Form **8879** (Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name
ELAINE FARRELL

Social security number
[redacted]

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	53,834.
2	Total tax	2	1,118.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	1,882.
5	Amount you owe	5	

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

Under penalties of perjury, 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 SEDACCA ACCOUNTANCY CORPORATION to enter or generate my PIN [redacted] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros

[ ] 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 ▶ _____ Date ▶ 06/20/2023

Spouse's PIN: check one box only

[ ] I authorize _____ to enter or generate my PIN [ ][ ][ ][ ][ ] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros

[ ] 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted]
Don't enter all zeros

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 ▶ _____

119995 04-01-21

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Tax Year 2021 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN [redacted]

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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 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 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: [redacted] Date 06202023

Spouse's PIN: _____

Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return

2021 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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

Your first name and middle initial	Last name	Your social security number
ELAINE	FARRELL	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

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

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

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ▶ ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
	[redacted]	[redacted]		☒	

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
2a	Tax-exempt interest	2a	b Taxable interest	2b	5.
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	
8	Other income from Schedule 1, line 10			8	54,388.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	54,393.
10	Adjustments to income from Schedule 1, line 26			10	559.
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶			11	53,834.
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	28,988.		
b	Charitable contributions if you take the standard deduction (see instr.)	12b			
c	Add lines 12a and 12b			12c	28,988.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	28,988.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	24,846.

Standard Deduction for -
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800
- If you checked any box under Standard Deduction, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	2,695.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	2,695.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	2,695.
21	Add lines 19 and 20		21	2,695.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,118.
24	Add lines 22 and 23. This is your **total tax** ▶		24	1,118.
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2021 estimated tax payments and amount applied from 2020 return		26	
27a	Earned income credit (EIC)	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. ▶ ☐			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3,000.	
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶		32	3,000.
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	3,000.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,882.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	1,882.
b	Routing number [redacted] c Type: ☐ Checking ☐ Savings			
d	Account number [redacted]			
36	Amount of line 34 you want **applied to your 2022 estimated tax** ▶	36		
37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶		37	
38	Estimated tax penalty (see instructions) ▶	38		

Refund

Direct deposit? See instructions.

Amount You Owe

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 ▶ JEFFREY SEDACCA Phone no. ▶ [redacted] Personal identification number (PIN) ▶ [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[redacted]	06/20/25	BUSINESS OWNER	
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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. Email address [redacted]

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JEFFREY SEDACCA			[redacted]	☐ Self-employed

Firm's name ▶ SEDACCA ACCOUNTANCY CORPORATION Phone no. [redacted]

Firm's address ▶ [redacted] Firm's EIN ▶ [redacted]

Go to *www.irs.gov/Form1040* for instructions and the latest information.

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

2021

Attachment Sequence No. 01

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

ELAINE FARRELL

Your social security number [redacted]

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	7,911.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	185,212.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	(138,735)		
b	Gambling income	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	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	8k			
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
o	Section 461(l) excess business loss adjustment	8o			
p	Taxable distributions from an ABLE account (see instructions)	8p			
z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	-138,735.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	54,388.

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	559.
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 8k 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 8l	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 or 1040-SR, line 10, or Form 1040-NR, line 10a			26	559.

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

2021

Attachment Sequence No. 02

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

ELAINE FARRELL

Your social security number [redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
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	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	1,118.
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			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 in 2021, 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	Additional tax from Schedule 8812			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	1,118.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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

2021

Attachment Sequence No. 03

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

ELAINE FARRELL

Your social security number [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a	2,695.		
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
z	Other nonrefundable credits. List type and amount ▶ _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	2,695.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	2,695.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b			
c	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g			
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h			
z	Other payments or refundable credits. List type and amount ▶	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return	Your SSN
ELAINE FARRELL	[redacted]

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
✓ If you received Notice 1444-C, have it available.
Don't include on line 13 any amount you received but later returned to the IRS.
If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
   [X] **No.** Go to line 2.
   [ ] **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
   [X] **Yes.** Go to line 6.
   [ ] **No.** If you are filing a joint return, go to line 3.
   If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
   [ ] **Yes.** Your credit is not limited. Go to line 6.
   [ ] **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
   [ ] **Yes.** Your credit is limited. Go to line 6.
   [ ] **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
   [ ] **Yes.** Enter zero on line 6 and go to line 7.
   [ ] **No.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
   - $1,400 if single, head of household, married filing separately or qualifying widow(er),
   - $1,400 if married filing jointly and you answered "Yes" to question 4, or
   - $2,800 if married filing jointly and you answered "Yes" to question 2 or 3 ..... 6. 1,400.
7. Multiply $1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number ..... 7. 1,400.
8. Add lines 6 and 7 ..... 8. 2,800.
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
   - Single or Married filing separately - $75,000
   - Married filing jointly or qualifying widow(er) - $150,000
   - Head of household - $112,500

   [ ] **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 ..... 9.
   [X] **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
    - Single or married filing separately - $80,000
    - Married filing jointly or qualifying widow(er) - $160,000
    - Head of household - $120,000

    [ ] **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
    [ ] **No.** Subtract line 9 from the amount shown above for your filing status ..... 10.
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
    - Single or married filing separately - $5,000
    - Married filing jointly or qualifying widow(er) - $10,000
    - Head of household - $7,500 ..... 11.
12. Multiply line 8 by line 11 ..... 12. 2,800.
13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at *IRS.gov/Account* for the amount to enter here ..... 13. 2,800.
14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR ..... 14. 0.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **07**

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

Your social security number

ELAINE FARRELL [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 1	1	32,238.	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	53,834.	
	3	Multiply line 2 by 7.5% (0.075)	3	4,038.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 28,200.
Taxes You Paid	5	State and local taxes.			
		a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 2 ▶ [X]	5a	788.	
		b State and local real estate taxes (see instructions)	5b		
		c State and local personal property taxes	5c		
		d Add lines 5a through 5c	5d	788.	
		e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	788.	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6			7 788.
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ [ ]			
		a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a		
		b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
		c Points not reported to you on Form 1098. See instructions for special rules	8c		
		d Mortgage insurance premiums (see instructions)	8d		
		e Add lines 8a through 8d	8e		
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You must attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a			17 28,988.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ [ ]			

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment Sequence No. 08

Your social security number

ELAINE FARRELL

[redacted]

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
WELLS FARGO - RIVAS	5.
1	

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

2 Add the amounts on line 1	2	5.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	5.

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

Part II Ordinary Dividends

5 List name of payer ▶

	Amount
5	

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

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

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

Part III Foreign Accounts and Trusts

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

	Yes	No
7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

Interest and Dividend Summary

Name: ELAINE FARRELL

FEIN/SSN: 522-23-5897

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	WELLS FARGO - RIVAS	5.							
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals		5.							

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 09

Name of proprietor

ELAINE FARRELL

Social security number (SSN)

[redacted]

A Principal business or profession, including product or service (see instructions)

ENTERTAINMENT

B Enter code from instructions

▶ [redacted]

C Business name. If no separate business name, leave blank.

ELAINE MAY-RINDGE LLC

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2021, check here ▶ [ ]

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ... [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	5,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	5,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	5,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 4	6	4,720.
7	**Gross income.** Add lines 5 and 6 ▶	7	9,720.

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

8	Advertising	8		18	Office expense	18	79.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	3,981.	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	4,060.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	5,660.
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	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	5,660.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Schedule C - Two-Year Comparison Worksheet

2021

Business Name:
ELAINE MAY-RINDGE LLC

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
INCOME			
GROSS RECEIPTS OR SALES	45,000.	5,000.	-40,000.
OTHER INCOME	1,709.	4,720.	3,011.
GROSS INCOME	46,709.	9,720.	-36,989.
EXPENSES			
INSURANCE	0.	3,981.	3,981.
OFFICE EXPENSE	0.	79.	79.
TOTAL EXPENSES	0.	4,060.	4,060.
NET PROFIT OR (LOSS)	46,709.	5,660.	-41,049.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **09**

Name of proprietor

ELAINE FARRELL

Social security number (SSN) [redacted]

A Principal business or profession, including product or service (see instructions)

FOOD & DELIVERY SERVICE

B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank.

BIG Z FARMS LLC

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2021, check here ▶ [ ]

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ... [ ] Yes [X] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	2,529.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,529.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	2,529.
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	2,529.

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

8	Advertising	8	18	Office expense	278.
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a
12	Depletion	12	b	Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest (see instructions):		24	Travel and meals:	
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a
b	Other	16b	b	Deductible meals (see instructions)	24b
17	Legal and professional services	17	25	Utilities	25
			26	Wages (less employment credits)	26
			27a	Other expenses (from line 48)	27a
			b	**Reserved for future use**	27b

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	278.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	2,251.
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	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	2,251.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Schedule C - Two-Year Comparison Worksheet

2021

Business Name:
BIG Z FARMS LLC

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
INCOME			
GROSS INCOME	3,814.	2,529.	-1,285.
EXPENSES			
OFFICE EXPENSE	0.	278.	278.
TOTAL EXPENSES	0.	278.	278.
NET PROFIT OR (LOSS)	3,814.	2,251.	-1,563.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return

ELAINE FARRELL

Your social security number [redacted]

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

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

A [redacted]

B [redacted]

C [redacted]

1b	Type of Property (from list below)
A	4
B	1
C	1

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365		☐
B	365		☐
C	365		☐

Type of Property:

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

Income: / Properties:		A	B	C
3 Rents received	3	100,208.		383,807.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	12,217.	600.	8,666.
7 Cleaning and maintenance	7		9,901.	700.
8 Commissions	8			
9 Insurance	9	46,308.	46,865.	45,421.
10 Legal and other professional fees	10	92,900.	39,860.	500.
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	359,483.	193,424.	657,297.
13 Other interest	13			299,415.
14 Repairs	14	165,419.	25,260.	163,556.
15 Supplies	15			
16 Taxes	16	55,870.	800.	800.
17 Utilities	17	63,405.	8,624.	
18 Depreciation expense or depletion	18	61,980.	44,582.	407,404.
19 Other (list) ▶ STMT 5 STMT 6 STMT 7	19	146,417.	7,306.	88,448.
20 Total expenses. Add lines 5 through 19	20	1,003,999.	377,222.	1,672,207.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-903,791.	-377,222.	-1,288,400.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(903,791.)	(377,222.)	0.
23a Total of all amounts reported on line 3 for all rental properties	23a	484,015.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c	1,210,204.		
d Total of all amounts reported on line 18 for all properties	23d	513,966.		
e Total of all amounts reported on line 20 for all properties	23e	3,053,428.		
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24			0.
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(1,281,013.)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-1,281,013.

ELAINE FARRELL | Your social security number [redacted]

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

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

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

28	(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
A	PORTA BELLA DESIGN SOURCE, INC.	S		[redacted]		
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					1,466,225.
B					
C					
D					
29a Totals					1,466,225.
b Totals					

30	Add columns (h) and (k) of line 29a	30	1,466,225.
31	Add columns (g), (i), and (j) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	1,466,225.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	185,212.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	STATEMENT 8 -1,281,013.

2021 Income from Passthroughs

PORTA BELLA DESIGN SOURCE, INC.
I.D. NUMBER: [redacted]
TYPE: S CORPORATION

ACTIVITY INFORMATION:

MANUFACTURING/RETAIL OF FURNTIURE

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	1,466,225.
TOTAL NONPASSIVE INCOME (LOSS)	1,466,225.

OTHER K-1 INFORMATION:

SECTION 199A W-2 WAGES	59,002.
SECTION 199A UNADJUSTED BASIS	78,309.

2021 DEPRECIATION AND AMORTIZATION REPORT

RANCH - [redacted]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	07/29/14	L				730,054.				730,054.			0.	0.
2	RANCH	07/29/14	SL	39.00	MM	17	1,095,080.				1,095,080.	181,344.		28,079.	209,423.
3	LOAN FEES	07/29/14		12M		43	43,145.				43,145.	43,145.		0.	43,145.
4	LAND	07/29/14	L				361,426.				361,426.			0.	0.
5	RANCH	07/29/14	SL	39.00	MM	17	542,139.				542,139.	89,777.		13,901.	103,678.
6	LOAN COST	12/12/16		120M		43	5,613.				5,613.	5,613.		0.	5,613.
16	TRUCKS - TOYOTA	11/22/21	200DB	5.00	MQ	19	15,000.			15,000.	0.			15,000.	0.
17	TRUCKS - FORD	11/03/21	200DB	5.00	MQ	19	5,000.			5,000.	0.			5,000.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.						2,797,457.			20,000.	2,777,457.	319,879.		61,980.	361,859.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,777,457.		0.	0.	2,777,457.	319,879.			361,859.
	ACQUISITIONS						20,000.		0.	20,000.	0.	0.			0.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						2,797,457.		0.	20,000.	2,777,457.	319,879.			361,859.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - [redacted]

SCHEDULE E- 2

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	LAND	12/21/17	L				3,678,039.				3,678,039.			0.	0.
8	BUILDING	12/21/17	SL	27.50	MM	17	1,226,013.				1,226,013.	135,604.		44,582.	180,186.
9	LOAN FEES	12/21/17		12M		43	97,368.				97,368.	97,368.		0.	97,368.
10	LOAN FEES - COMERICA	08/08/18	461	12M		43	7,671.				7,671.	7,671.		0.	7,671.
11	LOAN FEES - PREMIER	11/29/18	461	360M		43	9,405.				9,405.	654.		314.	968.
	* GRAND TOTAL SCH E DEPR. & AMORT.						5,018,496.				5,018,496.	241,297.		44,896.	286,193.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

SINGLE FAMILY RESIDENTIAL RENTAL [redacted] SCHEDULE E- 3

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	LOAN FEES	04/30/19	461	360M		43	233,768.				233,768.	12,987.		7,792.	20,779.
15	RANGE ROVER	06/23/20	200DB	5.00	HY	21	96,829.			96,829.	0.			0.	0.
18	LOAN FEES	01/25/21	461	12M		42	22,889.				22,889.			20,982.	20,982.
	BUILDINGS														
13	BUILDING	01/31/19	SL	27.50	MM	17	11203618.				11203618.	797,833.		407,404.	1,205,237.
	* SCH E TOTAL BUILDINGS						11203618.				11203618.	797,833.		407,404.	1,205,237.
	LAND														
12	LAND	01/31/19	L				1,244,847.				1,244,847.			0.	0.
	* SCH E TOTAL LAND						1,244,847.				1,244,847.			0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.						12801951.			96,829.	12705122.	810,820.		436,178.	1,246,998.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12779062.		0.	96,829.	12682233.	810,820.			1,226,016.
	ACQUISITIONS						22,889.		0.	0.	22,889.	0.			20,982.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						12801951.		0.	96,829.	12705122.	810,820.			1,246,998.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Schedule E - Two-Year Comparison Worksheet

2021

Property Name:

RANCH - [redacted]

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
INCOME			
RENTS RECEIVED	97,242.	100,208.	2,966.
EXPENSES			
AUTO AND TRAVEL	10,145.	12,217.	2,072.
INSURANCE	34,422.	46,308.	11,886.
LEGAL AND OTHER PROFESSIONAL FEES	0.	92,900.	92,900.
MORTGAGE INTEREST	105,190.	359,483.	254,293.
REPAIRS	170,781.	165,419.	-5,362.
TAXES	20,882.	55,870.	34,988.
UTILITIES	61,165.	63,405.	2,240.
OTHER	215,438.	146,417.	-69,021.
SUBTOTAL	618,023.	942,019.	323,996.
DEPRECIATION EXPENSE OR DEPLETION	41,980.	61,980.	20,000.
TOTAL EXPENSES	660,003.	1,003,999.	343,996.
INCOME OR (LOSS)	-562,761.	-903,791.	-341,030.
DEDUCTIBLE RENTAL LOSS *	-569,273.	-903,791.	-334,518.

* INCLUDES PASSIVE ACTIVITY LOSS

Schedule E - Two-Year Comparison Worksheet

2021

Property Name:

RESIDENTIAL RENTAL - [redacted]

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
EXPENSES			
AUTO AND TRAVEL	80.	600.	520.
CLEANING AND MAINTENANCE	2,700.	9,901.	7,201.
INSURANCE	25,761.	46,865.	21,104.
LEGAL AND OTHER PROFESSIONAL FEES	12,000.	39,860.	27,860.
MORTGAGE INTEREST	52,353.	193,424.	141,071.
REPAIRS	0.	25,260.	25,260.
TAXES	1,600.	800.	-800.
UTILITIES	9,768.	8,624.	-1,144.
OTHER	2,833.	7,306.	4,473.
SUBTOTAL	107,095.	332,640.	225,545.
DEPRECIATION EXPENSE OR DEPLETION	44,582.	44,582.	0.
TOTAL EXPENSES	151,677.	377,222.	225,545.
INCOME OR (LOSS)	-151,677.	-377,222.	-225,545.
DEDUCTIBLE RENTAL LOSS *	-151,677.	-377,222.	-225,545.

* INCLUDES PASSIVE ACTIVITY LOSS

Schedule E - Two-Year Comparison Worksheet

2021

Property Name:

SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
INCOME			
RENTS RECEIVED	928,650.	383,807.	-544,843.
EXPENSES			
AUTO AND TRAVEL	8,717.	8,666.	-51.
CLEANING AND MAINTENANCE	5,280.	700.	-4,580.
INSURANCE	35,663.	45,421.	9,758.
LEGAL AND OTHER PROFESSIONAL FEES	27,059.	500.	-26,559.
MORTGAGE INTEREST	461,613.	657,297.	195,684.
OTHER INTEREST	1,405.	299,415.	298,010.
REPAIRS	106,492.	163,556.	57,064.
TAXES	800.	800.	0.
UTILITIES	43,396.	0.	-43,396.
OTHER	89,602.	88,448.	-1,154.
SUBTOTAL	780,027.	1,264,803.	484,776.
DEPRECIATION EXPENSE OR DEPLETION	504,233.	407,404.	-96,829.
TOTAL EXPENSES	1,284,260.	1,672,207.	387,947.
INCOME OR (LOSS)	-355,610.	-1,288,400.	-932,790.
DEDUCTIBLE RENTAL LOSS *	-16,876.	0.	16,876.

* INCLUDES PASSIVE ACTIVITY LOSS

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2021

Attachment Sequence No. 17

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

ELAINE FARRELL

Social security number of person with self-employment income ▶ [redacted]

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 Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A. If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	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 SEE STATEMENT 9	2	7,911.
3	Combine lines 1a, 1b, and 2	3	7,911.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,306.
b	**Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. 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	7,306.
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	
6	Add lines 4c and 5b	6	7,306.
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 2021	7	142,800
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 $142,800 or more, skip lines 8b through 10, and go to line 11 — 8a		
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	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	142,800.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	906.
11	Multiply line 6 by 2.9% (0.029)	11	212.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	1,118.
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	559.	

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,820, or **(b)** your net farm profits[2] were less than $6,367.

14	Maximum income for optional methods	14	5,880
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,880. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,367 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 (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.

Form **3800**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2021

Attachment Sequence No. 22

ELAINE FARRELL

Identifying number [redacted]

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked		1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2		
3	Enter the applicable passive activity credits allowed for 2021. See instructions		3	
4	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach. Check this box if the carryforward was changed or revised from the original reported amount ▶ ☐		4	7,500.
5	Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with box D checked		5	
6	Add lines 1, 3, 4, and 5		6	7,500.

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return		7	2,695.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		8	
9	Add lines 7 and 8		9	2,695.
10a	Foreign tax credit	10a		
b	Certain allowable credits (see instructions)	10b		
c	Add lines 10a and 10b		10c	
11	**Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11	2,695.
12	**Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-	12	2,695.	
13	Enter 25% (0.25) of the excess, if any, of line 12 over $25,000. See instructions	13		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52	14		
15	Enter the greater of line 13 or line 14		15	
16	Subtract line 15 from line 11. If zero or less, enter -0-		16	2,695.
17	Enter the **smaller** of line 6 or line 16		17	2,695.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

Part II Allowable Credit *(continued)*

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2021. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,695.
28	Add lines 17 and 26	28	2,695.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2021. See instructions	33	
34	Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount ▶ ☐	34	
35	Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the **smaller** of line 29 or line 36	37	
38	**Credit allowed for the current year.** Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	2,695.

ELAINE FARRELL

Identifying number [redacted]

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A ☐ General Business Credit From a Non-Passive Activity
- B ☐ General Business Credit From a Passive Activity
- C ☒ General Business Credit Carryforwards
- D ☐ General Business Credit Carrybacks
- E ☐ Reserved
- F ☐ Reserved
- G ☐ Eligible Small Business Credit Carryforwards
- H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ ☐

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
e	Disabled access (Form 8826)*	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		7,500.
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		7,500.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,500.

* See instructions for limitation on this credit.

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2021

Attachment Sequence No. 32

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

Your social security number

ELAINE FARRELL [redacted]

Part I Alternative Minimum Taxable Income

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	24,846.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12a	2a	788.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	138,735.
f	Alternative tax net operating loss deduction SEE STATEMENT 10	2f	-147,932.
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0.
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	**Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $752,800, see instructions.)	4	16,437.

Part II Alternative Minimum Tax (AMT)

5 Exemption.

IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...
Single or head of household	$523,600	$73,600
Married filing jointly or qualifying widow(er)	1,047,200	114,600
Married filing separately	523,600	57,300

If line 4 is over the amount shown above for your filing status, see instructions. → 5: 73,600.

6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0.
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $199,900 or less ($99,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $3,998 ($1,999 if married filing separately) from the result.	7	0.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	0.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	2,695.
11	**AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15
16	Enter the **smaller** of line 12 or line 15	16
17	Subtract line 16 from line 12	17
18	If line 17 is $199,900 or less ($99,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract $3,998 ($1,999 if married filing separately) from the result ▶	18
19	Enter: • $80,800 if married filing jointly or qualifying widow(er), • $40,400 if single or married filing separately, or • $54,100 if head of household.	19
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20
21	Subtract line 20 from line 19. If zero or less, enter -0-	21
22	Enter the **smaller** of line 12 or line 13	22
23	Enter the **smaller** of line 21 or line 22. This amount is taxed at 0%	23
24	Subtract line 23 from line 22	24
25	Enter: • $445,850 if single, • $250,800 if married filing separately, • $501,600 if married filing jointly or qualifying widow(er), or • $473,750 if head of household.	25
26	Enter the amount from line 21	26
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27
28	Add line 26 and line 27	28
29	Subtract line 28 from line 25. If zero or less, enter -0-	29
30	Enter the smaller of line 24 or line 29	30
31	Multiply line 30 by 15% (0.15) ▶	31
32	Add lines 23 and 30	32
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	
33	Subtract line 32 from line 22	33
34	Multiply line 33 by 20% (0.20) ▶	34
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	
35	Add lines 17, 32, and 33	35
36	Subtract line 35 from line 12	36
37	Multiply line 36 by 25% (0.25) ▶	37
38	Add lines 18, 31, 34, and 37	38
39	If line 12 is $199,900 or less ($99,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract $3,998 ($1,999 if married filing separately) from the result	39
40	Enter the **smaller** of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

ELAINE FARRELL

Social Security Number [redacted]

Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
E-	RANCH - [redacted]						
	, [redacted], [redacted]						
	* REGULAR INCOME	-903,791.					
	PAL CARRYOVER	568,359.			568,359.		
	AMT PAL CARRYOVER	-568,359.			-568,359.		
	PAL DISALLOWED	-568,359.			-568,359.		
	AMT PAL DISALLOWED	568,359.			568,359.		
	* AMT NET INCOME	-903,791.					
	** TOTAL ADJ & PREF **				0.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RANCH - [redacted]								
2	RANCH	07 29 14	SL	39.00	1,095,080.	181,344.	28,079.	28,079.	0.
5	RANCH	07 29 14	SL	39.00	542,139.	89,777.	13,901.	13,901.	0.
16	TRUCKS - TOYOTA	11 22 21	200DB	5.00	15,000.	0.	15,000.	15,000.	0.
17	TRUCKS - FORD	11 03 21	200DB	5.00	5,000.	0.	5,000.	5,000.	0.
	** SUBTOTAL **				1,657,219.	271,121.	61,980.	61,980.	0.
	RESIDENTIAL RENTAL - [redacted]								
8	BUILDING	12 21 17	SL	27.50	1,226,013.	135,604.	44,582.	44,582.	0.
	** SUBTOTAL **				1,226,013.	135,604.	44,582.	44,582.	0.
	SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]								
13	BUILDING	01 31 19	SL	27.50	11203618.	797,833.	407,404.	407,404.	0.
	** SUBTOTAL **				11203618.	797,833.	407,404.	407,404.	0.
	*** GRAND TOTAL ***				14086850.	1,204,558.	513,966.	513,966.	0.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Credits for Qualifying Children and Other Dependents

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 47

Name(s) shown on return

ELAINE FARRELL

Your social security number [redacted]

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	53,834.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	53,834.
4a	Number of qualifying children under age 18 with the required social security number	4a	1		
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0		
c	Subtract line 4b from line 4a	4c	1		
5	If line 4a is more than zero, enter the amount from the **Line 5 Worksheet**; otherwise, enter -0- STMT 11			5	3,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	3,000.
9	Enter the amount shown below for your filing status. • Married filing jointly - $400,000 • All other filing statuses - $200,000			9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	3,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).				
A	Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021		X		
B	Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		☐		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	3,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the **Credit Limit Worksheet A**	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	
e	Add lines 14b and 14d	14e	3,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part II	14g	3,000.
h	Enter the smaller of line 14d or line 14g. **This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR**	14h	0.
i	Subtract line 14h from line 14g. **This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR**	14i	3,000.

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the **Credit Limit Worksheet A** **15a**

b Enter the smaller of line 12 or line 15a **15b**

Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.

1. You are not filing Form 2555.
2. Line 4a is more than zero.
3. Line 12 is more than line 15a.

c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- **15c**

d Add lines 15b and 15c **15d**

e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- **15e**

Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.

f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III **15f**

g Enter the smaller of line 15b or line 15f. **This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR** **15g**

h Subtract line 15g from line 15f. **This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR** **15h**

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 ..... **16a**

b Number of qualifying children under 18 with the required social security number: _____ X $1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 ..... **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4a.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $4,200 or more?

☐ **No.** If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions **21**

22 Enter the total of the amounts from **Schedule 1** (Form 1040), line 15; **Schedule 2** (Form 1040), line 5; **Schedule 2** (Form 1040), line 6; and **Schedule 2** (Form 1040), line 13 ..... **22**

23 Add lines 21 and 22 ..... **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 ..... **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c **27**

Part III Additional Tax (use only if line 14g or line 15f is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line **Caution:** If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. • Married filing jointly or Qualifying widow(er) - $60,000 • Head of household - $50,000 • All other filing statuses - $40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by $2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

ELAINE FARRELL [redacted]

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 $164,900 ($164,925 if married filing separately; $329,800 , 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	MANUFACTURING/RETAIL OF FURNTIURE	95-4754335	1,466,225.
ii	ELAINE MAY-RINDGE LLC	522-23-5897	5,260.
iii	BIG Z FARMS LLC	522-23-5897	2,092.
iv	RANCH - 230 BURMA ROAD, FALLBROOK, CA 92028	522-23-5897	-903,791.
v	RESIDENTIAL RENTAL - 17520 REVELLO DRIVE, PAC	522-23-5897	-377,222.

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2	192,564.	
3	Qualified business net (loss) carryforward from the prior year STATEMENT 12		3	(614,793)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)				5
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
11	Taxable income before qualified business income deduction		11	24,846.	
12	Net capital gain (see instructions)		12		
13	Subtract line 12 from line 11. If zero or less, enter -0-		13	24,846.	
14	Income limitation. Multiply line 13 by 20% (0.20)				14 4,969.
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 ▶				15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-				16 (422,229)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-				17 ( )

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

Form **8995** (2021)

Qualified Business Income After Deductions

Activity: ELAINE MAY-RINDGE LLC

1.	Qualified business income before deductions		5,660.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	5,660.	
	b. Total income subject to self-employment tax	7,911.	
	c. Line 2a divided by line 2b (not greater than 1.000)	.715459487	
	d. Amount from Schedule 1 (Form 1040), line 15	559.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		400.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		5,260.

Activity: BIG Z FARMS LLC

1.	Qualified business income before deductions		2,251.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	2,251.	
	b. Total income subject to self-employment tax	7,911.	
	c. Line 2a divided by line 2b (not greater than 1.000)	.284540513	
	d. Amount from Schedule 1 (Form 1040), line 15	559.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		159.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		2,092.

Detail Qualified Business Income Carryforward Worksheet

2021

Entity/ Activity Number	QBI Number	Entity/Activity Name	Type	Year Carried From	Amount Available for Carryover	Reserved
1		RANCH - [redacted]				
3		SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	P	2017	568,359.	
3		SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	P	2017	1,117,443.	
3		SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	P	2020	355,610.	
			P	2021	1,288,400.	

Name: RANCH - [redacted] Ent/Act number: 1 QBI number:

QBI Loss Tracking Worksheet

Keep for Your Records

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.

Code 469 {Enter the Code section limiting your loss.

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	-574,871.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	0.	.000000%	0.	0.
5. 2021	0.	.000000%	0.	0.
6. Total	-574,871.		0.	0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	H. Remaining suspended losses
1. Pre-2018	-574,871.		0.	0.	-6,512.	0.	-568,359.
2. 2018	0.	0.		0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.
4. 2020	0.	0.				0.	0.
5. 2021	0.	0.					0.
6. Total	-574,871.	0.	0.	0.	-6,512.	0.	-568,359.
7. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	

Part III QBI Suspended and Allowed Losses

Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	L. Remaining suspended losses
1. Pre-2018							
2. 2018	0.	0.		0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.
4. 2020	0.	0.				0.	0.
5. 2021	0.	0.					0.
6. Total	0.	0.	0.	0.	0.	0.	0.
7. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	
8. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	

Name: SINGLE FAMILY RESIDENTIAL RENTAL - [redacted] Ent/Act number: 3 QBI number:

QBI Loss Tracking Worksheet

Keep for Your Records

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.

Code 469 (Enter the Code section limiting your loss.

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	-1,134,319.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	-355,610.	1.000000%	0.	0.
5. 2021	-1,288,400.	1.000000%	0.	0.
6. Total	-2,778,329.		0.	0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	H. Remaining suspended losses
1. Pre-2018	-1,134,319.		0.	0.	-16,876.	0.	-1,117,443.
2. 2018	0.	0.		0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.
4. 2020	0.	0.				0.	0.
5. 2021	0.	0.					0.
6. Total	-1,134,319.	0.	0.	0.	-16,876.	0.	-1,117,443.
7. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	

Part III QBI Suspended and Allowed Losses

Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	L. Remaining suspended losses
1. Pre-2018							
2. 2018	0.	0.		0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.
4. 2020	-355,610.	0.				0.	-355,610.
5. 2021	-1,288,400.	0.					-1,288,400.
6. Total	-1,644,010.	0.	0.	0.	0.	0.	-1,644,010.
7. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	
8. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	

Form **8867** (Rev. December 2021) Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**

▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

2021

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

ELAINE FARRELL

Taxpayer identification number [redacted]

Enter preparer's name and PTIN

JEFFREY SEDACCA [redacted]

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on:	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☐	☐	☒

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☒	☐

Part VI **Eligibility Certification**

▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2021

Attachment Sequence No. **858**

Name(s) shown on return

ELAINE FARRELL

Identifying number

[redacted]

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(1,288,400)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(2,041,412)	
d	Combine lines 1a, 1b, and 1c			1d -3,329,812.

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	( )	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( )	
d	Combine lines 2a, 2b, and 2c			2d

3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-3,329,812.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4	3,329,812.
5	Enter $150,000. If married filing separately, see instructions	5	150,000.		
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	1,335,406.		STATEMENT 17
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the **smaller** of line 4 or line 8			9	0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2021.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 16	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
SEE ATTACHED STATEMENT FOR PART IV					
Total. Enter on Part I, lines 1a, 1b, and 1c ▶		-1288400.	-2041412.		

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8582** (2021)

119761 11-30-21

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR PART VII			
Total ▶		3,329,812.	1.000000000	3,329,812.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	SEE ATTACHED STATEMENT FOR PART VIII			
Total ▶		3,329,812.	3,329,812.	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2021

Attachment Sequence No. 858

Name(s) shown on return

Identifying number

ELAINE FARRELL [redacted]

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(1,288,400.)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(2,041,412.)	
d	Combine lines 1a, 1b, and 1c			1d -3,329,812.

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	( )	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( )	
d	Combine lines 2a, 2b, and 2c			2d

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used ..... 3 -3,329,812.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4 3,329,812.
5	Enter $150,000. If married filing separately, see instructions	5	150,000.	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	1,335,406.	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8
9	Enter the **smaller** of line 4 or line 8			9 0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2021.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return SEE STATEMENT 21	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
SEE ATTACHED STATEMENT FOR PART IV					
Total. Enter on Part I, lines 1a, 1b, and 1c ▶		-1288400.	-2041412.		

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form 8582 (2021)

119761 11-30-21

ALTERNATIVE MINIMUM TAX

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR PART VII			
Total ▶		3,329,812.	1.000000000	3,329,812.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	SEE ATTACHED STATEMENT FOR PART VIII			
Total ▶		3,329,812.	3,329,812.	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return. SCHEDULE E- 1

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

OMB No. 1545-0172

2021

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

RANCH - [redacted]

Identifying number

[redacted]

ELAINE FARRELL

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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
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 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2022. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	20,000.
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 2021	17	41,980.
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 ▶ ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 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 instr.	22	61,980.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use					25			
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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.

	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?		

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 2021 tax year:					
	: :				
	: :				
43 Amortization of costs that began before your 2021 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return. SCHEDULE E- 3

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

OMB No. 1545-0172

2021

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ELAINE FARRELL

SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]

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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
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 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2022. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 2021	17	407,404.
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 ▶ ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 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 instr.	22	407,404.
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? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use					25			
26 Property used more than 50% in a qualified business use:								
RANGE ROVER	062320	100.00 %	96,829.		5.00	200DB-HY		
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				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		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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.

	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?		

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 2021 tax year:					
LOAN FEES	012521	22,889.	461	12M	20,982.
	: :				
43 Amortization of costs that began before your 2021 tax year				43	7,792.
44 Total. Add amounts in column (f). See the instructions for where to report				44	28,774.

Worksheet for NOL Deduction

2021

Name(s) as shown on return

ELAINE FARRELL

Social Security Number [redacted]

USE YOUR 2021 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number the NOL carryover NOT subject to 80% of taxable income limit		
2. Enter as a positive number the NOL carryover subject to 80% of taxable income limit	638,181.	
3. Total NOL carryover		638,181.
4. Taxable income before the NOL deduction	173,419.	
5. NOL carryover NOT subject to 80% of taxable income limit	0.	
6. Subtract line 5 from line 4 (but not less than zero)	173,419.	
7. Multiply line 6 by 80%	138,735.	
8. Enter the lesser of lines 2 or 7. This is the deductible amount of the NOL carryovers reported on line 2		138,735.
9. Enter the amount from line 1		
10. NOL deduction. Add lines 8 and 9. Enter on Schedule 1, line 8a		138,735.

TAXABLE INCOME WITHOUT THE NOL DEDUCTION:

11. Enter the amounts from Form 1040, lines 1, 2b, 3b, 4b, 5b and 7	5.	
12. Enter the taxable social security benefits		
13. Enter the amount from Schedule 1, lines 1, 2a, 4 and 7		
14. Enter the amount from Schedule 1, line 3	7,911.	
15. Enter the amount from Schedule 1, line 5	185,212.	
16. Enter the amount from Schedule 1, line 6		
17. Enter the amount from Schedule 1, line 9		
18. Add lines 11 through 17. This is your total income calculated without regard to NOLs		193,128.
19. Enter the amounts from Schedule 1, lines 11 through 19a and other adjustments	559.	
20. Enter the IRA deduction		
21. Enter the student loan interest deduction		
22. Enter the Archer MSA deduction		
23. Adjusted gross income without regard to the NOL deduction. Subtract lines 19 through 22 from line 18		192,569.
24. Enter the amount from Schedule A, line 4	17,795.	
25. Enter the amount from Schedule A, line 7	1,355.	
26. Enter the amount from schedule A, lines 10 and 16		
27. Enter the amount from Schedule A, line 14		
28. Enter the amount from Schedule A, line 15		
29. Enter the larger of the standard deduction or the sum of lines 24 through 28		19,150.
30. Charitable contributions if taking the standard deduction		
31. Enter the capital construction fund and other deductions		
32. Taxable income without regard to the NOL and qualified business income deductions. Subtract lines 29 through 31 from line 23. If zero or less, enter 0. Enter on line 4 above		173,419.

Worksheet for NOL Carryover

2021

Name(s) as shown on return

ELAINE FARRELL

Social Security Number [redacted]

USE YOUR 2021 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number your NOL deduction from Schedule 1 (Form 1040), line 8 or Form 1040NR		138,735.
2. Enter taxable income without the NOL	163,581.	
3. Enter as a positive number any net capital loss deduction		
4. Enter as a positive number any gain excluded on the sale of qualified small business stock		
5. Enter as a positive number any qualified business income deduction		
6. Enter any adjustments to adjusted gross income		
7. Enter any adjustments to your itemized deductions from line 29	10,188.	
8. **Modified taxable income.** Combine lines 2 through 7 and enter the result (but not less than zero)		173,769.
9a. Deductible NOL carryover to 2022. Subtract line 8 from line 1 and enter the result (but not less than zero)		0.
9b. Nondeductible NOL carryover to 2022		499,446.
9c. **NOL carryover to 2022.** Add lines 9a and 9b		499,446.

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only).

10. Enter adjusted gross income without the NOL deduction	192,569.	
11. Combine lines 3, 4, 5 and 6 above		
12. **Modified adjusted gross income.** Combine lines 10 and 11 above		192,569.

ADJUSTMENT TO MEDICAL EXPENSES:

13. Enter medical expenses from Schedule A (Form 1040), line 4	28,200.	
14. Enter medical expenses from Schedule A (Form 1040), line 1	32,238.	
15. Multiply line 12 above by 7.5% (0.075)	14,443.	
16. Subtract line 15 from line 14 and enter the result (but not less than zero)	17,795.	
17. Subtract line 16 from line 13		10,405.

ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:

18. Mortgage insurance premiums deduction from Schedule A, line 8d		
19. Refigured mortgage insurance premiums deduction		
20. Subtract line 19 from line 18		

ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:

21. Enter charitable contributions deduction from Schedule A (Form 1040), line 14, or Schedule A (Form 1040NR), line 5		
22. Refigure the charitable contributions deduction using line 12 above as your AGI		
23. Subtract line 22 from line 21		

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

24. Enter casualty and theft losses from Form 4684, line 18		
25. Enter casualty and theft losses from Form 4684, line 16		
26. Multiply line 12 by .10		
27. Subtract line 26 from line 25 (but not less than zero)		
28. Subtract line 27 from line 24 (but not less than zero)		

TOTAL ADJUSTMENT:

29. Combine lines 17, 20, 23, and 28 and enter the result here. Also enter the result on line 7 above		10,405.

NOL

Detail NOL Carryover/Carryback Worksheet

2021

Name(s)

ELAINE FARRELL

Social Security Number [redacted]

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in 2021	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2020	638,181.	138,735.									
Totals	638,181.	138,735.									

Total amount available for carryover	638,181.
Less total amounts used	138,735.
Less total amounts expired	0.
Remaining carryover	499,446.

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Worksheet for Alternative Tax NOL Carryover

2021

Name(s) as shown on return

ELAINE FARRELL

Social Security Number [redacted]

USE YOUR 2021 FORM 1040 TO COMPLETE THIS WORKSHEET:

1. Enter as positive number your AMT NOL deduction.		638,171.
2. Enter alternative minimum taxable income without the NOL.	164,369.	
3. Enter as a positive number any net capital loss deduction on Form 1040, line 7		
4. Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock		
5. Enter as a positive number any qualified business income deduction		
6. Enter adjustment for AMT depletion		
7. Enter any adjustments to adjusted gross income.		
8. Enter any adjustments to itemized deductions from line 24 below.		
9. **Modified alternative taxable income.** Combine lines 2 through 8 and enter the result (but not less than zero.)		164,369.
10. Alternative taxable income limitation. Enter 90% of line 9.		147,932.
11. **AMT NOL carryover to 2022.** Subtract line 10 from line 1 and enter the result (but not less than zero.)		490,239.
ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only).		
12. **Modified adjusted gross income** (from NOL Carryover Worksheet, line 12.)		192,569.
ADJUSTMENT TO MORTGAGE INSURANCE PREMIUMS:		
13. Mortgage insurance premiums deduction from Schedule A, line 8d.		
14. Refigured mortgage insurance premiums deduction.		
15. Subtract line 14 from line 13.		
ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:		
16. Enter charitable contributions deduction from the AMT Contribution Worksheet.		
17. Refigure the charitable contributions deduction using line 12 above as your AGI.		
18. Subtract line 17 from line 16.		
ADJUSTMENT TO CASUALTY AND THEFT LOSSES:		
19. Enter casualty and theft losses from Form 4684, line 18.		
20. Enter casualty and theft losses from Form 4684, line 16.		
21. Multiply line 12 by 10% (.10).		
22. Subtract line 20 from line 21 (but not less than zero.)		
23. Subtract line 22 from line 19 (but not less than zero.)		
TOTAL ADJUSTMENT:		
24. Combine lines 15, 18, and 23. Enter the amount from this line on line 8 above.		

AMT NOL

Detail AMT NOL Carryover Worksheet

2021

Name(s)

ELAINE FARRELL

Social Security Number [redacted]

Year Carried From	Amount Available for Carryover	Amount Used in 2021	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2020	638,171.	147,932.									
Totals	638,171.	147,932.									

Total amount available for carryover	638,171.
Less total amounts used	147,932.
Less total amounts expired	0.
Remaining carryover	490,239.

116721 04-01-21

Form 3800

Detail General Business Credit Carryforward Worksheet

2021

ELAINE FARRELL

[redacted]

Form and Type	Year Carried From	Amount Available for Carryover	Amount Used in 2021	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
8936 QUALIFIED PLUG-IN ELECT DRIVE MOT	2017	7,500.	2,695.								
Totals		7,500.	2,695.								

Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Net Carryover
															4,805.
Totals															4,805.

Election to Waive the Net Operating Loss Carryback Period

Elaine Farrell
[redacted]

Taxpayer Identification Number: [redacted]

For the Year Ending December 31, 2021

Elaine Farrell hereby Elects, pursuant to Sec. 172(b)(3) of the Internal Revenue Code, to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended December 31, 2021, and will have such loss available for carryforward only.

Election to Combine Rental Real Estate Interests Into One Activity Pursuant to IRC Sec. 469(c)(7)(A)

Elaine Farrell
[redacted]

Taxpayer Identification Number: [redacted]

For the Year Ending December 31, 2021

Elaine Farrell hereby Elects, pursuant to IRC Sec. 469(c)(7)(A), to combine all rental real estate interests into one activity. For the tax year ending December 31, 2021, Elaine Farrell Was a qualifying taxpayer as defined by IRC Sec. 469(c)(7)(B).

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Elaine Farrell
[redacted]

Taxpayer Identification Number: [redacted]

For the Year Ending December 31, 2021

ELAINE FARRELL is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Elaine Farrell
[redacted]

Taxpayer Identification Number: [redacted]

For the Year Ending December 31, 2021

ELAINE FARRELL is making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

IMPROVEMENTS

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 1

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	32,238.
TOTAL TO SCHEDULE A, LINE 1	32,238.

SCHEDULE A	STATE AND LOCAL GENERAL SALES TAXES	STATEMENT 2

DESCRIPTION	AMOUNT
STATE SALES TAX	737.
LOCAL SALES TAX	51.
TOTAL TO SCHEDULE A, LINE 5A	788.

SCHEDULE A — GENERAL SALES TAX DEDUCTION WORKSHEET — STATEMENT 3

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. CALIFORNIA		737.
	IF, FOR ALL OF 2021, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.		
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2021? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.	
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2021? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN. FALLBROOK	.5000	
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	7.2500	
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.0690	
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.		51.
6A	ADD LINE 1 AND LINE 6.		788.
6B	PART-YEAR DAYS RATE.		1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.		788.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5A AND CHECK BOX.		788.

SCHEDULE C — OTHER INCOME — STATEMENT 4

DESCRIPTION	AMOUNT
MEMBERSHIP RESIDUALS	4,720.
TOTAL TO SCHEDULE C, LINE 6	4,720.

SCHEDULE E — OTHER EXPENSES — STATEMENT 5

RANCH - [redacted]

DESCRIPTION	AMOUNT
BANK & FINANCE CHARGES	1,478.
COMPUTER EXPENSE	96.
OFFICE SUPPLIES & EXPENSE	5,048.
TELEPHONE & INTERNET	16,661.
RANCH LABOR	1,550.
PERMITS & LICENSES	264.
SALARIES	73,231.
PAYROLL TAXES	6,098.
PAYROLL FEES	3,032.
WORKERS COMPENSATION	6,389.
RANCH MATERIALS	9,674.
DELIVERY & HAULING	4,280.
OUTSIDE SERVICES	11,720.
POSTAGE & DELIVERY	34.
RANCH EQUIPMENTS	6,862.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	146,417.

SCHEDULE E — OTHER EXPENSES — STATEMENT 6

RESIDENTIAL RENTAL - [redacted]

DESCRIPTION	AMOUNT
OFFICE SUPPLIES & EXPENSE	1,520.
INTERNET	5,472.
AMORTIZATION	314.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	7,306.

STATEMENT(S) 4, 5, 6

SCHEDULE E — OTHER EXPENSES — STATEMENT 7

SINGLE FAMILY RESIDENTIAL RENTAL – [redacted]

DESCRIPTION	AMOUNT
BANK AND FINANCE CHARGES	25,961.
PERMITS & LICENSES	72.
OUTSIDE SERVICES	7,500.
POSTAGE & DELIVERY	2,498.
TELEPHONE & INTERNET	6,844.
DUES & SUBSCRIPTIONS	260.
POOL SERVICE	2,100.
OFFICE SUPPLIES & EXPENSE	7,635.
TRAVEL	6,804.
AMORTIZATION	28,774.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	88,448.

SCHEDULE E — RECONCILIATION FOR REAL ESTATE PROFESSIONALS — STATEMENT 8

FORM	DESCRIPTION	AMOUNT
SCH E P1	RANCH – [redacted]	-903,791.
SCH E P1	RESIDENTIAL RENTAL – [redacted]	-377,222.
TOTAL TO SCHEDULE E, LINE 43		-1,281,013.

SCHEDULE SE — NON-FARM INCOME — STATEMENT 9

DESCRIPTION	AMOUNT
ENTERTAINMENT	5,660.
FOOD & DELIVERY SERVICE	2,251.
TOTAL TO SCHEDULE SE, LINE 2	7,911.

STATEMENT(S) 7, 8, 9

FORM 6251 ALTERNATIVE MINIMUM TAX NOL LIMITATION STATEMENT 10

1A. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES		
B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A		638,171.
C. SUM OF LINE 1A AND LINE 1B		638,171.
ATNOLD LIMITATION:		
2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO	164,369.	
B. TENTATIVE AMOUNT FOR LINE 2D WHEN TREATING LINE 2F AS ZERO		
C. SUM OF LINES 2A - 2B. IF ZERO OR LESS, ENTER ZERO (-0-)	164,369.	
3A. SMALLER OF LINE 1B OR 90% OF LINE 2C		147,932.
B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A		
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F		147,932.

SCHEDULE 8812 — LINE 5 WORKSHEET — STATEMENT 11

1. MULTIPLY SCHEDULE 8812, LINE 4B, BY $3,600	3,000.
2. MULTIPLY SCHEDULE 8812, LINE 4C, BY $3,000	3,000.
3. ADD LINE 1 AND LINE 2	2,000.
4. MULTIPLY SCHEDULE 8812, LINE 4A, BY $2,000	1,000.
5. SUBTRACT LINE 4 FROM LINE 3	
6. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS - MARRIED FILING JOINTLY - $12,500 - QUALIFYING WIDOW(ER) - $2,500 - HEAD OF HOUSEHOLD - $4,375 - ALL OTHER FILING STATUSES - $6,250	4,375.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	1,000.
8. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS - MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER) - $150,000 - HEAD OF HOUSEHOLD - $112,500 - ALL OTHER FILING STATUSES - $75,000	112,500.
9. SUBTRACT LINE 8 FROM SCHEDULE 8812, LINE 3 - IF ZERO OR LESS, ENTER -0- - IF MORE THAN ZERO, AND NOT A MULTIPLE OF $1,000, ENTER THE NEXT MULTIPLE OF $1,000	0.
10. MULTIPLY LINE 9 BY 5% (0.05)	0.
11. ENTER THE SMALLER OF LINE 7 OR LINE 10	0.
12. SUBTRACT LINE 11 FROM LINE 3. ENTER ON SCHEDULE 8812, LINE 5	3,000.

FORM 8995 — QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS — STATEMENT 12

TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	614,793.
TOTAL TO FORM 8995, LINE 3	614,793.

FORM 8582 — ACTIVE RENTAL OF REAL ESTATE - PART IV — STATEMENT 13

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - [redacted] RANCH - [redacted]	0.	-1,288,400.	-1,473,053.		-2761453.
	0.	0.	-568,359.		-568,359.
	0.	-1,288,400.	-2,041,412.		-3329812.

STATEMENT(S) 11, 12, 13

TOTALS

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 14

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	SCH E	2,761,453.	.829311985	2761453.
RANCH - [redacted]	SCH E	568,359.	.170688015	568,359.
TOTALS		3,329,812.	1.000000000	3329812.

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 15

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	SCH E	2,761,453.	2,761,453.	
RANCH - [redacted]	SCH E	568,359.	568,359.	
TOTALS		3,329,812.	3,329,812.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 16

RREA -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X	SINGLE FAMILY RESIDENTIAL RENTAL [redacted]	SCH E	-1288400.	-1473053.	-2761453.	2761453.	
X	RANCH - [redacted]		0.	-568,359.	-568,359.	568,359.	
			-1288400.	-2041412.	-3329812.	3329812.	

STATEMENT(S) 13, 14, 15, 16

ELAINE FARRELL [redacted]

TOTALS

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

FORM 8582 MODIFIED AGI STATEMENT 17

INCOME		
WAGES, SALARIES, TIPS ETC.		
DIVIDEND INCOME		
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		-138,735.
INTEREST INCOME		
ADD: SERIES EE AND I EXCLUSION	5.	
		5.
BUSINESS INCOME OR LOSS		
ADD: PASSIVE LOSSES	7,911.	
SUBTRACT: PASSIVE INCOME		
		7,911.
SALE OF ASSETS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	185,212.	
ADD: PASSIVE/RREA PROFESSIONAL/PTP LOSSES	1,281,013.	
SUBTRACT: PASSIVE INCOME		
		1,466,225.
FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		1,335,406.
ADJUSTMENTS		
MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION		
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION		
OTHER ADJUSTMENTS		
CHARITABLE CONTRIBUTIONS		
TOTAL ADJUSTMENTS		
TOTAL TO FORM 8582, LINE 6		1,335,406.

STATEMENT(S) 17

FORM 8582 — ALTERNATIVE MINIMUM TAX — ACTIVE RENTAL OF REAL ESTATE - PART IV — STATEMENT 18

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	0.	-1,288,400.	-1,473,053.		-2761453.
RANCH - [redacted]	0.	0.	-568,359.		-568,359.
TOTALS	0.	-1,288,400.	-2,041,412.		-3329812.

FORM 8582 — ALTERNATIVE MINIMUM TAX — ALLOCATION OF UNALLOWED LOSSES - PART VII — STATEMENT 19

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL [redacted]	SCH E	2,761,453.	.829311985	2,761,453.
RANCH - [redacted]	SCH E	568,359.	.170688015	568,359.
TOTALS		3,329,812.	1.000000000	3,329,812.

FORM 8582 — ALTERNATIVE MINIMUM TAX — ALLOWED LOSSES - PART VIII — STATEMENT 20

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - [redacted]	SCH E	2,761,453.	2,761,453.	
RANCH - [redacted]	SCH E	568,359.	568,359.	
TOTALS		3,329,812.	3,329,812.	

STATEMENT(S) 18, 19, 20

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 21

R R E A -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X	SINGLE FAMILY RESIDENTIAL RENTAL [redacted]	SCH E					
X	RANCH - [redacted]		-1288400.	-1473053.	-2761453.	2761453.	
X	[redacted]						
X	[redacted]		0.	-568,359.	-568,359.	568,359.	
TOTALS			-1288400.	-2041412.	-3329812.	3329812.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11