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**2023 Tax Return**

**JANETTA & LIVINGFORGOD DEMOTT**

[REDACTED]

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Dear JANETTA & LIVINGFORGOD DEMOTT:

We appreciate your choosing Liberty Tax and our professional service to prepare your 2023 Tax Return. It is our goal to make the process easy and less stressful for you. We look forward to seeing you next year!

**Federal**

Your Federal tax return has been electronically filed.

Your Federal refund is **\$1,687**.

You have selected to receive your Federal refund by **Electronic method**.

**California - Income Tax**

Your California tax return has been electronically filed.

Your California refund is **\$1,049**.

You have selected to receive your California refund by **Electronic method**.

We have provided a copy of your tax return to keep for your records.

Thank you for choosing Liberty Tax!

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_ See separate instructions.

|  |                            |   |
|--|----------------------------|---|
| Your first name and middle initial<br><b>JANETTA</b>                           | Last name<br><b>DEMOTT</b> | Your social security number<br>[REDACTED]     |
| If joint return, spouse's first name and middle initial<br><b>LIVINGFORGOD</b> | Last name<br><b>DEMOTT</b> | Spouse's social security number<br>[REDACTED] |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code  
 Foreign country name Foreign province/state/county Foreign postal code

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box. 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):

| (1) First name | Last name  | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions): |                                     |
|----------------|------------|----------------------------|-------------------------|--|-------------------------------------|
|                |            |                            |                         | Child tax credit                               | Credit for other dependents         |
| [REDACTED]     | [REDACTED] | [REDACTED]                 | [REDACTED]              | <input type="checkbox"/>                       | <input checked="" type="checkbox"/> |
|                |            |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>            |
|                |            |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>            |
|                |            |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>            |

If more than four dependents, see instructions and check here

**Income**

|  |    |                          |
|--|----|--------------------------|
| 1a Total amount from Form(s) W-2, box 1 (see instructions)                                       | 1a | 79,482                   |
| b Household employee wages not reported on Form(s) W-2   | 1b |                          |
| c Tip income not reported on line 1a (see instructions)  | 1c |                          |
| d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                        | 1d |                          |
| e Taxable dependent care benefits from Form 2441, line 26  | 1e |                          |
| f Employer-provided adoption benefits from Form 8839, line 29                                    | 1f |                          |
| g Wages from Form 8919, line 6   | 1g |                          |
| h Other earned income (see instructions)   | 1h |                          |
| i Nontaxable combat pay election (see instructions)  | 1i |                          |
| z Add lines 1a through 1h  | 1z | 79,482                   |
| 2a Tax-exempt interest   | 2a |                          |
| 3a Qualified dividends   | 3a |                          |
| 4a IRA distributions   | 4a |                          |
| 5a Pensions and annuities  | 5a |                          |
| 6a Social security benefits  | 6a |                          |
| b Taxable interest   | 2b | 16                       |
| b Ordinary dividends   | 3b |                          |
| b Taxable amount   | 4b |                          |
| b Taxable amount   | 5b |                          |
| b Taxable amount   | 6b |                          |
| c If you elect to use the lump-sum election method, check here (see instructions)                |    | <input type="checkbox"/> |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here             | 7  |                          |
| 8 Additional income from Schedule 1, line 10   | 8  | (10,308)                 |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                   | 9  | 69,190                   |
| 10 Adjustments to income from Schedule 1, line 26  | 10 | 762                      |
| 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | 11 | 68,428                   |
| 12 <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | 12 | 27,700                   |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A                             | 13 | 116                      |
| 14 Add lines 12 and 13   | 14 | 27,816                   |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | 15 | 40,612                   |

|                        |   |   |       |       |
|------------------------|---|---|-------|-------|
| <b>Tax and Credits</b> | 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    | 4,435 |
|                        | 17  | Amount from Schedule 2, line 3  | 17    |       |
|                        | 18  | Add lines 16 and 17   | 18    | 4,435 |
|                        | 19  | Child tax credit or credit for other dependents from Schedule 8812  | 19    | 500   |
|                        | 20  | Amount from Schedule 3, line 8  | 20    |       |
|                        | 21  | Add lines 19 and 20   | 21    | 500   |
|                        | 22  | Subtract line 21 from line 18. If zero or less, enter -0-   | 22    | 3,935 |
|                        | 23  | Other taxes, including self-employment tax, from Schedule 2, line 21  | 23    | 169   |
| 24                     | Add lines 22 and 23. This is your total tax | 24  | 4,104 |       |

|                 |  |   |       |       |     |       |       |
|-----------------|--|---|-------|-------|-----|-------|-------|
| <b>Payments</b> | 25   | Federal income tax withheld from:                               |       |       | 25d | 5,791 |       |
|                 | a  | Form(s) W-2   | 25a   | 5,791 |     |       |       |
|                 | b  | Form(s) 1099  | 25b   |       |     |       |       |
|                 | c  | Other forms (see instructions)                                  | 25c   |       |     |       |       |
|                 | d  | Add lines 25a through 25c                                       |       |       |     | 25d   | 5,791 |
|                 | 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  | 0     |       |     |       |       |
| 33              | Add lines 25d, 26, and 32. These are your total payments                                 | 33  | 5,791 |       |     |       |       |

|               |   |   |     |       |
|---------------|---|---|-----|-------|
| <b>Refund</b> | 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid           | 34  | 1,687 |
|               | 35a   | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,687 |
|               | b   | Routing number  |     |       |
|               | c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                       |     |       |
| 36            | Amount of line 34 you want applied to your 2024 estimated tax | 36  |     |       |

|                       |    |  |    |   |
|-----------------------|----|--|----|---|
| <b>Amount You Owe</b> | 37 | Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | 37 | 0 |
|                       | 38 | Estimated tax penalty (see instructions)   | 38 |   |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name: **Lisa Baca** Phone no.: [REDACTED] Personal identification number (PIN): [REDACTED]

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

|  |                   |                     |   |
|--|-------------------|---------------------|---|
| Your signature   | Date              | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| <b>38102</b>   | <b>02-29-2024</b> | <b>TEACHER</b>      |   |
| 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.) |
| <b>68038</b>   | <b>02-29-2024</b> | <b>CARETAKER</b>    |   |
| Phone no. [REDACTED]                                   | Email address     |                     |   |

**Paid Preparer Use Only**

|   |                              |                  |  |
|---|------------------------------|------------------|--|
| Preparer's signature  | Date                         | PTIN             | Check if:                              |
|   | <b>02-29-2024</b>            | <b>P00692651</b> | <input type="checkbox"/> Self-employed |
| Preparer's name <b>Lisa Baca</b>                            | Phone no. [REDACTED]         |                  |  |
| Firm's name <b>Liberty Tax - Office 12479</b>               |                              |                  |  |
| Firm's address <b>2997 Churn Creek Rd Redding, CA 96002</b> | Firm's EIN <b>47-2175745</b> |                  |  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

**JANETTA & LIVINGFORGOD DEMOTT**

Your social security number

██████████

**Part I Additional Income**

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes  | <b>1</b>  |            |
| <b>2a</b> | Alimony received  | <b>2a</b> |            |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |            |
| <b>3</b>  | Business income or (loss). Attach Schedule C  | <b>3</b>  | 1,263      |
| <b>4</b>  | Other gains or (losses). Attach Form 4797   | <b>4</b>  |            |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  |            |
| <b>6</b>  | Farm income or (loss). Attach Schedule F  | <b>6</b>  |            |
| <b>7</b>  | Unemployment compensation   | <b>7</b>  |            |
| <b>8</b>  | Other income:   |           |            |
| <b>a</b>  | Net operating loss  | <b>8a</b> | ( )        |
| <b>b</b>  | Gambling  | <b>8b</b> |            |
| <b>c</b>  | Cancellation of debt  | <b>8c</b> |            |
| <b>d</b>  | Foreign earned income exclusion from Form 2555  | <b>8d</b> | ( )        |
| <b>e</b>  | Income from Form 8853   | <b>8e</b> |            |
| <b>f</b>  | Income from Form 8889   | <b>8f</b> |            |
| <b>g</b>  | Alaska Permanent Fund dividends   | <b>8g</b> |            |
| <b>h</b>  | Jury duty pay   | <b>8h</b> |            |
| <b>i</b>  | Prizes and awards   | <b>8i</b> |            |
| <b>j</b>  | Activity not engaged in for profit income   | <b>8j</b> |            |
| <b>k</b>  | Stock options   | <b>8k</b> |            |
| <b>l</b>  | 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 | <b>8l</b> |            |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions)   | <b>8m</b> |            |
| <b>n</b>  | Section 951(a) inclusion (see instructions)   | <b>8n</b> |            |
| <b>o</b>  | Section 951A(a) inclusion (see instructions)  | <b>8o</b> |            |
| <b>p</b>  | Section 461(l) excess business loss adjustment  | <b>8p</b> |            |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions)   | <b>8q</b> |            |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2  | <b>8r</b> |            |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d  | <b>8s</b> | ( 11,571 ) |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                   | <b>8t</b> |            |
| <b>u</b>  | Wages earned while incarcerated   | <b>8u</b> |            |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |            |
| <b>9</b>  | Total other income. Add lines 8a through 8z   | <b>9</b>  | (11,571)   |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8         | <b>10</b> | (10,308)   |

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

Schedule 1 (Form 1040) 2023

| <b>Part II Adjustments to Income</b> |  |            |     |
|--------------------------------------|--|------------|-----|
| <b>11</b>                            | Educator expenses  |            | 90  |
| <b>12</b>                            | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106  | <b>12</b>  |     |
| <b>13</b>                            | Health savings account deduction. Attach Form 8889   | <b>13</b>  |     |
| <b>14</b>                            | Moving expenses for members of the Armed Forces. Attach Form 3903  | <b>14</b>  |     |
| <b>15</b>                            | Deductible part of self-employment tax. Attach Schedule SE   | <b>15</b>  | 85  |
| <b>16</b>                            | Self-employed SEP, SIMPLE, and qualified plans   | <b>16</b>  |     |
| <b>17</b>                            | Self-employed health insurance deduction   | <b>17</b>  |     |
| <b>18</b>                            | Penalty on early withdrawal of savings   | <b>18</b>  |     |
| <b>19a</b>                           | Alimony paid   | <b>19a</b> |     |
| <b>b</b>                             | Recipient's SSN  |            |     |
| <b>c</b>                             | Date of original divorce or separation agreement (see instructions):   |            |     |
| <b>20</b>                            | IRA deduction  | <b>20</b>  |     |
| <b>21</b>                            | Student loan interest deduction  | <b>21</b>  | 587 |
| <b>22</b>                            | Reserved for future use  | <b>22</b>  |     |
| <b>23</b>                            | Archer MSA deduction   | <b>23</b>  |     |
| <b>24</b>                            | Other adjustments:   |            |     |
| <b>a</b>                             | Jury duty pay (see instructions)   | <b>24a</b> |     |
| <b>b</b>                             | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit                                       | <b>24b</b> |     |
| <b>c</b>                             | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m   | <b>24c</b> |     |
| <b>d</b>                             | Reforestation amortization and expenses  | <b>24d</b> |     |
| <b>e</b>                             | Repayment of supplemental unemployment benefits under the Trade Act of 1974  | <b>24e</b> |     |
| <b>f</b>                             | Contributions to section 501(c)(18)(D) pension plans   | <b>24f</b> |     |
| <b>g</b>                             | Contributions by certain chaplains to section 403(b) plans   | <b>24g</b> |     |
| <b>h</b>                             | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  | <b>24h</b> |     |
| <b>i</b>                             | 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 | <b>24i</b> |     |
| <b>j</b>                             | Housing deduction from Form 2555   | <b>24j</b> |     |
| <b>k</b>                             | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  | <b>24k</b> |     |
| <b>z</b>                             | Other adjustments. List type and amount:   | <b>24z</b> |     |
| <b>25</b>                            | Total other adjustments. Add lines 24a through 24z   | <b>25</b>  |     |
| <b>26</b>                            | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.                   | <b>26</b>  | 762 |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

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

JANETTA & LIVINGFORD DEMOTT

Your social security number

[REDACTED]

| Part I | Tax  |   |   |
|--------|--|---|---|
| 1      | Alternative minimum tax. Attach Form 6251                                    | 1 |   |
| 2      | Excess advance premium tax credit repayment. Attach Form 8962                | 2 |   |
| 3      | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0 |

| Part II | Other Taxes   |    |     |
|---------|---|----|-----|
| 4       | Self-employment tax. Attach Schedule SE   | 4  | 169 |
| 5       | Social security and Medicare tax on unreported tip income. Attach Form 4137   | 5  |     |
| 6       | Uncollected social security and Medicare tax on wages. Attach Form 8919   | 6  |     |
| 7       | Total additional social security and Medicare tax. Add lines 5 and 6  | 7  |     |
| 8       | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> | 8  |     |
| 9       | Household employment taxes. Attach Schedule H   | 9  |     |
| 10      | Repayment of first-time homebuyer credit. Attach Form 5405 if required  | 10 |     |
| 11      | Additional Medicare Tax. Attach Form 8959   | 11 |     |
| 12      | Net investment income tax. Attach Form 8960   | 12 |     |
| 13      | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12                             | 13 |     |
| 14      | Interest on tax due on installment income from the sale of certain residential lots and timeshares  | 14 |     |
| 15      | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000                                       | 15 |     |
| 16      | Recapture of low-income housing credit. Attach Form 8611  | 16 |     |

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

EEA

**Part II** **Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
|           | <b>a</b> Recapture of other credits. List type, form number, and amount:  |            |           |
|           |   | <b>17a</b> |           |
|           | <b>b</b> Recapture of federal mortgage subsidy, if you sold your home see instructions  | <b>17b</b> |           |
|           | <b>c</b> Additional tax on HSA distributions. Attach Form 8889  | <b>17c</b> |           |
|           | <b>d</b> Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889  | <b>17d</b> |           |
|           | <b>e</b> Additional tax on Archer MSA distributions. Attach Form 8853   | <b>17e</b> |           |
|           | <b>f</b> Additional tax on Medicare Advantage MSA distributions. Attach Form 8853   | <b>17f</b> |           |
|           | <b>g</b> Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property                                | <b>17g</b> |           |
|           | <b>h</b> Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A                         | <b>17h</b> |           |
|           | <b>i</b> Compensation you received from a nonqualified deferred compensation plan described in section 457A   | <b>17i</b> |           |
|           | <b>j</b> Section 72(m)(5) excess benefits tax   | <b>17j</b> |           |
|           | <b>k</b> Golden parachute payments  | <b>17k</b> |           |
|           | <b>l</b> Tax on accumulation distribution of trusts   | <b>17l</b> |           |
|           | <b>m</b> Excise tax on insider stock compensation from an expatriated corporation   | <b>17m</b> |           |
|           | <b>n</b> Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866   | <b>17n</b> |           |
|           | <b>o</b> Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR                                | <b>17o</b> |           |
|           | <b>p</b> Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund                       | <b>17p</b> |           |
|           | <b>q</b> Any interest from Form 8621, line 24   | <b>17q</b> |           |
|           | <b>z</b> Any other taxes. List type and amount:   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z   |            | <b>18</b> |
| <b>19</b> | Reserved for future use   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b |            | <b>21</b> |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. 09

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

|   |  |  |
|---|--|--|
| Name of proprietor<br><b>JANETTA DEMOTT</b>   |  | Social security number (SSN)<br>[REDACTED]             |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>MUSICIAN</b>   |  | <b>B</b> Enter code from instructions<br><b>711510</b> |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>JANETTA DEMOTT</b>   |  | <b>D</b> Employer ID number (EIN) (see instr.)         |
| <b>E</b> Business address (including suite or room no.)<br>City, town or post office, state, and ZIP code<br>[REDACTED]   |  |  |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)  |  |  |
| <b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>H</b> If you started or acquired this business during 2023, check here . . . . . <input type="checkbox"/>  |  |  |
| <b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |

| <b>Part I Income</b>   |   |  |       |
|--|---|--|-------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/> | 1 |  | 4,400 |
| 2 Returns and allowances . . . . .   | 2 |  | 0     |
| 3 Subtract line 2 from line 1 . . . . .  | 3 |  | 4,400 |
| 4 Cost of goods sold (from line 42) . . . . .  | 4 |  |       |
| 5 <b>Gross profit.</b> Subtract line 4 from line 3. . . . .  | 5 |  | 4,400 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | 6 |  |       |
| 7 <b>Gross income.</b> Add lines 5 and 6 . . . . .   | 7 |  | 4,400 |

| <b>Part II Expenses. Enter expenses for business use of your home only on line 30.</b>   |     |       |       |
|--|-----|-------|-------|
| 8 Advertising . . . . .  | 8   |       |       |
| 9 Car and truck expenses (see instructions) . . . . .  | 9   | 1,384 |       |
| 10 Commissions and fees . . . . .  | 10  |       |       |
| 11 Contract labor (see instructions) . . . . .   | 11  |       |       |
| 12 Depletion . . . . .   | 12  |       |       |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .  | 13  |       |       |
| 14 Employee benefit programs (other than on line 19) . . . . .   | 14  |       |       |
| 15 Insurance (other than health) . . . . .   | 15  |       |       |
| 16 Interest (see instructions):  |     |       |       |
| a Mortgage (paid to banks, etc.) . . . . .   | 16a |       |       |
| b Other . . . . .  | 16b |       |       |
| 17 Legal and professional services . . . . .   | 17  | 75    |       |
| 18 Office expense (see instructions) . . . . .   | 18  |       |       |
| 19 Pension and profit-sharing plans . . . . .  | 19  |       |       |
| 20 Rent or lease (see instructions):   |     |       |       |
| a Vehicles, machinery, and equipment . . . . .   | 20a |       |       |
| b Other business property . . . . .  | 20b |       |       |
| 21 Repairs and maintenance . . . . .   | 21  |       |       |
| 22 Supplies (not included in Part III) . . . . .   | 22  | 80    |       |
| 23 Taxes and licenses . . . . .  | 23  |       |       |
| 24 Travel and meals:   |     |       |       |
| a Travel . . . . .   | 24a |       |       |
| b Deductible meals (see instructions) . . . . .  | 24b | 30    |       |
| 25 Utilities . . . . .   | 25  |       |       |
| 26 Wages (less employment credits) . . . . .   | 26  |       |       |
| 27a Other expenses (from line 48) . . . . .  | 27a | 315   |       |
| b Energy efficient commercial bldgs deduction (attach Form 7205) . . . . .   | 27b |       |       |
| 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b. . . . .  | 28  |       | 1,884 |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | 29  |       | 2,516 |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .                               | 30  |       | 1,317 |
| 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | 31  |       | 1,199 |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |       |       |

32a  All investment is at risk.  
32b  Some investment is not at risk.



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **09**

|   |  |   |
|---|--|---|
| Name of proprietor<br><b>LIVINGFORGOD DEMOTT</b>  |  | Social security number (SSN)<br>[REDACTED]                          |
| A Principal business or profession, including product or service (see instructions)<br><b>Couriers &amp; messengers</b>                                   |  | B Enter code from instructions<br><b>492000</b>                     |
| C Business name. If no separate business name, leave blank.<br><b>LIVINGFORGOD ANDCOUNTRY DEMOTT</b>  |  | D Employer ID number (EIN) (see instr.)                             |
| E Business address (including suite or room no.)<br>City, town or post office, state, and ZIP code<br>[REDACTED]  |  |   |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ |  |   |
| G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . .                 |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2023, check here . . . . .  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099? . . . . .   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

| Part I Income |  |   |     |
|---------------|--|---|-----|
| 1             | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/> | 1 | 903 |
| 2             | Returns and allowances . . . . .   | 2 | 0   |
| 3             | Subtract line 2 from line 1 . . . . .  | 3 | 903 |
| 4             | Cost of goods sold (from line 42) . . . . .  | 4 |     |
| 5             | <b>Gross profit.</b> Subtract line 4 from line 3. . . . .  | 5 | 903 |
| 6             | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | 6 |     |
| 7             | <b>Gross income.</b> Add lines 5 and 6 . . . . .   | 7 | 903 |

| Part II Expenses. Enter expenses for business use of your home only on line 30. |   |     |     |
|---|---|-----|-----|
| 8   | Advertising . . . . .   | 8   |     |
| 9   | Car and truck expenses (see instructions) . . . . .   | 9   | 209 |
| 10  | Commissions and fees . . . . .  | 10  |     |
| 11  | Contract labor (see instructions) . . . . .   | 11  |     |
| 12  | Depletion . . . . .   | 12  |     |
| 13  | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .  | 13  |     |
| 14  | Employee benefit programs (other than on line 19) . . . . .   | 14  |     |
| 15  | Insurance (other than health) . . . . .   | 15  |     |
| 16  | Interest (see instructions):  |     |     |
|   | a Mortgage (paid to banks, etc.) . . . . .  | 16a |     |
|   | b Other . . . . .   | 16b |     |
| 17  | Legal and professional services . . . . .   | 17  |     |
| 18  | Office expense (see instructions) . . . . .   | 18  |     |
| 19  | Pension and profit-sharing plans . . . . .  | 19  |     |
| 20  | Rent or lease (see instructions):   |     |     |
|   | a Vehicles, machinery, and equipment . . . . .  | 20a |     |
|   | b Other business property . . . . .   | 20b |     |
| 21  | Repairs and maintenance . . . . .   | 21  |     |
| 22  | Supplies (not included in Part III) . . . . .   | 22  |     |
| 23  | Taxes and licenses . . . . .  | 23  |     |
| 24  | Travel and meals:   |     |     |
|   | a Travel . . . . .  | 24a |     |
|   | b Deductible meals (see instructions) . . . . .   | 24b |     |
| 25  | Utilities . . . . .   | 25  |     |
| 26  | Wages (less employment credits) . . . . .   | 26  |     |
| 27a   | Other expenses (from line 48) . . . . .   | 27a | 630 |
| 27b   | Energy efficient commercial bldgs deduction (attach Form 7205) . . . . .  | 27b |     |
| 28  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b. . . . .  | 28  | 839 |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | 29  | 64  |
| 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .                               | 30  |     |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | 31  | 64  |
| 32  | If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |     |

32a  All investment is at risk.  
32b  Some investment is not at risk.



**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. 17

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

Social security number of person  
with self-employment income

JANETTA DEMOTT

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

|   |           |     |
|---|-----------|-----|
| <b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A   | <b>1a</b> |     |
| <b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ | <b>1b</b> | ( ) |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

|   |           |       |
|---|-----------|-------|
| <b>2</b> Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order          | <b>2</b>  | 1,199 |
| <b>3</b> Combine lines 1a, 1b, and 2  | <b>3</b>  | 1,199 |
| <b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3<br><b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | <b>4a</b> | 1,107 |
| <b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here  | <b>4b</b> |       |
| <b>c</b> Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue.   | <b>4c</b> | 1,107 |

|  |           |       |
|--|-----------|-------|
| <b>5a</b> Enter your church employee income from Form W-2. See instructions for definition of church employee income | <b>5a</b> |       |
| <b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-  | <b>5b</b> |       |
| <b>6</b> Add lines 4c and 5b   | <b>6</b>  | 1,107 |

|  |          |         |
|--|----------|---------|
| <b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 | <b>7</b> | 160,200 |
|--|----------|---------|

|   |           |       |
|---|-----------|-------|
| <b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 | <b>8a</b> | 1,188 |
| <b>b</b> Unreported tips subject to social security tax from Form 4137, line 10   | <b>8b</b> |       |
| <b>c</b> Wages subject to social security tax from Form 8919, line 10   | <b>8c</b> |       |
| <b>d</b> Add lines 8a, 8b, and 8c   | <b>8d</b> | 1,188 |

|   |          |         |
|---|----------|---------|
| <b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | <b>9</b> | 159,012 |
|---|----------|---------|

|  |           |     |
|--|-----------|-----|
| <b>10</b> Multiply the smaller of line 6 or line 9 by 12.4% (0.124). | <b>10</b> | 137 |
|--|-----------|-----|

|   |           |    |
|---|-----------|----|
| <b>11</b> Multiply line 6 by 2.9% (0.029) | <b>11</b> | 32 |
|---|-----------|----|

|   |           |     |
|---|-----------|-----|
| <b>12</b> Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3 | <b>12</b> | 169 |
|---|-----------|-----|

|  |           |    |
|--|-----------|----|
| <b>13</b> Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15 | <b>13</b> | 85 |
|--|-----------|----|

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

Schedule SE (Form 1040) 2023

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

### IRS e-file Signature Authorization

OMB No. 1545-0074  
**2023**

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶ **00-684733-005784**

|   |  |   |
|---|--|---|
| Taxpayer's name<br><b>JANETTA DEMOTT</b>    |  | Social security number<br>[REDACTED]          |
| Spouse's name<br><b>LIVINGFORGOD DEMOTT</b> |  | Spouse's social security number<br>[REDACTED] |

#### 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 | 68,428 |
| 2 | Total tax   | 2 | 4,104  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,791  |
| 4 | Amount you want refunded to you                               | 4 | 1,687  |
| 5 | Amount you owe  | 5 |        |

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

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

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

I authorize Liberty Tax - Office 12479 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 ▶ *Janetta Demott* Date ▶ 02/29/2024 (ET)

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

I authorize Liberty Tax - Office 12479 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 ▶ *LXFA* Date ▶ 02/29/2024 (ET)

#### Practitioner PIN Method Returns Only - continue below

#### Part III Certification and Authentication - Practitioner PIN Method Only

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

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

ERO's signature ▶ *[Signature]* Date ▶ 02-29-2024

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