#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

Social accurity number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

name		Social S	ecunty num	ber
ANTH KUMAR GUDAPU		760-	-87-839	4
ame		Spouse'	s social sec	urity number
NA GANDAMALLA		987	-96-259	9
Tax Return Information – Tax Year Ending December 31, 2023 (I	Enter	year yo	ou are au	thorizing.)
ole dollars only on lines 1 through 5.				
rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
Jjusted gross income			. 1	71,143.
otal tax			. 2	4,771.
ederal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3	12,052.
nount you want refunded to you			. 4	7,281.
nount vou owe			. 5	
	ANTH KUMAR GUDAPU ame NA GANDAMALLA Tax Return Information — Tax Year Ending December 31, 2023 (I ble dollars only on lines 1 through 5. rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. djusted gross income	ANTH KUMAR GUDAPU ame NA GANDAMALLA Tax Return Information — Tax Year Ending December 31, 2023 (Enter ble dollars only on lines 1 through 5. rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. djusted gross income	ANTH KUMAR GUDAPU       ANTH KUMAR GUDAPU     760-       ame     Spouse'       NA GANDAMALLA     987       Tax Return Information — Tax Year Ending December 31, 2023 (Enter year year)     2023 (Enter year year)       oble dollars only on lines 1 through 5.     2023 (Enter year year)       rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.     2023 (Enter year)       djusted gross income	ANTH KUMAR GUDAPU          ANTH KUMAR GUDAPU       760-87-839         ame       Spouse's social sect         NA GANDAMALLA       987-96-259         Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are au onle dollars only on lines 1 through 5.       2023 (Enter year you are au onle dollars only on lines 1 through 5.         rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.       1         djusted gross income       1         otal tax       2         aderal income tax withheld from Form(s) W-2 and Form(s) 1099       3         mount you want refunded to you       4

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Er
				ERO firm name		

	7	8	3	9	4			
Enter five digits, but don't enter all zeros								

2

5 9

Enter five digits, but don't enter all zeros

6

9

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

## Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Da	te 🕨	•				 	
Practitioner PIN Method Returns Only—con	ntinue	bel	w					
Part III Certification and Authentication – Practitioner PIN Method C	Only							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected P	IN.	2	2	 	 6 Iter all	_	 7	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
Dor	ERO Must Retain This Form — Se a't Submit This Form to the IRS Unless		
For Domessionals Deducation Act Natio	· · · · · · · · · · · · · · · · · · ·		Form 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/08/24 PRO

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	aple in this space.
For the year Jan	1. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
JESHWANT	רא או	IMAR	GUD	APU						760	87	8394
		s first name and middle initial	Last r									security number
MEGHANA			GAN	DAMALI	-Δ					987	96	2599
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
	•	TE GRASS DR										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode	spouse	if filing	jointly, want \$3
CONROE		,	•			ТУ	ζ	773	85			nd. Checking a
Foreign country	/ name			Foreign p	rovince/state/c				n postal code		ow will or refu	not change Ind.
0				0 1			,	0		,	Y	_
Filing Status	. [	Single					Head of ho	ouseho	old (HOH)			
•	_	Married filing jointly (even if only o	ne hac	l income)				Jusen				
Check only		Married filing separately (MFS)	ie nae	i inconic)			Qualifying	eurviv	ina snouse	(099)		
one box.	lf v	ou checked the MFS box, enter the	name	of your s	nouse If voi	ı che			• •		ild'e na	me if the
		alifying person is a child but not you										
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi									ΠYe	es 🛛 No
Standard		eone can claim:  You as a de					a dependent	0: (00		JII3.)		
Deduction	_	Spouse itemizes on a separate return	•		-		-					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1959	Is	s blind
Dependents	s (see	instructions):		(2)	Social security		(3) Relationsh	ip <b>(4</b>		-		(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax o	credit	Credit fo	or other dependents
than four												
dependents, see instructions	e											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a	1	82,391.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstructior	ıs)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(	s) W-2 (see ir	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441	, line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruction	ions)				<sub>.</sub> .			. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					
	z	Add lines 1a through 1h								. 1z		82,391.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			bТ	axable amount			. 4b		
Standard Deduction for –	5a	Pensions and annuities	5a			bТ	axable amount			. 5b	,	
Single or	6a	Social security benefits	6a			bТ	axable amount			. 6b	,	
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here (	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	ired	, check here			7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•		-			. 8		-11,248.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		71,143.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	i
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		71,143.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12	-	27,700.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction					5-A			. 13		
Standard	14	Add lines 12 and 13								. 14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			-0 This is w	Our I	taxable incom	 е		. 15		43,443.
			5 51 10	,	5 y	5011		<del>.</del> .		. 10		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	1	6 4,771.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	<b>B</b> 4,771.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				2	D
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	<b>2</b> 4,771.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	<b>3</b> 0.
	24	Add lines 22 and 23. This is	your total tax				2	4 4,771.
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				<b>25a</b> 12	,052.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	id 12,052.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		2	6
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31				undable credits	3	2
	33	Add lines 25d, 26, and 32. T						10.050
Refund	34	If line 33 is more than line 24					3	
lioiana	35a	Amount of line 34 you want					. 35	<b>a</b> 7,281.
Direct deposit?	b	Routing number 3 2 2	2 7 1 6	2 7			Savings	
See instructions.	d	Account number 7 6 6					J	
	36	Amount of line 34 you want a			ed tax	36		
Amount	37	Subtract line 33 from line 24						
You Owe	01	For details on how to pay, g					3	7
	38	Estimated tax penalty (see in	-	-		38	_	
Third Party	Do	you want to allow another						
Designee							omplete belov	w. 🗙 No
	De	signee's		Phone		Perso	onal identificati	on
	nar	ne		no.		numb	ber (PIN)	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com						, ,
Here		· · · ·	piele. Declaration		1			, ,
	Yo	ur signature		Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?					SOFTWARE H	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sign.	Date	Spouse's occupat		If the IRS	sent your spouse an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,					Identity P	rotection PIN, enter it here
your records.					HOME MAKER	ર	(see inst.)	
		one no. (480)740-101		Email address	JESHWANTHKUM	AR221@GMAIL.CO		1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/12/2024	P0208270	3 Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone no	. (678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/08/24 PRO		Form <b>1040</b> (2023)

REV 01/08/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# 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

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Go to www.irs.gov/Form1040 for instructio

JESH	IWANTH KUMAR GUDAPU & MEGHANA GANDAMALLA		760-	87-83	94
Par	t 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	-11,248.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			5	
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (		)	
b	Gambling	8b		<u>-</u>	
с	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			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
i	Activity not engaged in for profit income	8j			
ķ	Stock options	8k			
1	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE 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	<b>8s</b> (		)	
t	Pension or annuity from a nonqualifed 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	r here and	d on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-11,248.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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	
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			19a	
b	Recipient's SSN			
С	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:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 an			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/08/24 PRO		Schedule 1 (F	orm 1040) 202

SCHEDULE	С
(Form 1040)	

OWB	No.	1545	o-00	74

(Form 1494) Department different Research Interest Reveal Number of Proprietor State of Default (State State	SCHEDULE C				Profit or Los	s Fr	om Business			OM	B No. 154	5-0074
Displayment of the Trease (         Rate for 50m 1040, UNL-SK, UNL-SK, O'LAS, For UNL SK, SMALESK, UNL-SK, O'LAS, SMALESK, S	(Forn	,				•	17			G	202	23
Name of propriet         Social security number (SN)           JEESHNANTH KUNARA GUDAPU         760-87-834           Principal basiness or profession, including product or service (see instructions)         Environmentation           LAR Real LY         D Employer ID number (RN) tool instructions           D Business name, In oseparate business name, lawe blank.         D Employer ID number (RN) tool instructions           LAR Real LY         D Employer ID number (RN) tool instructions           City, town or post office, state, and ZP code         CONTOR, TX 77385           F         Accounting Number (SIN)         City (SN)           G Did you "materially participate" in the operation of this business during 2023; If "No," see instructions for limit on losses         X Yes           G Did you "materially participate" in the operation of this business during 2023; If "No," see instructions in the form (SIN)         Yes           G Toros receipts or alles. See instructions for line 1 and check the box if this incores was reported to you on Form W-2 and the "Statutory employer" box on that form was checked         1         5, 711.           2 octs of goods sold from line 43         5         5, 7711.         6         5, 7711.           3 octs of goods sold from line 43         18         0 Hice expense (see instructions)         1         2, 721.           3 orgen profile.         Subtract line 4 from line 3         18         0 Hice expense (s		nent of the freasury		-					rm 1065.	Atta	achment	
JESHMANTH KUMAR GUDAPU         766-87-83.94           A         Principal usiness or profession, including product or service (see instructions)         B Enter code transmissions         5 1 8 2 1 0           C         Baumeas name. If or separate business name, leave blank.         D Employer ID number (EM) (see instructions)         C Business address (including suite or room no.)         17676         ROSETTE GRASS         D Employer ID number (EM) (see instructions for limit on insees.           C By, torm or pot office, stand 2IP code (CONROK, TX 77385         Composition of this business during 2023, there (see instructions for limit on insees.         N Ves.			G	io to www.	irs.gov/ScheduleC fo	or instru	uctions and the latest information	_				
A       Principal business or profession, including product or service (see instructions)       B Enter code from instructions         LAK Realty       D Engloyer D number (EM) (see instructions)       D Engloyer D number (EM) (see instructions)         C       Business name. If no separate business name, leave blank.       D Engloyer D number (EM) (see instructions for limit on losses.         D big out "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses.       N test         G Did you "mate any payments in 2023 that would require you to file Form(9) 1099? See instructions for limit on losses.       N test         If you strate any payments in 2023 that would require you to file Form(9) 1099? See instructions.       Yes.       N test         If oress neepists or sales. See instructions for lime 1       and check the box if this income was reported to you on form 0.4       5,711.4         2 returns and allowances.       2       5,711.4       Cost of goods sold (from line 42)       4         3 diversing file. 2 to no instructions for lime 1       and orter was reported to you on form 0.4       7       5,711.4         4 diversing file. 2 to no instructions and file.       and allowances.       5       5,711.4         5 dorts profes. Subtract line and state gascoline or fuel tax credit or refund (see instructions).       7       5,711.4         6 dorts instructions in file.       11       19       Pe										-		SSN)
LAK Realty       5 1 8 2 1 0         C Business name, if no separate business name, leave blank.       D Employer ID number (EN) [see has         LAK Realty       D Business address (including suite or room no.)       17676 ROSETTE GRASS DR         City.town or post office.std, and ZP code       CONROR, TX 77385         F Accounting method:       (1) [Clash (2) [Accumal (3) [Accum								-				
C       Business name, if m separate business name, leave blank. LAK Realty       D       Employer ID number (EM) (see hat the second secon	A	•	s or protessic	on, includino	g product or service (s	ee instr	uctions)	B				
LAK Realty       Ended         E       Business address (including suite or room no.)       17676       ROSETTE:       GRASS DR         City, town post office, state, and ZIP code       CONROK; TX 77385       Constructions       CONROK; TX 77385         F       Accounting method; (1)       Kits (2)       Accrual (3)       Other (specify)       Constructions for limit on losses       XYes       NK         Did you materially participate?       Income       Constructions       Income       Income       Income       Income       Income       Second and allowances       2         1       Grass profits Subtract line 4 from line 1       3       5,711.       3       5,711.         1       Cost of goods sold (from line 42)       4       5       5,711.         1       Cost of goods sold (from line 42)       4       5       5,711.         1       Cost of goods sold (from line 42)       4       5       5,711.         1       Cost of goods sold (from line 43)       5       5,711.       5       5,711.         1       Cost of goods sold (from line 43)       18       Office cosprese (se instructions)       6       6       6       6       6       7       5,711.         1       Coros income. Add lines 8 and 6		-	(									
E         Business address including suite or room no.)         1.7676         ROSETTE: GRASS DR           City, town or past office, state, and ZIP code         CONROE, TX: 77385	C		r no separate	; business n	iame, leave blank.				Employer	ID nur	nber (EIN)	(see instr.)
City, town or post office, state, and 2P code       CONROE, TX 77385         Accounting method:       (1) Coher (specify)         Did you "materially participate" in the operation of this business during 2023, check here			<i>(</i> ; , , , ;	·		00000						
F       Accounting method:       (1)       X Cash (2)       Account (3)       Other (specify)         G       Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses       X Yes       No         H fy up started or acquired this business during 2023? If "No," see instructions       Yes       No         H T'Yes, "Idd you or will you file reguired Form(s) 1099?       Yes       No         Partial       Income       2       5         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       1       5, 711.         2       Buttot file 2 from line 42)       3       5, 711.         4       5       5, 711.         6       Gross proffs. Subtract line 4 from line 3       5       5, 711.         6       Gross income. Add lines 3 and 6       -       7       5, 711.         7       Gross income. Add lines 3 and 6       -       1       9       -       1       5         8       Advertising       1       9       Pension and proff-shating plana.       18       -         9       Cast of goods said lines 3       1       18       Other business cincutions).       10	E											
G       Did you "materially participate" in the operation of this business during 2023 /f "No," see instructions for limit on losses       X Yes       No         H       fyou started or acquired this business during 2023, check here		<b>3</b> 7	,	,								
H       H you started or acquired this business during 2023, check here       Image: Control of the control of the form(s) 1099? See instructions       Image: Control of the control of the form (s) 1099?         PartI       Income       Image: Control of the control of the form (s) 1099?       Image: Control of the control of the form (s) 1099?         1       Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on the form (s) 1099?       Image: Control of the form (s) 1099?         2       Fetums and allowances       Image: Control of the form (s) 1099?       Image: Control of the form (s) 1099?         3       Subtract line 2 from line 1       Image: Control of the form (s) 1099?       Image: Control of the form (s) 1097         3       Subtract line 2 from line 1       Image: Control of the form (s) 1097       Image: Control of the form (s) 1097         3       Subtract line 2 from line 4 from line 3       Image: Control of the form (s) 1097       Image: Control of the form (s) 1097         3       Gross profit. Subtract line 4 from line 3       Image: Control of the form (s) 1097       Image: Control of the form (s) 1097         4       Control solo of form form (s) 1097       Image: Control of the form (s) 1097       Image: Control of the form (s) 1097         6       Control solo of form (s) 100       Image: Control of the form (s) 100       Image: Control of the form (s) 100         10       Cornmissi		0				3)	Other (specify)					
Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions       Image: Control of the second												
J       If "Yes," did you or will you file required Form(s) 1089?       Yes       Ves       Net         Part I       Income       Income       Income       Income       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       1       5,711.         2       Returns and allowances       2       3       5,711.         3       Gords profit. Subtract line 4 from line 3       5       5,7,711.         4       Cost of goods sold (from line 42)       4       6         5       Gross profit. Subtract line 4 from line 3       5       7,711.         6       Gross income. Add lines 5 and 6       7       7,711.         7       Gross income. Add lines 5 and 6       9       20       Rent or lease (see instructions).       18         9       Car and truck expenses       10       20       Rent or lease (see instructions).       19         10       Commissions and fees       10       21       22       22       22         11       Depletion       12       21       Reparse and minetence       21       22         12       Depletion       13       24       Travel incuded in Pa												
Part I       Income         1       Grass receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form Var 2 and the "Statutory employee" box on that form was checked       1       5,711.         2       Returns and allowances       2       2         3       Subtract line 2 form line 1       3       5,771.         4       Cost of goods sold (from line 42)       4       4         5       Grass profit. Subtract line 4 form line 3       5,771.       4         6       Grass income. Add lines 5 and 6       7       5,711.         7       5,711.       5       5,711.         8       Advertiling .       8       18       Office expenses (see instructions).         9       Car and truck expenses       9       20       Rent or lease (see instructions).         10       Contract labor (see instructions).       12       21       Repairs and maintenance       21         12       Depreciation and section 179       geairs and licenses       23       Travel and meals:       24         14       Employee benefit programs (other than health)       15       21       22       22         15       Insurance (other than health)       15       27       27       27												_
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       1       5,711.         2       Returns and allowances       2         3       Subtract line 2 from line 1       3       5,711.         4       Cost of goods sold (from line 42)       4       5         5       Gross profit. Subtract line 4 from line 3       5       5,711.         6       Cost of goods sold (from line 42)       5       5,711.         7       Gross income, Add lines 5 and 6       7       7,7,711.         8       Advertising       7       7,711.         9       Car and truck expenses for business use of your home only on line 30.       18       Office expense (see instructions).       18         9       Car and truck expenses for business use of your home only on line 30.       19       Pension and profits-sharing plans.       19         10       Commissions and fees       10       a       Vehicles, machinery, and equipment 20       20         11       Contract labor (see instructions)       11       b       Other business property       21       22         12       21       Repars and licenses       21       22       22       24       24	J Dar		or will you file	3 required F	orm(s) 1099?			•		<u>· ·</u>	tes	
Form W-2 and the "Statutory employee" box on that form was checked       1       5,711.         2       Returns and allowances       2         3       Subtract line 2 from line 1       3       5,711.         4       Cost of goods sold (from line 42)       4       -         5       Gross profit. Subtract line 4 from line 3       5       5,711.         6       Gross income. Add lines 5 and 6       -       7       5,711.         7       Gross income. Add lines 5 and 6       -       7       5,711.         8       18       Office expenses (see instructions)       6       -         9       Car and truck expenses       10       1       Pent or lines (see instructions)       19         10       Contract labor (see instructions)       11       b       Office expense (see instructions)       19         11       Depreciation and section 179       Repairs and maintenance       21       22         12       21       Repairs and maintenance       23       5,162.         13       24       Travel       23       5,162.         14       Employee benefit programs (cher than nell*)       15       24       24         16       Intersex (see instructions):       26 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
2       Returns and allowances       2         3       Subtract line 2 from line 1       3       5,711.         4       Cost of goods sold (from line 42)       4       5         5       Gross proft. Subtract line 4 from line 3       5       5,711.         6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Total spenses. Enter expenses for business use of your home only on line 30.       7       5,711.         8       Advertising	1										5	711
3       Subtract line 2 from line 1       3       5,711.         4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       5         6       Cher income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Gross income, Add lines 5 and 6       7       5,711.         9       Car and fruck expenses       8       18       Office expense (see instructions)       18         9       Car and truck expenses       9       Pension and profit-sharing plans.       19       19         10       Commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       12       21       Repairs and maintenance       21         12       21       Repairs and maintenance       21       22       22       22         13       24       Travel and meals:       24       24       24       24         14       b       Deduction line 48)       25       24       24       24       24         14       b       Coher expenses foron line 48)       27       27       27       27         16	0										5	, / ⊥ ⊥ •
4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       5       5,711.         6       Torino more, including federal and state gasoline or fuel tax credit or refund (see instructions).       6         7       Gross income. Add lines 5 and 6       7       5,711.         Part III       Expenses. Enter expenses for business use of your home only on line 30.       7       5,711.         8       Advertising       8       18       Office expense (see instructions).       18         9       Car and truck expenses for business use of your home only on line 30.       18       19       Pension and profit-sharing plans.       19         10       Commissions and fees .       10       a       Vehicles, machinery, and equipmet       20a         11       Contract labor (see instructions)       12       21       Repairs and maintence .       21         12       Deprectation and section 179       22       Supplies (not included in Part III)       22         13       Deprectation and section 179       23       Taxes and licenses .       21         14       Employee benefit programs (other than nealth)       15       12       24       12         14       Employee benefit programs (other than nealth)       15 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>- T</td> <td></td> <td></td> <td>5</td> <td>711</td>								- T			5	711
5       Gross profit. Subtract line 4 from line 3       5       5,711.         6       0ther income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Gross income. Add lines 5 and 6       7       5,711.         8       Advertising       7       5,711.         9       Car and truck expenses for business use of your home only on line 30.       7       5,711.         9       Car and truck expenses (see instructions).       9       20       18       0ffice expense (see instructions).       19         9       Commissions and fees       9       20       Rent or lease (see instructions).       20a         10       a       Vehicles, machinery, and equipment       20a       20a       20a         11       Contract labor (see instructions)       12       21       Repairs and maintenance       21         21       Depreciation and section 179       23       Taxes and licenses       23       5,162.         14       Employee benefit programs (other than health)       15       25       26       24         15       Insurance (other than health)       15       25       26       27a       24a         20       Cher       Sontines 48       27a       2								H	-			,/
6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Gross income. Add lines 5 and 6       7       5,711.         7       S,711.       7       5,711.         8       Advertising       18       Office expense (see instructions)       18         9       Car and truck expenses       9       19       Pension and profits-haring plans       19         10       a       Vehicles, machinery, and equipment       20a       20a       20a         11       Contract labor (see instructions)       12       21       Repairs and maintenance       21         12       Depletion       11       b       Other business property       20a       20a         12       Depreciation and section 179       21       Repairs and maintenance       21       21         24       Travel and meals:       14       24       Travel and meals:       24       24a         14       Employee benefit programs (other than health)       15       25       Utilities       25       24a         15       Insurance (other than health)       15       25       24a       24a       24a         26       Udages (lese instructions):       a		-	•								5	711
7       Gross income. Add lines 5 and 6       7       5,711.         Part III       Expenses. Enter expenses for business use of your home only on line 30.       18       Office expense (see instructions).       19         8       Advertising								F	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part III Expenses. Enter expenses for business use of your home only on line 30.         8       Advertising       8       Office expenses (see instructions) .       18         9       Car and truck expenses (see instructions)       9       9       Pension and profit-sharing plans .       19         10       Commissions and fees .       10       20       Rent or lease (see instructions) .       18         11       Contract labor (see instructions)       11       b       Other business property       20a         12       Depreciation and section 179 expense diduction (not included in Part III) (see instructions)       12       21       Repairs and maintenance			0		0			- H	-		5	.711
8       Advertising       18       Office expense (see instructions)       18         9       Car and truck expenses (see instructions)       9       20       Pension and profit-sharing plans       19         10       Commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       b       Other business property       20a         12       Depletion       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense       4       Final intenses       23       5, 162.         14       Employee benefit programs (other than on line 19)       13       24       Travel and meals:       24         15       Insurance (other than health)       15       25       Utilities       26         16       Interest (see instructions):       16a       11,797.       27a       27a       27a         28       Total expenses before expenses for business use of house. Add lines 8 through 27b       27a       27a         29       Total expenses before expenses for business use of house theore mine 7.       28       16,959.         29       Total expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 88	_							•			5	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9       Car and truck expenses (see instructions)       9       19       Pension and profit-sharing plans       19         10       Commissions and fees       10       a       Vehicles, machinery, and equipment a Vehicles, machinery, and equipment       20a         11       Contract abor (see instructions):       11       b       Other business property       20a         12       Depreciation and section 179 expenses deduction (not included in Part III) (see instructions)       12       21       Repairs and maintenance       21         21       Taxes and licenses       13       24       Travel and meals:       23       5,162.         14       Employee benefit programs (other than on line 19)       14       b       Deductible meals (see instructions)       24b         15       Insurance (other than health)       15       25       Utilities       26       27a         16       Interest (see instructions):       16a       11,797.       27a       Other expenses (from line 48)       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27b         29       Tentative profit or (loss). Subtract line 28 from line 7       Use the Simplified       30         30       Expenses for business use of your home. Do not report these expens			•		<u> </u>		-		18			
0       Oar bill what objections       9       20       Rent or lease (see instructions):         10       Commissions and fees       10       a       Vehicles, machinery, and equipment         11       Contract labor (see instructions):       11       b       Other business property       20b         12       Depletion       12       21       Repairs and maintenance       21       22         20b       21       Repairs and maintenance       21       22       20b       22         21       Repairs and maintenance       21       23       5,162.       23       5,162.         14       Employee benefit programs (other than on line 19)       14       b       Deductible meals (see instructions)       24       Travel       24a       24a         15       Insurance (other than health)       15       25       Utilities       25       24a         16       11.,797.       27a       Other seese (from line 48)       26       27a       26         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16,959.       29       -11,248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 2829 unless using the simplified method. See instruct		-				-		- F				
10       Commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       20b       20b         12       Depletion       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions)       12       23       5,162.         14       Employee benefit programs (other than on line 19)       14       24       Travel and meals:       24         16       Interest (see instructions):       14       25       24       27a       24b         16       Interest (see instructions):       16a       11,797.       27a       27a       27a       26         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27a       27a       27b         29       Tentative profit or (loss). Subtract line 28 from line 7	9		•	9					10			
11       Contract labor (see instructions)       11       b       Other business property       20b         12       Depreciation and section 179 expense deduction (not included in Part III) (see instructions)       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions)       13       24       Supplies (not included in Part III)       22         14       Employee benefit programs (other than no line 19)       14       24       Travel and meals:       24a         15       Insurance (other than health)       15       25       Utilities       25         16       Interest (see instructions):       16a       11,797.       27a       Other expenses (from line 48).       26         17       Legal and professional services       17       b       Energy efficient commercial bidgs deduction (attach Form 7205).       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16, 959.         29       Tentative profit or (loss). Subtract line 28 from line 7       .       .       .         30       Expenses for business use of your home. See instructions.       .       .       .       .         4       th a profit or (loss). Subtract line 20 from	10	· ,				-	· · · · · · · · · · · · · · · · · · ·	nt	20a			
12       Depletion       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions)       12       23       Supplies (not included in Part III)       22         23       Taxes and licenses       23       5,162.         14       Employee benefit programs (other than on line 19)       14       24       Tavel and meals:       24         15       Insurance (other than health)       15       25       Utilities       26         16       Interest (see instructions):       16a       11,797.       26       Wages (less employment credits)       27a         24       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27a         25       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16,959.         29       Tentative profit or (loss). Subtract line 28 from line 7       Use the Simplified Method Worksheet in the instructions.       29       -11,248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       30         31       Net profit or (loss). Subtract line 30 from line 29.       . Use the Simplified Method Worksheet in the instructions. Estates a						-		- F				
13       Depreciation and section 179 expense       22       Supplies (not included in Part III)       22         14       Employee benefit programs (other than on line 19)       13       24       Travel and meals:       23       5,162.         15       Insurance (other than health)       15       25       Utilities       24b       24b         16       Interest (see instructions):       16       11,797.       27a       Other expenses (from line 48) .       26         17       Legal and professional services       17       16b       b       Charlen time 28       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27b       27b         29       -11,248.       .       .       29       -11,248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       .         31       Net profit or (loss). Subtract line 30 from line 29.       .       .       .       .       .         4       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.       .       .       .       .			,			-		- F				
included in Part III) (see instructions)       13       23       Taxes and licenses       23       5,162.         14       Employee benefit programs (other than on line 19)       14       24       Travel and meals:       24a         15       Insurance (other than health)       15       25       Utilities       26         16       Interest (see instructions):       16a       11,797.       27a       Other expenses (from line 48)       27a         17       Legal and professional services       17       16b       b       Energy efficient commercial bldgs deduction (attach Form 7205)       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16,959.         29       Tentative profit or (loss). Subtract line 28 from line 7       Use the Simplified method filers only: Enter the total square footage of (a) your home: and (b) the part of your home used for business: simplified method filers only: Enter the total square footage of (a) your home: and (b) the part of your home used for business: 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.       30         30       If a loss, you must go to line 32.       If you have a loss, check the box that describes your investment in this activity. See instructions.       31       -11, 248.         31       -11	13	Depreciation and	section 179			22	•	- F	22			
instructions)       13       24       Travel and meals:       24a         14       Employee benefit programs (other than on line 19)       14       b       Deductible meals (see instructions)       24a         15       Insurance (other than health)       15       25       Utilities       24         16       Interest (see instructions):       16a       11,797.       27a       Other expenses (from line 48)       26         17       Legal and professional services       17       27a       Other expenses (from line 48)       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27b         29       Tentative profit or (loss). Subtract line 28 from line 7       0 home.       29       -11, 248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       30         31       Net profit or (loss). Subtract line 30 from line 29.       . Use the Simplified       30         34       Net profit or (loss). Subtract line 30 from line 29.       . If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.       31       -11, 248.         35       If you have a loss, che						23	Taxes and licenses	. [	23		5	,162.
14       Employee benefit programs (other than on line 19)       14       a       Travel       24a         15       Insurance (other than health)       15       Deductible meals (see instructions)       25       24b         a       Mortgage (paid to banks, etc.)       16       11, 797.       26       27a       Other expenses (from line 48)       26         b       Other       16b       11, 797.       27a       Other expenses (from line 48)       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       28         29       Tentative profit or (loss). Subtract line 28 from line 7       0 not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       28       16, 959.         29       Tent of your home used for business:			, ,	13		24	Travel and meals:	Ī				-
(other than on line 19)       14       b       Deductible meals (see instructions)       24b         15       Insurance (other than health)       15       25       Utilities       26         16       Interest (see instructions):       16a       11,797.       27a       Other expenses (from line 48)       27a         17       Legal and professional services       17       b       Energy efficient commercial bldgs deduction (attach Form 7205)       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       27b       27b         29       Tentative profit or (loss). Subtract line 28 from line 7       .       .       .       29       -11, 248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       .       .       .       .         30       Expenses for loss. Subtract line 30 from line 29.       <	14	,	t programs			a	Travel		24a			
16       Interest (see instructions):       16       11,797.       26       Wages (less employment credits)       26         a       Mortgage (paid to banks, etc.)       16a       11,797.       27a       Other expenses (from line 48).       27a         b       Other        16b        b       Energy efficient commercial bldgs deduction (attach Form 7205).       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b        28       16,959.         29       Tentative profit or (loss). Subtract line 28 from line 7         29       -11,248.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.				14		b	Deductible meals (see instruction	s)	24b			
a       Mortgage (paid to banks, etc.)       16a       11,797.       27a       Other expenses (from line 48).       27a         b       Other       16b       b       Energy efficient commercial bldgs deduction (attach Form 7205).       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16,959.         29       Tentative profit or (loss). Subtract line 28 from line 7.       28       16,959.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       30 unless using the simplif	15	Insurance (other t	han health)	15		25	Utilities	. [	25			
b       Other       16b       b       Energy efficient commercial bldgs deduction (attach Form 7205)       27b         17       Legal and professional services       17       27b       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27b       28       16,959.         29       Tentative profit or (loss). Subtract line 28 from line 7       28       16,959.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       29       -11,248.         30       Expenses for your home used for business:       . Use the Simplified Method filers only: Enter the total square footage of (a) your home:       30         31       Net profit or (loss). Subtract line 30 from line 29.       . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	16	Interest (see instr	uctions):			26	Wages (less employment credits	)	26			
17       Legal and professional services       17       deduction (attach Form 7205)	а	Mortgage (paid to	banks, etc.)	16a	11,797.	27a	Other expenses (from line 48) .		27a			
<ul> <li>28 Total expenses before expenses for business use of home. Add lines 8 through 27b</li></ul>	b	Other		16b		b	Energy efficient commercial bldg	js				
<ul> <li>29 Tentative profit or (loss). Subtract line 28 from line 7</li></ul>	17	• ·		1 1				-				
<ul> <li>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: Use the Simplified Use the Simplify the simplified Use the Simplify the</li></ul>						ld lines	8 through 27b	•				
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:	29	Tentative profit of	r (loss). Subtr	ract line 28	from line 7			•	29		-11	,248.
Simplified method filers only: Enter the total square footage of (a) your home:	30			•		se expe	enses elsewhere. Attach Form 882	29				
and (b) the part of your home used for business: Use the Simplified Use t		0	•			<b>(</b> ( - )						
<ul> <li>Method Worksheet in the instructions to figure the amount to enter on line 30</li></ul>												
<ul> <li>31 Net profit or (loss). Subtract line 30 from line 29.</li> <li>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.</li> <li>If a loss, you must go to line 32.</li> <li>32 If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule</li> </ul>					-							
<ul> <li>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.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule</li> </ul>	04				0	nter on	line 30	•	30			
<ul> <li>checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule</li> </ul>	31		•			_	) 					
<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule</li> </ul>				•	•• •				24		1 1	240
<ul> <li>32 If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule</li> </ul>					is.) Estates and trusts,	, enter c	on Form 1041, line 3.	L	31		-11	,240.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule	20		-		oriboo your invootmor	t in this	)					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule	52	ii you nave a loss	, check the D	JUX THAT DES	sondes your investiner	11 11 11 11 11 11 11 11 11 11 11 11 11						
SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on 32a 🛛 All investment is at risk.					•				32a 🗙 🗚	Il inve	estment i	s at risk

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. For Paperwork Reduction Act Notice, see the separate instructions. BAA

32b Some investment is not at risk.

Schedu	le C (Form 1040) 2023			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	/ehicl	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
	Do you have evidence to support your deduction?		🗌 Yes	No
-	If "Yes," is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	270,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		