

IRS e-file Signature Authorization

OMB No. 1545-0074

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

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, 2023 (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	-1,371,036.
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	
5 Amount you owe	5	0.

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 acknowledgment 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

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. 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 ▶ 03/13/2026

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. 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.

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. _____

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 ▶ _____

9995 04-01-23 **ERO Must Retain This Form - See Instructions**
Don't Submit This Form to the IRS Unless Requested To Do So

**Tax Year 2023 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

_____ (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 (1040X)

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: _____

Date 03132026

Spouse's PIN: _____

U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending

Your first name and middle initial

Last name

See separate instructions.

Your social security number

ET AINE

FARRELL

it 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.

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.

State ZIP code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

Single

Head of household (HOH)

Check only one box.

Married filing jointly (even if only one had income)

Married filing separately (MFS)

Qualifying surviving spouse (QSS)

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

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

Yes No

Standard Deduction

Someone can claim: You as a dependent Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: Were born before January 2, 1959

Are blind

Spouse:

Was born before January 2, 1959

is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here

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

me Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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

Summary table with rows 1a through 15 and corresponding amounts, including 25,318.00 for line 2b and -1,371,036.00 for line 11.

Attach Sch. B if required.

- 2a Tax-exempt interest
3a Qualified dividends
4a IRA distributions
5a Pensions and annuities
6a Social security benefits
b Taxable interest
b Ordinary dividends
b Taxable amount
b Taxable amount
b Taxable amount

Standard Deduction for -

- Single or Married filing separately, \$13,850
Married filing jointly or Qualifying surviving spouse, \$27,700
Head of household, \$20,800
If you checked any box under Standard Deduction, see instructions.

- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here
8 Additional income from Schedule 1, line 10
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income
10 Adjustments to income from Schedule 1, line 26
11 Subtract line 10 from line 9. This is your adjusted gross income
12 Standard deduction or itemized deductions (from Schedule A)
13 Qualified business income deduction from Form 8995 or Form 8995-A
14 Add lines 12 and 13
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	0.

Payments	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	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	0.

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0.
	38	Estimated tax penalty (see instructions)	38	

Third Party Signee 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]

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		3/3/26	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.)
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	JEFFREY SEDACCA			P00640179	

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

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

Your social security number

INE FARRELL

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-1,396,354.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-1,396,354.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:			
	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

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

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

Your social security number

ELAINE FARRELL

Medical and Dental Expenses		Taxes You Paid		Interest You Paid		Gifts to Charity		Casualty and Theft Losses		Other Itemized Deductions		Total Itemized Deductions	
Caution: Do not include expenses reimbursed or paid by others.													
1	Medical and dental expenses (see instructions) SEE STATEMENT 3	1	24,020.	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 <input type="checkbox"/>	8a		11	0.	15		17	34,020.
2	Enter amount from Form 1040 or 1040-SR, line 11 2 0.	2	0.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited <input type="checkbox"/>			12					
3	Multiply line 2 by 7.5% (0.075)	3	0.	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		13					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	24,020.	c	Points not reported to you on Form 1098. See instructions for special rules	8c		14	0.				
5	State and local taxes.			d	Reserved for future use	8d		15					
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 1 <input type="checkbox"/>	5a	29,411.	e	Add lines 8a through 8c	8e		16					
b	State and local real estate taxes (see instructions)	5b		9	Investment interest. Attach Form 4952 if required. See instructions	9		16					
c	State and local personal property taxes	5c		10	Add lines 8e and 9	10							
d	Add lines 5a through 5c	5d	29,411.										
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.										
6	Other taxes. List type and amount:	6											
7	Add lines 5e and 6	7	10,000.										
11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	0.										
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	0.										
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											
16	Other - from list in instructions. List type and amount:	16											
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 12	17	34,020.										
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>												

Schedule A - Charitable Contributions Worksheet Page 1

NAME

ELAINE FARRELL

50% of AGI

0.

AGI

-1,371,036.

Year		100% Limit	60% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2008	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP Expired ...								
2009	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2010	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2011	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2012	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2013	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2014	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								

Schedule A - Charitable Contributions Worksheet Page 2

NAME

ELAINE FARRELL

50% of AGI

0.

AGI

-1,371,030.

Year		100% Limit	60% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2016	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2017	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2018	Contributions								
	Allowed ...								
	NOL Absorb.								
	Less: NOL Abs. CRP Expired ...								
	CRP C/O ...								
2019	Contributions								
	Less: Allowed ...								
	Less: NOL Absorb.								
	Less: NOL Abs. CRP Carryover ...								
	CRP C/O ...								

Schedule A - Charitable Contributions Worksheet Page 3

NAME
ELAINE FARRELL

Year	100% Limit	60% Limit	50% Limit	30% Limit	50% of AGI	Appreciated Property 30% Limit	Appreciated Property 20% Limit	AGI	Total Contributions Allowed	Total Contributions Carryover
					0.			-1,371,036.		
2020										
Contributions										
Less: Allowed ...										
Less: NOL Absorb.										
Less: NOL Abs. CRP Carryover ...										
CRP C/O ...										
2021										
Contributions										
Less: Allowed ...										
Less: NOL Absorb.										
Less: NOL Abs. CRP Carryover ...										
CRP C/O ...										
2022										
Contributions										
Less: Allowed ...										
Less: NOL Absorb.										
Less: NOL Abs. CRP Carryover ...										
CRP C/O ...										
2023										
Contributions		320.								
Less: Allowed ...		0.				0.	0.			
Less: NOL Absorb.										
Less: NOL Abs. CRP and Disaster										
Less: Carryover ...		320.								
CRP C/O ...										
Charitable contributions to Schedule A, Line 14									320.	
									320.	

Schedule A

Charitable Contributions Limitation

NAME ELAINE FARRELL

60% Contributions

60% of AGI 0.
 Contributions qualifying for 60% limit 320.
 3. Allowable 60% contributions 0.

50% Contributions

4. 50% of AGI 0.
 5. Contributions qualifying for 50% limit
 6. Allowable 50% contributions (lesser of Line 4 - Line 3 or Line 5) 0.

30% Contributions

7. Remaining 50% limit (Line 4 less Lines 3 and 6) 0.
 8. Less capital gain property - special 30% limits
 9. Balance of 50% of AGI 0.
 10. 30% of AGI
 11. Contributions qualifying for 30% limit
 12. Allowable 30% contributions (lesser of Line 9, 10 or 11) 0.

30% Special Contributions

13. 30% of AGI
 14. Contributions qualifying for 30% special limit
 15. Remaining 50% limit (Line 4 less the sum of Lines 3, 6 and 12) 0.
 16. Allowable 30% special contribution (lesser of Line 13, 14 or 15) 0.

20% Contributions

17. 20% of AGI
 18. 30% of AGI
 Allowed 30% regular contributions
 Line 18 less Line 19 0.
 21. Allowed 30% special contributions
 22. Line 18 less Line 21 0.
 23. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, and 16) 0.
 24. Contributions subject to the 20% limitation
 25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24) 0.

50% and 100% Conservation Real Property Contributions

26. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, 16 and 25)
 27. Conservation real property contribution subject to 50% limit
 28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27) 0.
 29. Remaining 100% of AGI
 30. Conservation real property contribution subject to 100% limit
 31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30) 0.

Total charitable contributions to Schedule A

32. Total 2023 contributions allowed on Schedule A
 33. Total prior year carryovers allowed on Schedule A
 34. Total charitable contributions to Schedule A, Line 14

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Your social security number

INE FARRELL

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:

WELLS FARGO
FROM K-1 - PORTA BELLA DESIGN SOURCE, INC.

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

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

	Amount
	215.
	25,103.
1	
2	25,318.
3	
4	25,318.

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.

Part II
Ordinary Dividends

5 List name of payer:

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

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

	Amount
5	
6	

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.

7a At any time during 2023, 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. 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, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located

8 During 2023, 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

	Yes	No
7a		X
8		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327501 11-03-23

Interest and Dividend Summary

Name: ELAINE FARRELL

FEIN/SSN: _____

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	215.							
B FROM K-1 - PORTA BELLA DESIGN SOURCE, INC.	25,103.							
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals	25,318.							

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 E
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2023

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ELAINE FARRELL

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 2023 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)	2	Fair Rental Days	Personal Use Days	QJV
A	4	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.	A	365	<input type="checkbox"/>
B	1		B	365	<input type="checkbox"/>
C	1		C	365	<input type="checkbox"/>

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			1,170,000.
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)	9,985.		
7 Cleaning and maintenance			
8 Commissions			55,500.
9 Insurance	53,832.	7,968.	55,352.
10 Legal and other professional fees	9,460.	34,325.	20,400.
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	421,030.	148,151.	685,477.
13 Other interest			91,241.
14 Repairs	126,489.	190,079.	51,386.
15 Supplies			
16 Taxes	800.	75,374.	325,204.
17 Utilities	85,487.	10,205.	24,545.
18 Depreciation expense or depletion	41,980.	44,582.	407,404.
19 Other (list) <u>STMT 4</u> <u>STMT 5</u> <u>STMT 6</u>	133,208.	10,773.	17,366.
20 Total expenses. Add lines 5 through 19	882,271.	521,457.	1,733,875.
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	-882,271.	-521,457.	-563,875.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(882,271.)	(521,457.)	(563,875.)
23a Total of all amounts reported on line 3 for all rental properties		23a	1,170,000.
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	1,254,658.
d Total of all amounts reported on line 18 for all properties		23d	493,966.
e Total of all amounts reported on line 20 for all properties		23e	3,137,603.
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	(1,967,603.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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	-1,967,603.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ELAINE FARRELL

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			X	
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 4582	(k) Nonpassive income from Schedule K-1
A				571,249.
B				
C				
D				
29a	Totals			571,249.
b	Totals			
30	Add columns (h) and (k) of line 29a		30	571,249.
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	571,249.

Part III Income or Loss From Estates and Trusts

	(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	-1,396,354.
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 AN; 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 7 -1,967,603.

2023 Income from Passthroughs

PORTA BELLA DESIGN SOURCE, INC.

I.D. NUMBER: _____

TYPE: S CORPORATION

ACTIVITY INFORMATION:

MANUFACTURING/RETAIL OF FURNTIURE

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	571,249.
------------------------	----------

TOTAL NONPASSIVE INCOME (LOSS)	<u>571,249.</u>
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OTHER K-1 INFORMATION:

INTEREST INCOME	25,103.
CHARITABLE CONTRIBUTIONS	320.
INVESTMENT INCOME	25,103.
NONDEDUCTIBLE EXPENSES	6,069.
SECTION 199A W-2 WAGES	95,701.
SECTION 199A UNADJUSTED BASIS	78,309.

2023 DEPRECIATION AND AMORTIZATION REPORT

RANCH 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		MML7	1,095,080.				1,095,080.	237,502.		28,079.	265,581.
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		MML7	542,139.				542,139.	117,579.		13,901.	131,480.
6	LOAN COST	12/12/18		120M		43	5,613.				5,613.	5,613.		0.	5,613.
1.6	TRUCKS - TOYOTA	11/22/21	200DE	5.00		MC17	15,000.			15,000.	0.			0.	0.
1.7	TRUCKS - FORD	11/03/21	200DE	5.00		MC17	5,000.			5,000.	0.			0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.						2,797,457.			20,000.	2,777,457.	403,839.		41,980.	445,819.

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL

SCHEDULE E- 2

Asset No.	Description	Date Acquired	Method	Life	Company	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.	224,768.		44,582.	269,350.
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.	1,282.		314.	1,596.
	* GRAND TOTAL SCH E DEPR. & AMORT.						5,018,496.				5,018,496.	331,089.		44,896.	375,985.

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

SINGLE FAMILY RESIDENTIAL RENTAL

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.	28,571.		7,792.	36,363.
15	RANGE ROVER	06/23/20	200DE	5.00		HY21	96,829.			96,829.	0.			0.	0.
18	LOAN FEES	01/25/21	461	12M		43	22,889.				22,889.	22,889.		0.	22,889.
	BUILDINGS														
13	BUILDING	01/31/19	SL	27.50		MM17	11203618.				11203618.	1,612,641.		407,404.	2,020,045.
	* SCH E TOTAL BUILDINGS						11203618.				11203618.	1,612,641.		407,404.	2,020,045.
	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.	1,664,101.		415,196.	2,079,297.

Schedule E - Two-Year Comparison Worksheet

2023

Property Name:

RANCH -/

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
EXPENSES			
ADVERTISING	2,000.	0.	-2,000.
AUTO AND TRAVEL	6,922.	9,985.	3,063.
INSURANCE	47,301.	53,832.	6,531.
LEGAL AND OTHER PROFESSIONAL FEES	11,526.	9,460.	-2,066.
MORTGAGE INTEREST	339,267.	421,030.	81,763.
REPAIRS	112,961.	126,489.	13,528.
TAXES	21,949.	800.	-21,149.
UTILITIES	74,171.	85,487.	11,316.
OTHER	113,186.	133,208.	20,022.
SUBTOTAL	729,283.	840,291.	111,008.
DEPRECIATION EXPENSE OR DEPLETION	41,980.	41,980.	0.
TOTAL EXPENSES	771,263.	882,271.	111,008.
INCOME OR (LOSS)	-771,263.	-882,271.	-111,008.
DEDUCTIBLE RENTAL LOSS *	-771,263.	-882,271.	-111,008.
* INCLUDES PASSIVE ACTIVITY LOSS			

Schedule E - Two-Year Comparison Worksheet

2023

Property Name:

RESIDENTIAL RENTAL -

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
EXPENSES			
AUTO AND TRAVEL	40.	0.	-40.
INSURANCE	58,107.	7,968.	-50,139.
LEGAL AND OTHER PROFESSIONAL FEES	35,625.	34,325.	-1,300.
MORTGAGE INTEREST	151,300.	148,151.	-3,149.
REPAIRS	217,052.	190,079.	-26,973.
TAXES	0.	75,374.	75,374.
UTILITIES	5,989.	10,205.	4,216.
OTHER	11,871.	10,773.	-1,098.
SUBTOTAL	479,984.	476,875.	-3,109.
DEPRECIATION EXPENSE OR DEPLETION	44,582.	44,582.	0.
TOTAL EXPENSES	524,566.	521,457.	-3,109.
INCOME OR (LOSS)	-524,566.	-521,457.	3,109.
DEDUCTIBLE RENTAL LOSS *	-524,566.	-521,457.	3,109.
* INCLUDES PASSIVE ACTIVITY LOSS			

Schedule E - Two-Year Comparison Worksheet

2023

Property Name:

SINGLE FAMILY RESIDENTIAL RENTAL

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
INCOME			
RENTS RECEIVED	256,917.	1,170,000.	913,083.
EXPENSES			
COMMISSIONS	0.	55,500.	55,500.
INSURANCE	50,925.	55,352.	4,427.
LEGAL AND OTHER PROFESSIONAL FEES	5,040.	20,400.	15,360.
MORTGAGE INTEREST	894,581.	685,477.	-209,104.
OTHER INTEREST	128,470.	91,241.	-37,229.
REPAIRS	79,172.	51,386.	-27,786.
TAXES	58,593.	325,204.	266,611.
UTILITIES	35,814.	24,545.	-11,269.
OTHER	19,843.	17,366.	-2,477.
SUBTOTAL	1,272,438.	1,326,471.	54,033.
DEPRECIATION EXPENSE OR DEPLETION	407,404.	407,404.	0.
TOTAL EXPENSES	1,679,842.	1,733,875.	54,033.
INCOME OR (LOSS)	-1,422,925.	-563,875.	859,050.
DEDUCTIBLE RENTAL LOSS *	0.	-563,875.	-563,875.
INCLUDES PASSIVE ACTIVITY LOSS			

Go to www.irs.gov/Form3800 for instructions and the latest information.
You must include all pages of Form 3800 with your return.

Name(s) shown on return

Identifying number

ELAINE FARRELL

A Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT). Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instructions Yes No

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
Go to Part III before Parts I and II. See instructions.

1	Non-passive credits from Part III, line 2: combine column (e) with non-passive amounts from column (g). See instructions		1	
2	Passive credits from Part III, line 2: combine column (f) with passive amounts in column (g). See instructions	2		
3	Enter the applicable passive activity credits allowed for 2023. See instructions		3	
4	Carryforward of general business credit to 2023. See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		4	4,805.
5	Carryback of general business credit from 2024. See instructions		5	
6	Add lines 1, 3, 4, and 5		6	4,805.

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 1; 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	0.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11. • Corporations. Enter the amount from Form 4626, Part II, line 13. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.		8	
9	Add lines 7 and 8		9	
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	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12		
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) 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	0.
17	Enter the smaller of line 6 or line 16		17	

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (continued)

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

18	Multiply line 14 by 75% (0.75). See instructions		
19	Enter the greater of line 13 or line 18		
20	Subtract line 19 from line 11. If zero or less, enter -0-		
21	Subtract line 17 from line 20. If zero or less, enter -0-		
22	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)		
23	Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	23	
24	Enter the applicable passive activity credit allowed for 2023. See instructions		
25	Add lines 22 and 24		
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25		0.
27	Subtract line 13 from line 11. If zero or less, enter -0-		0.
28	Add lines 17 and 26		
29	Subtract line 28 from line 27. If zero or less, enter -0-		0.
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions		
31	Reserved		
32	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions	32	
33	Enter the applicable passive activity credits allowed for 2023. See instructions		
34	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
35	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions		
36	Add lines 30, 33, 34, and 35		
37	Enter the smaller of line 29 or line 36		
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. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6a. • Corporations. Form 1120, Schedule J, Part I, line 5c. • Estates and trusts. Form 1041, Schedule G, line 2b. 	38	0.

Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)
(see instructions)

(a) Credits carried over to tax year 2023	(b) Check if non-passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
a Form 3468, Part II (coal, gasification)						
b Form 7207 (manufacturing production)						
c Form 6765 (research)						
d Form 3468, Part III (advanced energy)						
e Form 8826 (disabled access)						
f Form 8835, Part II (renewable electricity) ...						
g Form 7210 (clean hydrogen)						
h Form 8820 (orphan drug)						
i Form 8874 (new markets)						
j Form 8881, Part I (pension plan startup) ...						
k Form 8882 (employer-provided childcare)						
l Form 8864 (biodiesel and renewable diesel)						
m Form 8896 (low sulfur diesel fuel)						
n Form 8906 (distilled spirits)						
o Form 3468, Part IV (advanced manufacturing)						
p Form 8908 (energy-efficient home)						
q Reserved						
r Form 8910 (alternative motor vehicle)						
s Form 8911, Part II (alternative fuel refueling)						
t Form 8830 (enhanced oil recovery)						
u Form 7213, Part II (zero-emission nuclear production)						
v Form 3468, Part V (reserved)						
w Form 8932 (differential wage)						
x Form 8933 (carbon oxide sequestration) ...						
y Form 8936, Part II (clean vehicle)	X	2017			4,805.	
z Reserved						
aa Form 8936, Part V (commercial clean vehicle)						
bb Form 8904 (oil and gas production)						
cc Form 7213, Part I (advanced nuclear production)						
dd Form 8881, Part II (pension auto enrollment)						
ee Form 8881, Part III (military spouse)						
ff Form 8864 (sustainable aviation fuel mixture)						
gg Reserved						
hh Reserved						
ii Reserved						
jj Reserved						
zz Other						
2 Credits for which only carryforwards are allowed:						
a Form 5884-A (employee retention)						
b Form 8586 (low-income housing) (pre-2008)						
c Form 8845 (Indian employment)						
d Form 8907 (nonconventional source fuel) ...						
e Form 8909 (energy efficient appliance)						
f Form 8923 (mine rescue team training)						
g Form 8834 (qualified plug-in electric vehicle)						
h Form 8931 (agricultural chemicals security)						
i Form 1065-B (GBCs from electing partnership)						
j Form 5884 (work opportunity) (pre-2007) ...						
k Form 6478 (alcohol fuel) (pre-2005)						
l Form 8846 (employer taxes) (pre-2007)						

Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)
(see instructions) (continued)

(a) Credits carried over to tax year 2023	(b) Check if non-passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
m Form 8900 (railroad track maintenance) (pre-2008)						
n Trans-Alaska pipeline liability fund credit						
o Form 5884-A, Section A (employers affected by Hurricane Katrina, Rita, or Wilma)						
p Form 5884-A, Section B (Hurricane Katrina housing)						
q Form 5884-A, Section A (affected Midwestern disaster area employers)						
r Form 5884-A, Section B (employer housing)						
s Form 5884-B (new hire retention)						
t Form 8847 (contributions to community development corporations)						
u Form 8861 (welfare to work)						
v Form 8884 (New York Liberty Zone business employee)						
w Form 8942 (therapeutic drug)						
yy Other credits (see instructions)						
zz Add lines 1a through 1zz and 2a through 2yy					4,805.	
3 Form 8844 (empowerment zone)						
4 Specified credits:						
a Form 3468, Part VI (energy)						
b Form 5884 (work opportunity)						
c Form 6478 (biofuel producer)						
e Form 8586 (low-income housing) (post-2007)						
f Form 8835 (renewable electricity)						
f Form 8846 (employer taxes)						
g Form 8900 (railroad track maintenance)						
h Form 8941 (employer health insurance)						
i Form 6765 ESB credit (research)						
j Form 8994 (paid family and medical leave)						
k Form 3468, Part VII (rehabilitation) (post-2007)						
l Reserved (4l)						
m Reserved (4m)						
z Other specified credits						
5 Add lines 4a through 4z						
6 Add lines 2zz, 3, and 5					4,805.	

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

ELAINE FARRELL

[Redacted Social Security Number]

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	-1,405,056.
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 12	2a	10,000.
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	
f	Alternative tax net operating loss deduction	2f	SEE STATEMENT 8 0.
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	
	Income from certain installment sales before January 1, 1987	2s	
	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 \$831,150, see instructions.)	4	-1,395,056.

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 \$578,150 \$81,300 Married filing jointly or qualifying surviving spouse 1,156,300 126,500 Married filing separately 578,150 63,250 If line 4 is over the amount shown above for your filing status, see instructions.	5	81,300.
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 \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 28% (0.28). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 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	
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 \$220,700 or less (\$110,350 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result	18
19	Enter: <ul style="list-style-type: none"> • \$89,250 if married filing jointly or qualifying surviving spouse, • \$44,625 if single or married filing separately, or • \$59,750 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: <ul style="list-style-type: none"> • \$492,300 if single, • \$276,900 if married filing separately, • \$553,850 if married filing jointly or qualifying surviving spouse, or • \$523,050 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 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	32
33	Subtract line 32 from line 22	33
34	Multiply line 33 by 20% (0.20) If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34
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 \$220,700 or less (\$110,350 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,414 (\$2,207 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

Form 6251 - AMT Charitable Contributions Worksheet Page 1

NAME

ELAINE FARRELL

60% of AGI

-685,518.

AGI

-1,371,036.

Year		100% Limit	60% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2008	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2009	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2010	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2011	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2012	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2013	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2014	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								

Form 6251 - AMT Charitable Contributions Worksheet Page 2

NAME

ELAINE FARRELL

50% of AGI

-685,518.

AGI

-1,371,036.

Year		100% Limit	60% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions								
	Less: Allowed ...								
	Less: NOL Abs. CRP CRP C/O ...								
2016	Contributions								
	Less: Allowed ...								
	Less: NOL Absorb.								
	Less: NOL Abs. CRP Carryover ... CRP C/O ...								
2017	Contributions								
	Less: Allowed ...								
	Less: NOL Absorb.								
	Less: NOL Abs. CRP and MWD ... Carryover ... CRP C/O ...								
2018	Contributions								
	Less: Allowed ...								
	Less: NOL Absorb.								
	Less: NOL Abs. CRP Carryover ... CRP C/O ...								
2019	Contributions								
	Less: Allowed ...								
	Less: NOL Absorb.								
	Less: NOL Abs. CRP Carryover ... CRP C/O ...								

Form 6251 - AMT Charitable Contributions Worksheet Page 3

NAME

ELAINE FARRELL

50% of AGI

-685,518.

AGI

-1,371,036.

Year	100% Limit	60% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2020								
Contributions								
Less: Allowed ...								
Less: NOL Absorb.								
Less: NOL Abs. CRP Carryover ...								
CRP C/D ...								
2021								
Contributions								
Less: Allowed ...								
Less: NOL Absorb.								
Less: NOL Abs. CRP and disaster Carryover ...								
CRP C/D ...								
Disaster C/D								
2022								
Contributions								
Allowed ...								
NOL Absorb.								
NOL Abs. CRP and disaster Carryover ...								
CRP C/D ...								
Disaster C/D								
2023								
Contributions		320.						
Less: Allowed ...								
Less: NOL Absorb.								
Less: NOL Abs. CRP and disaster Carryover ...		320.						320.
CRP C/D ...								
AMT charitable contributions								320.
Less: Charitable contributions allowed under regular tax calculation								
Charitable contributions adjustment to Form 6251, line 3								

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) Social Security Number
ELAINE FARRELL

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	
K1-	MANUFACTURING/RETAIL O F FURNTIURE							
	* REGULAR INCOME	571,249.						
	* AMT NET INCOME	571,249.						
E-	RANCH							
	* REGULAR INCOME	-882,271.						
	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	-882,271.						
L-	SINGLE FAMILY RESIDENT IAL RENTAL							
	* REGULAR INCOME	-563,875.						
	PAL CARRYOVER	4,184,378.			4,184,378.			
	AMT PAL CARRYOVER	-4,184,378.			-4,184,378.			
	PAL DISALLOWED	-4,184,378.			-4,184,378.			
	AMT PAL DISALLOWED	4,184,378.			4,184,378.			
	* AMT NET INCOME	-563,875.						
	** 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 -								
2	RANCH	072914	SL	39.00	1,095,080.	237,502.	28,079.	28,079.	0.
5	RANCH	072914	SL	39.00	542,139.	117,579.	13,901.	13,901.	0.
	** SUBTOTAL **				1,637,219.	355,081.	41,980.	41,980.	0.
	RESIDENTIAL RENTAL								
8	BUILDING	122117	SL	27.50	1,226,013.	224,768.	44,582.	44,582.	0.
	** SUBTOTAL **				1,226,013.	224,768.	44,582.	44,582.	0.
	SINGLE FAMILY RESIDENTIAL RENTAL								
13	BUILDING	013119	SL	27.50	1,120,361.8.	1,612,641.	407,404.	407,404.	0.
	** SUBTOTAL **				1,120,361.8.	1,612,641.	407,404.	407,404.	0.
	*** GRAND TOTAL ***				1,406,685.0.	2,192,490.	493,966.	493,966.	0.

**Credits for Qualifying Children
and Other Dependents**

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

(s) shown on return

Your social security number

ELAINE FARRELL

Part I 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	-1,371,036.
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	-1,371,036.
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
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 4.			
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 	9	200,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • 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	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	500.
13	Enter the amount from Credit Limit Worksheet A STMT 9	13	0.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>			
16a Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		500.	
b Number of qualifying children under 17 with the required social security number: <u>0</u> x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		0.	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
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? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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 Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> 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.	20		

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

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, or if you are a bona fide resident of Puerto Rico, see instructions			
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		
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 27, 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 Next, enter the smaller of line 17 or line 26 on line 27.	26		

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28			0.
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**Qualified Business Income Deduction
Simplified Computation**

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

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

s) shown on return

Your taxpayer identification number

ELAINE FARRELL

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	MANUFACTURING/RETAIL OF FURNITURE	95-4754335	571,249.
ii	RANCH - 230 BURMA ROAD, FALLBROOK, CA 92028	522-23-5897	-882,271.
iii	RESIDENTIAL RENTAL - 17520 REVELLO DRIVE, PAC	522-23-5897	-521,457.
iv	SINGLE FAMILY RESIDENTIAL RENTAL - 1105 RIVAS	522-23-5897	-563,875.
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2-1,396,354.	
3	Qualified business net (loss) carryforward from the prior year STATEMENT 10	3 1,319,722.	
	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
	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 (see instructions)	11-1,405,056.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 2,716,076.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

Detail Qualified Business Income Carryforward Worksheet

2023

Entity/ Activity Number	QBI Number	Entity/Activity Name	Type	Year Carried From	Amount Available for Carryover	Reserved
1		NON-QBI RANCH -	P	2017	568,359.	
3		NON-QBI SINGLE FAMILY RESIDENTIAL RENTAL -	P	2017	1,117,443.	
3		SINGLE FAMILY RESIDENTIAL RENTAL	P	2020	355,610.	
3		SINGLE FAMILY RESIDENTIAL RENTAL	P	2021	1,288,400.	
3		SINGLE FAMILY RESIDENTIAL RENTAL -	P	2022	1,422,925.	

Name: RANCH -

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%	-6,512.	0.
5. 2021	0.	.000000%	0.	0.
6. 2022	0.	.000000%	0.	0.
7. 2023	0.	.000000%	0.	0.
8. Total	-574,871.		-6,512.	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	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018	-574,871.		0.	0.	-6,512.	0.	0.	0.	-568,359.
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.	0.	0.
4. 2020	0.	-6,512.				0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.
6. 2022	0.	0.						0.	0.
7. 2023	0.	0.							0.
8. Total	-574,871.	-6,512.	0.	0.	-6,512.	0.	0.	0.	-568,359.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	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	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.	0.	0.
4. 2020	0.	0.				0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.
6. 2022	0.	0.						0.	0.
7. 2023	0.	0.							0.
8. Total	0.	0.	0.	0.	0.	0.	0.	0.	0.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	
10. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	0.	0.	

Name: **SINGLE FAMILY RESIDENTIAL RENTAL** --

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. Pre2018	-1,134,319.	.000000%		
2. 2018	0.	.000000%	0.	0.
3. 2019	0.	.000000%	0.	0.
4. 2020	-355,610.	1.000000%	-16,876.	0.
5. 2021	-1,288,400.	1.000000%	0.	0.
6. 2022	-1,422,925.	1.000000%	0.	0.
7. 2023	0.	.000000%	0.	0.
8. Total	-4,201,254.		-16,876.	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	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre2018	-1134319.		0.	0.	-16,876.	0.	0.	0.	-1,117,443.
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.	0.	0.
4. 2020	0.	-16,876.				0.	0.	0.	0.
5. 2021	0.	0.					0.	0.	0.
6. 2022	0.	0.						0.	0.
7. 2023	0.	0.							0.
8. Total	-1134319.	-16,876.	0.	0.	-16,876.	0.	0.	0.	-1,117,443.
9. Allocation of allowed losses limited by other Code sections			0.	0.	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	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre2018									
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.
3. 2019	0.	0.			0.	0.	0.	0.	0.
4. 2020	-355,610.	0.				0.	0.	0.	-355,610.
5. 2021	-1288400.	0.					0.	0.	-1,288,400.
6. 2022	-1422925.	0.						0.	-1,422,925.
7. 2023	0.	0.							0.
8. Total	-3066935.	0.	0.	0.	0.	0.	0.	0.	-3,066,935.
9. Allocation of allowed losses limited by other Code sections			0.	0.	0.	0.	0.	0.	
10. Total prior year suspended losses allowed that must be included in QBI			0.	0.	0.	0.	0.	0.	

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.

2023

Attachment
 Sequence No. 70

Taxpayer name(s) shown on return
LINE FARRELL

Preparer's name
JEFFREY SEDACCA

Taxpayer identification number

Preparer tax identification number

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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, 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • 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) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		4,752,737.	1.000000000	4,752,737.

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		4,752,737.	4,752,737.	

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		4,752,737.	1.000000000	4,752,737.

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		4,752,737.	4,752,737.	

4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2023

Attach to your tax return. SCHEDULE E- 3

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

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ELAINE FARRELL

SINGLE FAMILY RESIDENTIAL RENTAL -1

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.

Table with 5 rows for lines 1-5 and 6-13. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Lines 6-13: Detailed property information and calculations.

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.)

Table with 3 rows for lines 14-16. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for lines 17-18. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2023. Line 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 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year properties and residential/nonresidential real property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

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.)

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:								
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 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	1											
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												
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										
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 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year					43
SEE STATEMENT 20					7,792.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					7,792.

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

Attachment
Sequence No. **203**

Name of shareholder INE FARRELL Identifying number _____

A Name of S corporation PORTA BELLA DESIGN SOURCE, INC. B Employer identification number _____

C Stock block (see instructions): _____

D Check applicable box(es) to indicate how stock was acquired:
 (1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5) Other: _____

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	873,364.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	571,249.
3b	Net rental real estate income (enter losses in Part III)	3b	
3c	Other net rental income (enter losses in Part III)	3c	
3d	Interest income	3d	25,103.
3e	Ordinary dividends	3e	
3f	Royalties	3f	
3g	Net capital gains (enter losses in Part III)	3g	
3h	Net section 1231 gain (enter losses in Part III)	3h	
3i	Other income (enter losses in Part III)	3i	
3j	Excess depletion adjustment	3j	
3k	Tax-exempt income	3k	
3l	Recapture of business credits	3l	
3m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	596,352.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1,469,716.
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	526,239.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	943,477.
8a	Nondeductible expenses	8a	6,069.
8b	Depletion for oil and gas	8b	
8c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	6,069.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	937,408.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	320.
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	320.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	937,088.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Taxable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	320.		320.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	320.		320.		

**ALTERNATIVE MINIMUM TAX
S Corporation Shareholder Stock and
Debt Basis Limitations**

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Attachment
Sequence No. **203**

Name of shareholder **JANE FARRELL** Identifying number _____

A Name of S corporation **PORTA BELLA DESIGN SOURCE, INC.** B Employer identification number _____

C Stock block (see instructions): _____

D Check applicable box(es) to indicate how stock was acquired:
(1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5) Other: _____

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	873,364.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	571,249.
3b	Net rental real estate income (enter losses in Part III)	3b	
3c	Other net rental income (enter losses in Part III)	3c	
3d	Interest income	3d	25,103.
3e	Ordinary dividends	3e	
3f	Royalties	3f	
3g	Net capital gains (enter losses in Part III)	3g	
3h	Net section 1231 gain (enter losses in Part III)	3h	
3i	Other income (enter losses in Part III)	3i	
3j	Excess depletion adjustment	3j	
3k	Tax-exempt income	3k	
3l	Recapture of business credits	3l	
3m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	596,352.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1,469,716.
6	Distributions (excluding dividend distributions)	6	526,239.
<p>Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.</p>			
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	943,477.
8a	Nondeductible expenses	8a	6,069.
8b	Depletion for oil and gas	8b	
8c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	6,069.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	937,408.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	320.
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	320.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	937,088.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
19 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Taxable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	320.		320.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	320.		320.		

Schedule A - Net Operating Loss (NOL)

2023

Name

Social Security Number

MAINE FARRELL

For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)		1	-1,405,056.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	0.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	0.
6	Nonbusiness deductions (see instructions) SEE STATEMENT 22	6	34,020.
7	Nonbusiness income other than capital gains (see instructions) STATEMENT 21	7	25,318.
8	Add lines 5 and 7	8	25,318.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	8,702.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	0.
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	
13	Add lines 10 and 12	13	
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.
15	Add lines 4 and 14	15	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	NOL deduction for losses from other years. Enter as a positive number	23	
24	NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, this is your current year NOL. If the result is zero or more, you do not have an NOL	24	-1,396,354.

Alternative Tax Net Operating Loss Worksheet

2023

Name(s) as shown on return

Social Security Number

ELAINE FARRELL

1. Loss for the current year		1,405,056.
2. Net operating loss deduction		
3. Excess of nonbusiness deductions over nonbusiness income:		
(A) AMT nonbusiness itemized deductions and adjustments	24,020.	
(B) AMT nonbusiness income	25,318.	
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion)		
(D) Total nonbusiness income	25,318.	
(E) Difference (line 3(A) less 3(D)) not less than zero		0.
4. Excess of nonbusiness capital loss over nonbusiness capital gain		
5. Adjusted deduction for business capital loss		
(A) Business capital loss		
(B) Line 3(D) minus 3(A), not less than zero. Do not enter more than line 3(C)	0.	
(C) Business capital gains (without regard to any section 1202 exclusion)		
(D) Total (line 5(B) plus 5(C))		
(E) Difference (line 5(A) less 5(D)) not less than zero		
6. Add lines 4 and 5E		
7. Enter the loss, if any, from AMT Schedule D, Line 16		
8. Adjusted section 1202 exclusion		
9. Line 7 minus line 8		
10. Enter the loss, if any, from AMT Schedule D, line 21		
11. Line 9 minus line 10, not less than zero		
12. Line 10 minus line 11, not less than zero		
13. Line 6 minus line 11, not less than zero		
14. Total adjustment and preference items (Form 6251)		10,000.
15. Total (line 2 + 3(E) + 8 + 12 + 13 + 14)		10,000.
16. Current year alternative tax net operating loss - (line 1 less line 15)		1,395,056.

Worksheet for NOL Deduction

2023

Name(s) as shown on return

Social Security Number

ELAINE FARRELL

USE YOUR 2023 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
- 3. Total NOL carryover
- 4. Taxable income before the NOL deduction
- 5. NOL carryover NOT subject to 80% of taxable income limit
- 6. Subtract line 5 from line 4 (but not less than zero)
- 7. Multiply line 6 by 80%
- 8. Enter the lesser of lines 2 or 7. This is the deductible amount of the NOL carryovers reported on line 2
- 9. Enter the amount from line 1
- 10. NOL deduction. Add lines 8 and 9. Enter on Schedule 1, line 8a

1,396,939.	
	1,396,939.
0.	
0.	
0.	
0.	
	0.
	0.

TAXABLE INCOME WITHOUT THE NOL DEDUCTION:

- 11. Enter the amounts from Form 1040, lines 1z, 2b, 3b, 4b, 5b and 7
- 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
- 15. Enter the amount from Schedule 1, line 5
- 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
- 19. Enter the amounts from Schedule 1, lines 11 through 19a and other adjustments
- 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
- 24. Enter the amount from Schedule A, line 4
- 25. Enter the amount from Schedule A, line 7
- 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
- 30. Enter the capital construction fund and other deductions
- 31. Taxable income without regard to the NOL and qualified business income deductions. Subtract lines 29 through 30 from line 23. If zero or less, enter 0. Enter on line 4 above

25,318.	
-1,396,354.	
	-1,371,036.
	-1,371,036.
24,020.	
10,000.	
	34,020.
	0.

NOL

Detail NOL Carryover/Carryback Worksheet

2023

Name(s) ELAINE FARRELL Social Security Number

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in 2021	Amount Used in								
2020	638,181.	138,735.									
2022	897,493.	0.									
2023	1,396,354.										
Totals	2,932,028.	138,735.									

Total amount available for carryover 2,932,028.
 Less total amounts used 138,735.
 Less total amounts expired 0.
 Remaining carryover 2,793,293.

AMT NOL

Detail AMT NOL Carryover Worksheet

2023

Name(s) **ELAINE FARRELL** Social Security Number

Year Carried From	Amount Available for Carryover	Amount Used in 2021	Amount Used in								
2020	638,171.	147,932.									
2022	897,493.	0.									
2023	1,395,056.										
Totals	2,930,720.	147,932.									

Total amount available for carryover	2,930,720.
Less total amounts used	147,932.
Less total amounts expired	0.
Remaining carryover	<u>2,782,788.</u>

Election to Waive the Net Operating Loss Carryback Period

Elaine Farrell

Taxpayer Identification Number: _____

For the Year Ending December 31, 2023

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, 2023, and will have such loss available for carryforward only.

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

Elaine Farrell

Taxpayer Identification Number:

For the Year Ending December 31, 2023

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

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	1
DESCRIPTION		AMOUNT	
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		29,411.	
TOTAL TO SCHEDULE A, LINE 5A		29,411.	

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	2
DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT	
FROM K-1 - PORTA BELLA DESIGN SOURCE, INC.	320.		
SUBTOTALS	320.		
TOTAL TO SCHEDULE A, LINE 11	LIMITED SEE C/O REPORT	0.	

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
MEDICAL INSURANCE PREMIUMS PAID		24,020.	
TOTAL TO SCHEDULE A, LINE 1		24,020.	

SCHEDULE E	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
RANCH - 230 BURMA ROAD, FALLBROOK, CA 92028			
BANK & FINANCE CHARGES		1,056.	
OFFICE SUPPLIES & EXPENSE		3,700.	
TELEPHONE & INTERNET		16,700.	
RANCH LABOR		39,868.	
SALARIES		53,025.	
PAYROLL TAXES		4,374.	
PAYROLL FEES		3,313.	
OUTSIDE SERVICES		10,472.	
LICENSES & FEES		700.	
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		133,208.	

SCHEDULE E OTHER EXPENSES STATEMENT 5

RESIDENTIAL RENTAL - 17520 REVELLO DRIVE, PACIFIC PALISADES, CA 90272

DESCRIPTION	AMOUNT
OFFICE SUPPLIES & EXPENSE	5,844.
COMPUTER & INTERNET AMORTIZATION	4,615.
	314.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	10,773.

SCHEDULE E OTHER EXPENSES STATEMENT 6

SINGLE FAMILY RESIDENTIAL RENTAL - 1105 RIVAS CANYON ROAD, PACIFIC PALISADES

DESCRIPTION	AMOUNT
POSTAGE & DELIVERY	4,574.
OFFICE SUPPLIES & EXPENSE	1,700.
OUTSIDE SERVICES	3,300.
AMORTIZATION	7,792.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	17,366.

SCHEDULE E RECONCILIATION FOR REAL ESTATE PROFESSIONALS STATEMENT 7

FORM	DESCRIPTION	AMOUNT
SCH E P1	RANCH - 230 BURMA ROAD, FALLBROOK, CA 92028	-882,271.
SCH E P1	RESIDENTIAL RENTAL - 17520 REVELLO DRIVE, PACIFIC PALISADES, CA 90272	-521,457.
SCH E P1	SINGLE FAMILY RESIDENTIAL RENTAL - 1105 RIVAS CANYON ROAD, PACIFIC PALISADES	-563,875.
TOTAL TO SCHEDULE E, LINE 43		-1,967,603.

1. ATNOL CARRYFORWARDS AND CARRYBACKS ATTRIBUTABLE TO QUALIFIED DISASTER LOSSES		
B. ATNOL CARRYFORWARDS AND CARRYBACKS OTHER THAN THOSE INCLUDED IN LINE 1A		1,387,732.
C. SUM OF LINE 1A AND LINE 1B		<u>1,387,732.</u>
ATNOLD LIMITATION:		
2A. SUM OF FORM 6251, LINES 1 - 3 WITHOUT LINE 2D AND TREATING LINE 2F AS ZERO	-1,395,056.	
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-)		<u>0.</u>
3A. SMALLER OF LINE 1B OR 90% OF LINE 2C		0.
B. SMALLER OF LINE 1A OR LINE 2C MINUS 3A		
C. LINE 3A PLUS LINE 3B. TOTAL TO FORM 6251, LINE 2F		<u>0.</u>

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 0.

2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:

- SCHEDULE 3, LINE 1
- SCHEDULE 3, LINE 2
- SCHEDULE 3, LINE 3
- SCHEDULE 3, LINE 4
- SCHEDULE 3, LINE 5B
- SCHEDULE 3, LINE 6D
- SCHEDULE 3, LINE 6F
- SCHEDULE 3, LINE 6L
- SCHEDULE 3, LINE 6M
- ENTER THE TOTAL

3. SUBTRACT LINE 2 FROM LINE 1

COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:

- 1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:
 - A. MORTGAGE INTEREST CREDIT, FORM 8396
 - B. ADOPTION CREDIT, FORM 8839
 - C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I
 - D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859
- 2. YOU ARE NOT FILING FORM 2555
- 3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO

4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER -0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT WORKSHEET B. 0.

5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 13. 0.

FORM 8995 QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS STATEMENT 10

TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	1,319,722.
TOTAL TO FORM 8995, LINE 3	1,319,722.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 11

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	0.	0.	-4,184,378.		-4184378.
[REDACTED]	0.	0.	-568,359.		-568,359.
TOTALS	0.	0.	-4,752,737.		-4752737.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 12

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,184,378.	.880414380	4184378.
[REDACTED]	SCH E	568,359.	.119585620	568,359.
TOTALS		4,752,737.	1.000000000	4752737.

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 13

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	SCH E	4,184,378.	4,184,378.	
[REDACTED]	SCH E	568,359.	568,359.	
TOTALS		4,752,737.	4,752,737.	



FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 14

RE 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]	SCH E	0.	-4184378.	-4184378.	4184378.	
			0.	-568,359.	-568,359.	568,359.
TOTALS		0.	-4752737.	-4752737.	4752737.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

II ME

WAGES, SALARIES, TIPS ETC.
 DIVIDEND INCOME
 TAXABLE REFUNDS
 ALIMONY RECEIVED
 TAXABLE IRA DISTRIBUTIONS
 TAXABLE PENSIONS AND ANNUITIES
 UNEMPLOYMENT COMPENSATION
 OTHER INCOME

INTEREST INCOME 25,318.
 ADD: SERIES EE AND I EXCLUSION

25,318.

BUSINESS INCOME OR LOSS
 ADD: PASSIVE LOSSES
 SUBTRACT: PASSIVE INCOME

SALE OF ASSETS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS -1,396,354.
 ADD: PASSIVE/RREA PROFESSIONAL/PTP LOSSES 1,967,603.
 SUBTRACT: PASSIVE INCOME

571,249.

FARM OR FARM RENTAL INCOME OR LOSS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

TOTAL INCOME 596,567.

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 6 596,567.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 16

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
SINGLE FAMILY RESIDENTIAL RENTAL - RANCH -	0.	0.	-4,184,378.		-4184378.
	0.	0.	-568,359.		-568,359.
TOTALS	0.	0.	-4,752,737.		-4752737.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 17

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E	4,184,378.	.880414380	4,184,378.
RANCH -	SCH E	568,359.	.119585620	568,359.
TOTALS		4,752,737.	1.000000000	4,752,737.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - PART VIII

STATEMENT 18

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
SINGLE FAMILY RESIDENTIAL RENTAL -	SCH E	4,184,378.	4,184,378.	
RANCH -	SCH E	568,359.	568,359.	
TOTALS		4,752,737.	4,752,737.	

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 19

FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X SINGLE FAMILY RESIDENTIAL RENTAL - [REDACTED]				
X RANCH - [REDACTED]				
TOTALS				

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11

FORM 4562 PART VI - AMORTIZATION STATEMENT 20

DESCRIPTION OF COSTS	DATE BEGAN	AMORT. AMOUNT	CODE SECT.	LIFE/ RATE	ACCUM. AMORT.	AMORT. THIS YEAR
LOAN FEES	04/30/19	233,768.	461	360M	28,571.	7,792.
TOTAL TO FORM 4562, LINE 43						7,792.

NOL		NONBUSINESS INCOME	STATEMENT 21
DESCRIPTION			AMOUNT
TAXABLE INTEREST - 1040, LINE 2B			25,318.
PARTNERSHIPS & S-CORPS - SCH E PG 2, LINE 32			571,249.
BUSINESS INCOME FROM ACTIVITY - 2			-571,249.
TOTAL TO SCHEDULE A - NOL, LINE 7 (NEGATIVE LIMITED TO 0)			25,318.

NOL		NONBUSINESS DEDUCTIONS	STATEMENT 22
DESCRIPTION			AMOUNT
MEDICAL AND DENTAL EXPENSES - SCHEDULE A, LINE 4			24,020.
TAXES - SCHEDULE A, LINE 7			10,000.
TOTAL TO SCHEDULE A - NOL, LINE 6			34,020.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	072914	L			730,054.			730,054.			0.
2	RANCH	072914	SL	39.00	17	1095080.			1095080.	237,502.		28,079.
3	LOAN FEES	072914		12M	43	43,145.			43,145.	43,145.		0.
4	LAND	072914	L			361,426.			361,426.			0.
5	RANCH	072914	SL	39.00	17	542,139.			542,139.	117,579.		13,901.
6	LOAN COST	121215		120M	43	5,613.			5,613.	5,613.		0.
16	TRUCKS - TOYOTA	112221	200DB	5.00	17	15,000.		15,000.	0.			0.
17	TRUCKS - FORD	110321	200DB	5.00	17	5,000.		5,000.	0.			0.
7	LAND	122117	L			3678039.			3678039.			0.
8	BUILDING	122117	SL	27.50	17	1226013.			1226013.	224,768.		44,582.
9	LOAN FEES	122117		12M	43	97,368.			97,368.	97,368.		0.
10	COMERICA	080818	461	12M	43	7,671.			7,671.	7,671.		0.
11	LOAN FEES - PREMIER	112918	461	360M	43	9,405.			9,405.	1,282.		314.
14	LOAN FEES	043019	461	360M	43	233,768.			233,768.	28,571.		7,792.
15	RANGE ROVER	062320	200DB	5.00	21	96,829.		96,829.	0.			0.
18	LOAN FEES	012521	461	12M	43	22,889.			22,889.	22,889.		0.
	BUILDINGS											
13	BUILDING	013119	SL	27.50	17	11203618.			11203618.	1612641.		407,404.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* SCH E TOTAL BUILDINGS					11203618.			11203618.	1612641.		407,404.
	LAND											
12	LAND	013119	L			1244847.			1244847.			0.
	* SCH E TOTAL LAND					1244847.			1244847.			0.
	* GRAND TOTAL SCH E DEPR. & AMORT.					2797457.		20,000.	2777457.	403,839.		41,980.
	* GRAND TOTAL SCH E DEPR. & AMORT.					5018496.			5018496.	331,089.		44,896.
	* GRAND TOTAL SCH E DEPR. & AMORT.					12801951.		96,829.	12705122.	1664101.		415,196.

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAND	072914	L		730,054.		730,054.	0.	0.
2	RANCH	072914	SL	39.00	1095080.		1095080.	265,581.	28,079.
	AMT DEPRECIATION		SL	39.00				265,581.	28,079.
3	LOAN FEES	072914		12M	43,145.		43,145.	43,145.	0.
4	LAND	072914	L		361,426.		361,426.	0.	0.
5	RANCH	072914	SL	39.00	542,139.		542,139.	131,480.	13,901.
	AMT DEPRECIATION		SL	39.00				131,480.	13,901.
6	LOAN COST	121216		120M	5,613.		5,613.	5,613.	0.
16	TRUCKS - TOYOTA	112221	200DB	5.00	15,000.	15,000.	0.	0.	0.
17	TRUCKS - FORD	110321	200DB	5.00	5,000.	5,000.	0.	0.	0.
7	LAND	122117	L		3678039.		3678039.	0.	0.
8	BUILDING	122117	SL	27.50	1226013.		1226013.	269,350.	44,582.
	AMT DEPRECIATION		SL	27.50				269,350.	44,582.
9	LOAN FEES	122117		12M	97,368.		97,368.	97,368.	0.
10	LOAN FEES - COMERICA	080818	461	12M	7,671.		7,671.	7,671.	0.
11	LOAN FEES - PREMIER	112918	461	360M	9,405.		9,405.	1,596.	314.
14	LOAN FEES	043019	461	360M	233,768.		233,768.	36,363.	7,792.
15	RANGE ROVER	062320	200DB	5.00	96,829.	96,829.	0.	0.	0.
18	LOAN FEES	012521	461	12M	22,889.		22,889.	22,889.	0.
	BUILDINGS								

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ELAINE FARRELL

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
13	BUILDING	013119	SL	27.50	11203618.		11203618.	2020045.	407,404.
	AMT DEPRECIATION		SL	27.50				2020045.	407,404.
	* SCH E TOTAL BUILDINGS				11203618.		11203618.	2020045.	407,404.
	LAND								
12	LAND	013119	L		1244847.		1244847.	0.	0.
	* SCH E TOTAL LAND				1244847.		1244847.	0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.				2797457.	20,000.	2777457.	445,819.	41,980.
	* TOTAL SCH E AMT DEPRECIATION							397,061.	41,980.
	* GRAND TOTAL SCH E DEPR. & AMORT.				5018496.		5018496.	375,985.	44,896.
	* TOTAL SCH E AMT DEPRECIATION							269,350.	44,582.
	* GRAND TOTAL SCH E DEPR. & AMORT.				12801951.	96,829.	12705122.	2079297.	415,196.
	* TOTAL SCH E AMT DEPRECIATION							2020045.	407,404.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - ELAINE FARRELL

CA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	072914	L			730,054.			730,054.			0.
2	RANCH	072914	SL	39.00	17	1095080.			1095080.	237,502.		28,079.
3	LOAN FEES	072914		12M	43	43,145.			43,145.	43,145.		0.
4	LAND	072914	L			361,426.			361,426.			0.
5	RANCH	072914	SL	39.00	17	542,139.			542,139.	117,579.		13,901.
6	LOAN COST	121216		120M	43	5,613.			5,613.	5,613.		0.
16	TRUCKS - TOYOTA	112221	200DB	5.00	17	15,000.			15,000.	6,450.		3,420.
17	TRUCKS - FORD	110321	200DB	5.00	17	5,000.			5,000.	2,150.		1,140.
7	LAND	122117	L			3678039.			3678039.			0.
8	BUILDING	122117	SL	27.50	17	1226013.			1226013.	224,768.		44,582.
9	LOAN FEES	122117		12M	43	97,368.			97,368.	97,368.		0.
10	LOAN FEES - COMERICA	080818	461	12M	43	7,671.			7,671.	7,671.		0.
11	LOAN FEES - PREMIER	112918	461	360M	43	9,405.			9,405.	1,282.		314.
14	LOAN FEES	043019	461	360M	43	233,768.			233,768.	28,571.		7,792.
15	RANGE ROVER	062320	200DB	5.00	21	96,829.			96,829.	68,942.		11,155.
18	LOAN FEES	012521	461	12M	43	22,889.			22,889.	22,889.		0.
13	BUILDING	013119	SL	27.50	17	11203618.			11203618.	1612641.		407,404.
12	LAND	013119	L			1244847.			1244847.			0.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - ELAINE FARRELL

CA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL SCH E DEPR. & AMORT.					2797457.			2797457.	412,439.		46,540.
	* GRAND TOTAL SCH E DEPR. & AMORT.					5018496.			5018496.	331,089.		44,896.
	* GRAND TOTAL SCH E DEPR. & AMORT.					12801951.			12801951.	1733043.		426,351.

2024 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

ELAINE FARRELL

CA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAND	072914	L		730,054.		730,054.	0.	0.
2	RANCH	072914	SL	39.00	1095080.		1095080.	265,581.	28,079.
3	LOAN FEES	072914		12M	43,145.		43,145.	43,145.	0.
4	LAND	072914	L		361,426.		361,426.	0.	0.
5	RANCH	072914	SL	39.00	542,139.		542,139.	131,480.	13,901.
6	LOAN COST	121216		120M	5,613.		5,613.	5,613.	0.
16	TRUCKS - TOYOTA	112221	200DB	5.00	15,000.		15,000.	9,870.	2,052.
17	TRUCKS - FORD	110321	200DB	5.00	5,000.		5,000.	3,290.	684.
7	LAND	122117	L		3678039.		3678039.	0.	0.
8	BUILDING	122117	SL	27.50	1226013.		1226013.	269,350.	44,582.
9	LOAN FEES	122117		12M	97,368.		97,368.	97,368.	0.
10	LOAN FEES - COMERICA	080818	461	12M	7,671.		7,671.	7,671.	0.
11	LOAN FEES - PREMIER	112918	461	360M	9,405.		9,405.	1,596.	314.
14	LOAN FEES	043019	461	360M	233,768.		233,768.	36,363.	7,792.
15	RANGE ROVER	062320	200DB	5.00	96,829.		96,829.	80,097.	11,155.
18	LOAN FEES	012521	461	12M	22,889.		22,889.	22,889.	0.
13	BUILDING	013119	SL	27.50	11203618.		11203618.	2020045.	407,404.
12	LAND	013119	L		1244847.		1244847.	0.	0.
	* GRAND TOTAL SCH E DEPR. & AMORT.				2797457.		2797457.	458,979.	44,716.
	* GRAND TOTAL SCH E DEPR. & AMORT.				5018496.		5018496.	375,985.	44,896.
	* GRAND TOTAL SCH E DEPR. & AMORT.				12801951.		12801951.	2159394.	426,351.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone