
4 Cost of goods sold (from line 42)	4	7,061.
5 Gross profit. Subtract line 4 from line 3	5	11,351.
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	25,542.

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

8 Advertising	8		18 Office expense (see instructions)	18	104.
9 Car and truck expenses (see instructions)	9	1,383.	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	3,700.	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 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	9,198.
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.			28	28	18,567.
<ul style="list-style-type: none"> • 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. 			29	29	6,975.
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			30	30	2,781.
<ul style="list-style-type: none"> • 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. 			31	31	4,194.
			32a	32a	<input checked="" type="checkbox"/> All investment is at risk.
			32b	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	35 610.
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 7,675.
41	Inventory at end of year	41 614.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 7,061.

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>1,977</u> b Commuting (see instructions) _____ c Other <u>10,111</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.

Trade Publications (Billboard)	299.
Research-Streaming Video/Music Downloads	613.
Performance Audit	405.
Internet Service	499.
Cell & Skype Service	372.
Online A&R (Taxi)	300.
Online fees	79.
Streaming Services	89.
See Line 48 Other Expenses	6,542.
48 Total other expenses. Enter here and on line 27a	48 9,198.

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: 35, 36, 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 (Total income or loss: 1,238), 42 (Reconciliation of farming and fishing income), 43 (Reconciliation for real estate professionals).

**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)
Sonny Phunky

Social security number of person
with self-employment income 222-33-4444

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** 2,012.

3 Combine lines 1a, 1b, and 2 **3** 2,012.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,858.

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** 1,858.

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** 1,858.

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** 33,071.

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** 33,071.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 127,129.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 230.

11 Multiply line 6 by 2.9% (0.029) **11** 54.

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** 284.

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** 142.

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

Sonny Phunky

Your taxpayer identification number

222-33-4444

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	Sonny "The Butterball" Phunky	222-33-4444	4,052.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	4,052.
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	4,052.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	810.
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	810.
11	Taxable income before qualified business income deduction (see instructions)	11	22,792.
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	22,792.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	4,558.
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	810.
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)
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	6,975.
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	5,667.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	798.
19	Rent	19	
20	Repairs and maintenance	20	207.
21	Utilities	21	3,471.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	4,476.
24	Multiply line 23, column (b), by line 7	24	705.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	705.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	705.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	4,962.
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	2,781.
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	2,781.

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 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	0.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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	1,160,000.
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	2,890,000.
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 2022 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 2024. 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 2023	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 2023 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	7.01 %				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)	847											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	11,241											
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 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Sch C Musician

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	01/01/2010		
4 Type of vehicle	A1 - Auto		
5 a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year	12,088		
6 Business miles for the year	1,977		
7 Commuting miles for the year			
8 Other personal miles for the year	10,111		
9 Percent of business use	16.36 %		
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	1,295.		

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"/> 1,295.	<input type="checkbox"/>	<input type="checkbox"/>
24 Actual expenses			

Total Car and Truck Expenses Complete for all vehicles	Vehicle 1 <u>Vehicle</u>	Vehicle 2	Vehicle 3
25 Line 23 or line 24	1,295.		
26 Additional expenses:			
a Business-related parking fees, tolls, etc	88.		
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	1,383.		
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	1,383.		

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			

www.artstaxinfo.com

Car and Truck Expenses Worksheet

2023

▶ 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	A1 - Auto		
5 a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year	12,088		
6 Business miles for the year	847		
7 Commuting miles for the year			
8 Other personal miles for the year	11,241		
9 Percent of business use	7.01 %		
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	555.		

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"/>	555.	<input type="checkbox"/>		<input type="checkbox"/>	
24 Actual expenses	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Total Car and Truck Expenses Complete for all vehicles	Vehicle 1 <u>Vehicle</u>	Vehicle 2	Vehicle 3
25 Line 23 or line 24	555.		
26 Additional expenses:			
a Business-related parking fees, tolls, etc			
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	555.		
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	555.		

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 <input type="checkbox"/> Ext <input type="checkbox"/> No <input type="checkbox"/>	Reg <input type="checkbox"/> Ext <input type="checkbox"/> No <input type="checkbox"/>	Reg <input type="checkbox"/> Ext <input type="checkbox"/> No <input type="checkbox"/>
e Percentage for Special Depr Allowance	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
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			

www.artstaxinfo.com

Two-Year Comparison

2023

Name(s) Shown on Return Sonny Phunky	Social Security Number
---	------------------------

Income	2022	2023	Difference	%
Wages, salaries, tips, etc	31,071.	33,071.	2,000.	6.44
Interest and dividend income	11.	131.	120.	999.00
State tax refund				
Business income (loss)	5,218.	4,194.	-1,024.	-19.62
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc	1,399.	1,238.	-161.	-11.51
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	37,699.	38,634.	935.	2.48
Adjustments to Income	468.	142.	-326.	-69.66
Adjusted Gross Income	37,231.	38,492.	1,261.	3.39
Itemized Deductions				
Medical and dental				
Income or sales tax	2,171.	2,171.	0.	0.00
Real estate taxes	1,598.	1,598.	0.	0.00
Personal property and other taxes				
Interest paid	5,399.	5,399.	0.	0.00
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	9,168.	9,168.	0.	0.00
Standard or Itemized Deduction	14,700.	15,700.	1,000.	6.80
Qualified Business Income Deduction	1,230.	810.	-420.	-34.15
Taxable Income	21,301.	21,982.	681.	3.20
Income Tax				
Income tax	2,354.	2,417.	63.	2.68
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	2,354.	2,417.	63.	2.68
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax	935.	284.	-651.	-69.63
Other taxes				
Total Tax After Credits	3,289.	2,701.	-588.	-17.88
Withholding	3,462.	3,462.	0.	0.00
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	3,462.	3,462.	0.	0.00
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	173.	761.	588.	339.88
Balance Due				

Current year effective tax rate 6.28 %

Schedule C Two-Year Comparison

2023

▶ Keep for your records

Proprietor name: Sonny Phunky

222-33-4444

Business or profession: Musician

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 . . .	16,845.	100.00	18,412.	100.00	1567.00
2	Returns & allowances . . .					
3	Net receipts or sales . . .	16,845.	100.00	18,412.	100.00	1567.00
Cost of goods sold:						
4 a	Beginning inventory . . .			610.	3.31	610.00
b	Purchases	1,000.	5.94	1,000.	5.43	0.00
c	Cost of labor	3,640.	21.61	3,640.	19.77	0.00
d	Materials & supplies . . .					
e	Other costs	2,425.	14.40	2,425.	13.17	0.00
f	Ending inventory	610.	3.62	614.	3.33	4.00
5	Cost of goods sold	6,455.	38.32	7,061.	38.35	606.00
6	Gross profit	10,390.	61.68	11,351.	61.65	961.00
7	Other income	14,191.	84.24	14,191.	77.07	0.00
8	Gross income	24,581.	145.92	25,542.	138.72	961.00
Expenses:						
9	Advertising					
10	Car & truck expenses . .	2,393.	14.21	1,383.	7.51	-1010.00
11	Commissions and fees . .					
12	Contract labor					
13	Depletion					
14	Depreciation & Sec 179 . .	3,987.	23.67	3,700.	20.10	-287.00
15	Employee benefits					
16	Insurance					
17 a	Mortgage interest					
b	Other interest					
18	Legal and professional . .	350.	2.08	350.	1.90	0.00
19	Office expense	104.	0.62	104.	0.56	0.00
20	Pension & profit-sharing .					
21	Rent or lease:					
a	Vehicle/machinery/equip .					
b	Other business property .					
22	Repairs & maintenance . .	114.	0.68	114.	0.62	0.00
23	Supplies	474.	2.81	474.	2.57	0.00
24	Taxes and licenses					
25 a	Travel	1,933.	11.48	1,933.	10.50	0.00
b	Meals & entertainment . .	1,311.	7.78	1,311.	7.12	0.00
26	Utilities					
27	Wages (less job credit) . .					
28	Other expenses	6,046.	35.89	9,198.	49.96	3152.00
29	Energy effi com bldgs . .					
30	Total expenses	16,712.	99.21	18,567.	100.84	1855.00
31	Tentative profit (loss) . .	7,869.	46.71	6,975.	37.88	-894.00
32	Office in home	2,651.	15.74	2,781.	15.10	130.00
33	Net profit (loss)	5,218.	30.98	4,194.	22.78	-1024.00
Passive suspended losses:						
Schedule C						
Form 4797						
Schedule D						

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

Smart Worksheets From 2023 Federal Tax Return

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

Business Address Information Smart Worksheet

Business street address. . . RR 1

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Rockridge ME 03905

Or, foreign country information:

www.artstaxinfo.com

Schedule C (Musician): 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)	▶ <u>Sonny "The Butterball" Phunky</u>
B Trade or Business Name	<u>Sonny "The Butterball" Phunky</u>
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	<u>4,194.</u>
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	<u>4,194.</u>
4 a Calculated QBI allowed after passive/at-risk limits	<u>4,194.</u>
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	<u>4,194.</u>
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	<u>142.</u>
c Deduction for 1/2 S.E. tax connected to this business	<u>142.</u>
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	<u>142.</u>
6 Sch C profit (loss) after S.E. deductions	<u>4,052.</u>
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	<u>4,052.</u>
9 Allowable Sch C profit (loss) allocated to SSTB	<u>0.</u>
10 Allowable Sch C profit (loss) from this business	<u>4,052.</u>
F 1 Ordinary gain (loss) from business assets	<u>0.</u>
2 Ordinary gain (loss) adjustments	_____
3 Qualified ordinary gain (loss)	<u>0.</u>
4 a Calculated QBI allowed after passive/at-risk limits	<u>0.</u>
b Adjustments to allowed QBI	_____
c Allowable short-term qualified gain (loss) after passive/at-risk limits	<u>0.</u>
5 Allowable ordinary gain (loss) allocated to SSTB	<u>0.</u>
6 Allowable ordinary gain (loss)/recapture from this business	<u>0.</u>
G 1 Section 1231 gain (loss) from business assets	<u>0.</u>
2 Section 1231 gain (loss) adjustments	_____
3 Section 1231 gain (loss) from qualified business	<u>0.</u>
4 a Calculated QBI allowed after passive/at-risk limits	<u>0.</u>
b Adjustments to allowed QBI	_____
c Allowable ordinary 1231 qualified gain (loss)	<u>0.</u>
5 Allowable ordinary 1231 gain (loss) allocated to SSTB	<u>0.</u>
6 Allowable ordinary 1231 gain (loss) from this business	<u>0.</u>

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

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	4,052.
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)	47,118.
2 Adjustments	_____
3 Qualified UBIA	47,118.
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	_____

www.artstaxinfo.com

Schedule C (Musician): 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 (Musician): 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)	4,194.	4,194.	4,194.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	4,194.	4,194.	4,194.
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.	

www.artstaxinfo.com

Schedule C (Musician): 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 (Musician): 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 (Musician): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Sch C home office) -- 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 (Musician): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Sch C home office) -- Smart Worksheet

Line 8 Calculation Smart Worksheet

A Enter the date you began using this home office for this business 07/01/2000

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 (Musician): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Sch C home office) -- Smart Worksheet

Interest and Taxes Smart Worksheet

If you already entered this home's deductible mortgage interest, qualified mortgage insurance, and real estate taxes as Indirect expenses on any other Form 8829, check this box

NOTE: Do **not** check this box on the first form where you enter these amounts.

	Direct Expense	Indirect Expense
A Qualified mortgage insurance paid or accrued in 2023 on contracts issued after 2006 for acquisition indebtedness	None	None
A Total mortgage interest and points		
B Mortgage interest and points reported on Form 1098		6,408.
C Mortgage interest not reported on Form 1098		
D Points not reported on Form 1098		

Schedule C (Musician): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (Sch C home office) -- 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

www.artstaxinfo.com

Additional Information From 2023 Federal Tax Return

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	385.
Printing	49.
AMORTIZATION	5,947.
Total	6,542.

www.artstaxinfo.com