Form **1040** Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return **2021** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☐ Married filing jointly ☒ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ► RACHEL M J WHETSTONE

Your first name and middle initial	Last name	Your social security number
STEPHEN G C	HILTON	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		[redacted]

Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
[redacted]		
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
[redacted]	CA	[redacted]
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

Dependents (see instructions):
If more than four dependents, see instructions and check here ► ☐

(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
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	2,609,301
2a	Tax-exempt interest	2a		b Taxable interest	2b	859
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐				7	
8	Other income from Schedule 1, line 10				8	(64,085)
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	2,546,075
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	2,546,075
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	5,000			
b	Charitable contributions if you take the standard deduction (see instructions)	12b				
c	Add lines 12a and 12b				12c	5,000
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12c and 13				14	5,000
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-				15	2,541,075

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

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ ______	16	908,459
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	908,459
19	Nonrefundable 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	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	908,459
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,193
24	Add lines 22 and 23. This is your **total tax** ▶	24	911,652
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	898,341
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	2,485
d	Add lines 25a through 25c	25d	900,826
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶	32	0
33	Add lines 25d, 26, and 32. These are your **total payments** ▶	33	900,826

If you have a qualifying child, attach Sch. EIC.

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 ▶ ☐	35a	0
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
36	Amount of line 34 you want **applied to your 2022 estimated tax** ▶	36	

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	10,826
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 ▶ APRIL GUTIERREZ 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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
43144	04-16-2022	TV NEWS SHOW HOST	
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. [redacted]	Email address [redacted]		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
APRIL GUTIERREZ	04-16-2022	[redacted]	☐ Self-employed
Preparer's name APRIL GUTIERREZ			
Firm's name ▶ Pacific NW Tax Service, Inc.	Phone no. [redacted]		
Firm's address ▶ [redacted]	Firm's EIN ▶ [redacted]		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **01**

Name(s) shown on Form 1040,1040-SR, or 1040-NR: STEPHEN G C HILTON

Your social security number: [redacted]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions) ▶				
3	Business income or (loss). Attach Schedule C			3	(64,085)
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	0
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling income	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
o	Section 461(l) excess business loss adjustment	8o			
p	Taxable distributions from an ABLE account (see instructions)	8p			
z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or 1040-NR line 8			10	(64,085)

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	0

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2021
Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: STEPHEN G C HILTON

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	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	3,160
12	Net investment income tax. Attach Form 8960		12	33
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount ▸	17a			
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount ▸	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Additional tax from Schedule 8812			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	3,193

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

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

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2021

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR: STEPHEN G C HILTON

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2]				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐	5a	346,511		
	b	State and local real estate taxes (see instructions)	5b			
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	346,511		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	5,000		
	6	Other taxes. List type and amount ►	6			
	7	Add lines 5e and 6			7	5,000
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Mortgage insurance premiums (see instructions)	8d			
	e	Add lines 8a through 8d	8e			
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11			
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ►			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a			17	5,000
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☒				

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2021

Attachment Sequence No. **08**

Name(s) shown on return: STEPHEN G C HILTON

Your social security number: [redacted]

Part I Interest

(See instructions and the Instructions for Form0 1040, line 2b.)

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.

			Amount
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 ▶	1	
	CITIBANK		859
	INTEREST SUBTOTAL 859		
2	Add the amounts on line 1	2	859
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	859

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

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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

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

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

Part III Foreign Accounts and Trusts

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

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

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2021
Attachment Sequence No. 09

Name of proprietor: STEPHEN G C HILTON
Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): MEDIA OUTLET
B Enter code from instructions ▶519100
C Business name. If no separate business name, leave blank.: CR PRODUCTIONS LLC
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code [redacted]
F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No
H If you started or acquired this business during 2021, check here . . . ▶ [X]
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . [X] Yes [ ] No
J If "Yes," did you or will you file required Form(s) 1099? . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ [ ]	1	3,000
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	3,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3.	5	3,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 . . . ▶	7	3,000

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

8	Advertising	8	19,890	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	61,153	21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	31
				23	Taxes and licenses	23	1,597
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	(17,663)
17	Legal and professional services	17		b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a . . . ▶	28	65,008
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(62,008)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	2,077
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(64,085)

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [X] All investment is at risk.
32b [ ] Some investment is not at risk.

Name(s): STEPHEN G C HILTON

SSN: [redacted]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► ____________

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8-26 or line 30.

AMORTIZATION	11,021
BANK FEES	1
PRODUCTION COSTS	38,400
COMMUNITY PROPERTY ALLOCATION TO SPOUSE	(67,085)
48 **Total other expenses.** Enter here and on line 27a . . . 48	(17,663)

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **13**

Name(s) shown on return: STEPHEN G C HILTON

Your social security number: [redacted]

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)
A	67A LEVERTON ST, LONDON, LOND United Kingdom NW5 2NX
B	67B LEVERTON ST, LONDON, LONDON United Kingdom NW5 2NX
C	

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

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

	Fair Rental Days	Personal Use Days	QJV
A	365	0	☐
B	365	0	☐
C			☐

Type of Property:

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

Income: Properties:		A	B	C
3 Rents received	3	8,823	6,853	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,340	730	
10 Legal and other professional fees	10	1,000	1,000	
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,431	13,039	
14 Repairs	14	14,387	14,387	
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	7,044	12,740	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	29,202	41,896	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	(20,379)	(35,043)	
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	15,676
b Total of all amounts reported on line 4 for all royalty properties	23b	0
c Total of all amounts reported on line 12 for all properties	23c	0
d Total of all amounts reported on line 18 for all properties	23d	19,784
e Total of all amounts reported on line 20 for all properties	23e	71,098
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	(0)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	0

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form **8958** (Rev. November 2019) Department of the Treasury Internal Revenue Service (99)

Allocation of Tax Amounts Between Certain Individuals in Community Property States

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

▶ Go to www.irs.gov/Form/8958 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. 63

Your first name and initial	Your last name	Your social security number
STEPHEN G C	HILTON	[redacted]
Spouse's or partner's first name and initial	**Spouse's or partner's last name**	**Spouse's or partner's social security number**
RACHEL M J	WHETSTONE	[redacted]

	A Total Amount	B Allocated to Spouse or RDP SSN [redacted]	C Allocated to Spouse or RDP SSN [redacted]
1 Wages (each employer) FOX NEWS NETWORK LLC	476,154	238,077	238,077
NETFLIX INC	4,242,448	2,121,224	2,121,224
2 Interest Income (each payer) CITIBANK	1,718	859	859
3 Dividends (each payer)			
4 State Income Tax Refund			
5 Self-Employment Income (See instructions) CR PRODUCTIONS LLC	(126,094)	(63,047)	(63,047)
6 Capital Gains and Losses			
7 Pension Income			
8 Rents, Royalties, Partnerships, Estates, Trusts RENTAL INCOME			

	A Total Amount	B Allocated to Spouse or RDP SSN [redacted]	C Allocated to Spouse or RDP SSN [redacted]
9 Deductible part of Self-Employment Tax (See instructions)			
10 Self-Employment Tax (See instructions)			
11 Taxes Withheld FOX NEWS NETWORK LLC	109,967	54,984	54,983
NETFLIX INC	1,686,714	843,357	843,357
12 Other items such as: Social Security Benefits, Unemployment Compensation, Deductions, Credits, etc.			

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ **If any line does not apply to you, leave it blank. See separate instructions.**
▶ **Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to *www.irs.gov/Form8959* for instructions and the latest information.**

OMB No. 1545-0074
2021
Attachment Sequence No. **71**

Name(s) shown on return: STEPHEN G C HILTON
Your social security number: [redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	476,154	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	476,154	
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	5	125,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 351,154
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 3,160

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V			18 3,160

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	9,389	
20	Enter the amount from line 1	20	476,154	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	6,904	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22 2,485
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR, or 1040-SS filers, see instructions)			24 2,485

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax- Individuals, Estates, and Trusts

► Attach to your tax return.

► Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2021

Attachment Sequence No. **72**

Name(s) shown on your tax return: STEPHEN G C HILTON

Your social security number or EIN: [redacted]

Part I Investment Income

☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	859
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	0
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	859

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b	2		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	2
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	2

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	857
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	2,546,075		
14	Threshold based on filing status (see instructions)	14	125,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	2,421,075		
16	Enter the smaller of line 12 or line 15			16	857
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	33
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

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

EEA

Form **8938** (Rev. November 2021) Department of the Treasury Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Go to *www.irs.gov/Form8938* for instructions and the latest information.
► Attach to your tax return.

For calendar year 2021 or tax year beginning , 2021, and ending , 20

OMB No. 1545-2195

Attachment Sequence No. 938

If you have attached additional statements, check here ☐ **Number of additional statements** ______

1 Name(s) shown on return
STEPHEN G C HILTON

2 Taxpayer Identification Number (TIN)
[redacted]

3 Type of filer
a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name b TIN

Part I Foreign Deposit and Custodial Accounts Summary

5	Number of deposit accounts (reported in Part V) ►	1
6	Maximum value of all deposit accounts	$ 179,733
7	Number of custodial accounts (reported in Part V) ►	
8	Maximum value of all custodial accounts	$
9	Were any foreign deposit or custodial accounts closed during the tax year?	☐ Yes ☒ No

Part II Other Foreign Assets Summary

10	Number of foreign assets (reported in Part VI) ►	1
11	Maximum value of all assets (reported in Part VI)	$ 818,978
12	Were any foreign assets acquired or sold during the tax year?	☐ Yes ☒ No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported (d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	$		
	b Dividends	$		
	c Royalties	$		
	d Other income	$		
	e Gains (losses)	$		
	f Deductions	$		
	g Credits	$		
14 Other foreign assets	a Interest	$		
	b Dividends	$		
	c Royalties	$		
	d Other income	$		
	e Gains (losses)	$		
	f Deductions	$		
	g Credits	$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 ______ 16 Number of Forms 3520-A ______ 17 Number of Forms 5471 ______
18 Number of Forms 8621 ______ 19 Number of Forms 8865 ______

Part V **Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)**

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account [X] Deposit [ ] Custodial

21 Account number or other designation [redacted]

22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year . . . $ 179,733

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . [ ] Yes [X] No

25 If you answered "Yes" to line 24, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained
C HOARE BANK

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
37 FLEET STREET

28 City or town, state or province, country, and ZIP or foreign postal code
LONDON, LONDON United Kingdom EC4P4DQ

Part VI **Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)**

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset
CLERICAL MEDICAL PERS PENSION

30 Identifying number or other designation
IPP/[redacted]

31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

a Date asset acquired during tax year, if applicable . . .

b Date asset disposed of during tax year, if applicable . . .

c [ ] Check if asset jointly owned with spouse d [X] Check if no tax item reported in Part III with respect to this asset

32 Maximum value of asset during tax year (check box that applies)

a [ ] $0 - $50,000 b [ ] $50,001 - $100,000 c [ ] $100,001 - $150,000 d [ ] $150,001 - $200,000

e If more than $200,000, list value . . . $ 818,978

33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . [ ] Yes [X] No

34 If you answered "Yes" to line 33, complete all that apply.

(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity

b GIIN (Optional)

c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, country, and ZIP or foreign postal code

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty

b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate

c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, country, and ZIP or foreign postal code

Form **8829**

Department of the Treasury
Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. **176**

Name(s) of proprietor(s): STEPHEN G C HILTON

Your social security number: [redacted]

Part I — Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			1	274
2	Total area of home			2	6,000
3	Divide line 1 by line 2. Enter the result as a percentage			3	4.57%
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.				
4	Multiply days used for daycare during year by hours used per day	4	hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6			
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ►			7	4.57%

Part II — Figure Your Allowable Deduction

			(a) Direct expenses	(b) Indirect expenses		
8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions				8	(62,008)
	See instructions for columns (a) and (b) before completing lines 9-22.					
9	Casualty losses (see instructions)	9				
10	Deductible mortgage interest (see instructions)	10		40,456		
11	Real estate taxes (see instructions)	11		5,000		
12	Add lines 9, 10, and 11	12		45,456		
13	Multiply line 12, column (b), by line 7	13		2,077		
14	Add line 12, column (a), and line 13				14	2,077
15	Subtract line 14 from line 8. If zero or less, enter -0-				15	0
16	Excess mortgage interest (see instructions)	16		62,733		
17	Excess real estate taxes (see instructions)	17		147,081		
18	Insurance	18				
19	Rent	19				
20	Repairs and maintenance	20				
21	Utilities	21				
22	Other expenses (see instructions)	22				
23	Add lines 16 through 22	23		209,814		
24	Multiply line 23, column (b), by line 7	24		9,588		
25	Carryover of prior year operating expenses (see instructions)	25				
26	Add line 23, column (a), line 24, and line 25				26	9,588
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26				27	0
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15				28	
29	Excess casualty losses (see instructions)	29				
30	Depreciation of your home from line 42 below	30				
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31				
32	Add lines 29 through 31				32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32				33	
34	Add lines 14, 27, and 33				34	2,077
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684**. See instructions				35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ►				36	2,077

Part III — Depreciation of Your Home

37	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV — Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	9,588
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)
▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

Name(s) shown on return: STEPHEN G C HILTON
Business or activity to which this form relates: CR PRODUCTIONS LLC
Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	1,153
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions MFS.	5	525,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
COMPUTER MIC WEBCAM HEADPHONES	1,153	1,153
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,153
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	1,153
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	525,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,153
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶ 13		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	60,000
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

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

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	61,153
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23		

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

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

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

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

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

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
START UP COSTS	04-30-2021	23,669	195	15	5,933
ORGANIZATIONAL COS	04-30-2021	6,765	709	15	5,088
43 Amortization of costs that began before your 2021 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	11,021

Special Depreciation Elections

(This page is e-filed with the return. Include it if paper-filing.)

2021 PG01

Name(s) as shown on return

STEPHEN G C HILTON

Tax ID Number

[redacted]

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO BONUS DEPRECIATION FOR THE 2021 TAX YEAR.

CLASS LIFE	BONUS	NO BONUS
3 YEAR	X	
5 YEAR	X	
7 YEAR	X	
10 YEAR	X	
15 YEAR	X	
20 YEAR	X	

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

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074
2021

Submission Identification Number (SID) ▶

Taxpayer's name: STEPHEN G C HILTON
Social security number: [redacted]
Spouse's name:
Spouse's social security number:

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

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

1	Adjusted gross income	1	2,546,075
2	Total tax	2	911,652
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	900,826
4	Amount you want refunded to you	4	
5	Amount you owe	5	10,826

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 Amount owed will be debited from: RTN:[redacted] DAN:[redacted]

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

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

Your signature ▶ Date ▶

Spouse's PIN: check one box only

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

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

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted]-[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 ▶ APRIL GUTIERREZ Date ▶ 04-16-2022

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

Account Transaction Summary

Name(s) as shown on return: STEPHEN G C HILTON

2021

Your ID Number: [redacted]

Account #1
Financial Institution CITIBANK
Routing Transit Number [redacted]
Account Number
Account Type checking

Federal Main Form
Federal Debit (10,826) **Date of Debit** 04-18-2022

State Main Form(s)
CA Deposit 27,127

Net Deposit **16,301**

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Pacific NW Tax Service, Inc. to use this account.

Your Signature ______ Date ______ Spouse's Signature (If Married Filing Jointly) ______ Date ______

Form PMT

ACH Payment

2021

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return
STEPHEN G C HILTON

Taxpayer's SSN
[redacted]

Spouse's SSN

Routing Transit Number
[redacted]

Bank Account Number
[redacted]

Type of Account:
1 Checking

Amount of Tax Payment
10,826

Requested Payment Date
04-18-2022

Taxpayer's Daytime Phone Number
[redacted]

Type of Form being filed
1040

Taxpayer's Signature | Date

Spouse's Signature | Date

FinCEN 114

Do NOT file with your Federal Tax Return

Name(s) shown on return: STEPHEN G C HILTON

Identifying number: [redacted]

Part I Filer Information

1 This Report is for Calendar Year Ended 12/31: 2021

☐ Amended   BSA identifier

2 Type of Filer

a [X] Individual   b ☐ Partnership   c ☐ Corporation   d ☐ Consolidated   e ☐ Fiduciary or Other-Enter type

3 U.S. Taxpayer Identification Number: [redacted]

If filer has no U.S. Identification Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: ☐ Passport ☐ Foreign TIN ☐ Other

b Number: c Country of Issue

5 Individual's Date of Birth: 08-25-1969

6 Last Name or Organization Name: HILTON

7 First Name: STEPHEN G

8 M.I.: C

9 Address (Number, Street, and Apt. or Suite No.): [redacted]

10 City: [redacted]

11 State/Province: CA

12 ZIP/Postal Code: [redacted]

13 Country: United States

14a Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes   If "Yes" enter total number of accounts

[X] No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

☐ Yes   If "Yes" enter total number of accounts

[X] No

Signature

44a Check here [X] if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature: FinCEN Form 114a

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY): 04-16-2022

47 Preparer's last name: GUTIERREZ

48 First name: APRIL

49 MI

50 Check ☐ if self-employed

51 PTIN: [redacted]

52 Contact phone no.: [redacted]

52a Ext

53 Firm's name: Pacific NW Tax Service Inc

54 Firm's TIN: [redacted]

54a [X] EIN ☐ Foreign

55 Mailing address (number, street, apartment or suite number): [redacted]

56 City: [redacted]

57 State: OR

58 ZIP/Postal Code: [redacted]

59 Country: US

WARNING: Printed versions of the BSA E-file forms are NOT for submission and will NOT be processed by FinCEN

Part II Information on Financial Account(s) Owned Separately

15 Maximum account value: 818,977
15a Maximum account value unknown: ☐
16 Type of account: a ☐ Bank b ☐ Securities c ☒ Other - Enter below: PENSION
1 of 2
17 Name of Financial Institution in which account is held: CLERICAL MEDICAL PERS PENSION
18 Account number or other designation: IPP/[redacted]
19 Mailing Address (Number, Street, and Apt. or Suite No.): CASTLEWOOD TWICKENHAM ROAD
20 City: CLEVEDON
21 State/Province:
22 Postal Code: BS216BD
23 Country: United Kingdom

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

15 Maximum account value
15a ☐ Maximum account value unknown
16 Type of account a ☐ Bank b ☐ Securities c ☐ Other - Enter below
____ of ____
17 Name of Financial Institution in which account is held
18 Account number or other designation
19 Mailing Address (Number, Street, and Apt. or Suite No.)
20 City
21 State/Province
22 Postal Code
23 Country

WARNING: Printed versions of the BSA E-file forms are NOT for submission and will NOT be processed by FinCEN

Part III Information on Financial Account(s) Owned Jointly

Account Information

15 Maximum account value 179,733
15a [ ] Maximum account value unknown
16 Type of account a [X] Bank b [ ] Securities c [ ] Other - Enter below
2 of 2

17 Name of Financial Institution in which account is held
C HOARE BANK

18 Account number or other designation
[redacted]

19 Mailing Address (Number, Street, and Apt. or Suite No.)
37 FLEET STREET

20 City LONDON
21 Province\State LON
22 Postal Code EC4P4DQ
23 Country United Kingdom

Principal Joint Owner Information

24 Number of joint owners for this account: 1

25 TIN
[redacted]

25a TIN type a [ ] EIN b [X] SSN\ITIN c [ ] Foreign

26 Last Name or Organization Name WHETSTONE
27 First Name RACHEL
28 M.I.

29 Address (Number, Street, and Apt. or Suite No.)
[redacted]

30 City [redacted]
31 State/Province CA
32 ZIP/Postal Code [redacted]
33 Country United States

Account Information

15 Maximum account value
15a [ ] Maximum account value unknown
16 Type of account a [ ] Bank b [ ] Securities c [ ] Other - Enter below
____ of ____

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, and Apt. or Suite No.)

20 City
21 Province\State
22 Postal Code
23 Country

Principal Joint Owner Information

24 Number of joint owners for this account:

25 TIN

25a TIN type a [ ] EIN b [ ] SSN\ITIN c [ ] Foreign

26 Last Name or Organization Name
27 First Name
28 M.I.

29 Address (Number, Street, and Apt. or Suite No.)

30 City
31 State/Province
32 ZIP/Postal Code
33 Country

Account Information

15 Maximum account value
15a [ ] Maximum account value unknown
16 Type of account a [ ] Bank b [ ] Securities c [ ] Other - Enter below
____ of ____

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, and Apt. or Suite No.)

20 City
21 Province\State
22 Postal Code
23 Country

Principal Joint Owner Information

24 Number of joint owners for this account:

25 TIN

25a TIN type a [ ] EIN b [ ] SSN\ITIN c [ ] Foreign

26 Last Name or Organization Name
27 First Name
28 M.I.

29 Address (Number, Street, and Apt. or Suite No.)

30 City
31 State/Province
32 ZIP/Postal Code
33 Country

WARNING: Printed versions of the BSA E-file forms are NOT for submission and will NOT be processed by FinCEN

Form 114a

Department of the Treasury
Financial Crimes Enforcement Network (FinCEN)

May 2020

Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

The form 114a may be digitally signed

FINANCIAL CRIMES ENFORCEMENT NETWORK

Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name HILTON	2. Owner first name STEPHEN G	3. Owner M. I. C
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2021 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date 04-16-2022	9 Owner or entity TIN [redacted]	10 TIN type a ☐ EIN b ☒ SSN/ITIN c ☐ Foreign
11. Spouse signature	12 Date	13 Spouse TIN	14 TIN type a ☐ EIN b ☐ SSN/ITIN c ☐ Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name GUTIERREZ	16. Preparer first name APRIL		17. Preparer M.I.	18. Preparer PTIN [redacted]
19 Address [redacted]	20 City [redacted]		21 State OR	22 ZIP/postal code [redacted]
23 Country code US	24 Preparer's (item 15) employer's (Entity) name Pacific NW Tax Service Inc	25. Employer EIN [redacted]	26. Preparer's signature	

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)
If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

STEPHEN G C HILTON

Taxpayer address (optional)

[redacted]

1. ☐ Your federal income tax return for 2021 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Pacific NW Tax Service, Inc. .

2. ☐ Your return was accepted on ______________ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is ______________________ .

3. ☐ Your return was accepted on ______________. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on ________________ . The Submission ID assigned to your extension is ______________________ .

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay.*

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

STEPHEN G C HILTON

1040	**Overflow Statement** (This page is not filed with the return. It is for your records only.)	2021 Page 1
Name(s) as shown on return: STEPHEN G C HILTON		Tax Identification Number: [redacted]

SCHEDULE C, LINE 1 - GROSS RECEIPTS

DESCRIPTION	AMOUNT
GROSS INCOME	$ 6,000
LESS AMOUNT ALLOCABLE TO SPOUSE	(3,000)
TOTAL:	**$ 3,000**

SCHEDULE C, LINE 8 - ADVERTISING

DESCRIPTION	AMOUNT
PUBLIC RELATIONS	$ 39,780
LESS HALF TO SPOUSE	(19,890)
TOTAL:	**$ 19,890**

SCHEDULE C, LINE 22 - SUPPLIES

DESCRIPTION	AMOUNT
SUPPLIES	$ 61
LESS HALF TO SPOUSE	(30)
TOTAL:	**$ 31**

SCHEDULE C, LINE 23 - TAXES AND LICENSES

DESCRIPTION	AMOUNT
PAYROLL TAXES	$ 2,394
LLC ES TAX	800
LESS HALF TO SPOUSE	(1,597)
TOTAL:	**$ 1,597**

MAX VALUE OF CLERICAL MEDICAL PERS PENSION

DESCRIPTION	AMOUNT
595,396/.727	$ 818,978
TOTAL:	**$ 818,978**

SCHEDULE E, LINE 10 - LEGAL & PROFESSIONAL

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	$ 1,000
TOTAL:	**$ 1,000**

1040	**Overflow Statement** (This page is not filed with the return. It is for your records only.)	2021

Name(s) as shown on return: STEPHEN G C HILTON

Page 2

Tax Identification Number: [redacted]

SCHEDULE E, LINE 10 - LEGAL & PROFESSIONAL

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	$ 1,000
TOTAL:	$ 1,000

OVERFLOW.LD

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
STEPHEN G C HILTON

Due date:

04-18-2022

Balance due:

$25,500

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Taxpayer records:

Amount paid ____________________
Check number ____________________
Date mailed ____________________

(Cut here)

Form 1040-ES (OCR) **2022**
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0074

Estimated Tax

Payment Voucher 1

Calendar year - **Due April 18, 2022**

- Make your check or money order payable to **"United States Treasury."**
- Enter your SSN and "2022 Form 1040-ES" on your payment.
- If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are paying by check or money order.	25,500

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

1024

STEPHEN G C HILTON
[redacted]

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

[redacted] SJ HILT 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
STEPHEN G C HILTON

Due date:

06-15-2022

Balance due:

$25,500

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Taxpayer records:

Amount paid ____________
Check number ____________
Date mailed ____________

(Cut here)

Form 1040-ES (OCR) **2022**
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0074

Estimated Tax

Payment Voucher 2

Calendar year - **Due June 15, 2022**

- Make your check or money order payable to **"United States Treasury."**
- Enter your SSN and "2022 Form 1040-ES" on your payment.
- If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are paying by check or money order.	25,500

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
1024

STEPHEN G C HILTON
[redacted]

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

[redacted] SJ HILT 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
STEPHEN G C HILTON

Due date:

09-15-2022

Balance due:

$25,500

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Taxpayer records:

Amount paid ____________
Check number ____________
Date mailed ____________

(Cut here)

Form 1040-ES (OCR) **2022**
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0074

Estimated Tax

Payment Voucher **3**

Calendar year - Due Sept. 15, 2022

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Enter your SSN and "2022 Form 1040-ES" on your payment.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are paying by check or money order.	25,500

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

1024

STEPHEN G C HILTON
[redacted]

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

[redacted] SJ HILT 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
STEPHEN G C HILTON

Due date:

01-17-2023

Balance due:

$25,500

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Taxpayer records:

Amount paid ____________
Check number ____________
Date mailed ____________

(Cut here)

Form 1040-ES (OCR) **2022**
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0074

Estimated Tax

Payment Voucher **4**

Calendar year - Due Jan. 17, 2023

- Make your check or money order payable to "United States Treasury."
- Enter your SSN and "2022 Form 1040-ES" on your payment.
- If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are paying by check or money order.	25,500

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

1024

STEPHEN G C HILTON
[redacted]

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

[redacted] SJ HILT 30 0 202212 430

Name(s) as shown on return

Summary of Estimates

2022

STEPHEN G C HILTON

Your SSN/EIN [redacted]

Federal
Form: 1040-ES

Payment Schedule

Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	25,500	25,500	25,500	25,500	102,000
Overpayment Applied	0	0	0	0	0
Net Installment Due	25,500	25,500	25,500	25,500	102,000

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

California
Form: 3522-ES

Payment Schedule

Due Date	04-15-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	800				800
Overpayment Applied					
Net Installment Due	800				800

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Estimated Tax Worksheet for Next Year

(Keep for your records)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

1.	Wages	1.	
2.	Interest and Dividend Income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	**Total 2022 estimated tax.** Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions) 110%.	24b.	1,002,817
c.	**Required annual payment to avoid a penalty.** Enter the **smaller** of line 24a or 24b	24c.	1,002,817
25.	Projected Withholding	25.	900,826
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	101,991

Estimates will be computed on $101,991. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2021 PG01

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

Description	Amount
W2 - FOX NEWS NEWTORK LLC	54,984
W2 - NETFLIX INC	843,357
W-2 Subtotal	898,341
Form 8959	2,485
Other Withholding Subtotal	2,485
Total Withholdings	900,826

a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile
[redacted]				

b Employer identification number (EIN): 95-4599369	1 Wages, tips, other compensation: 238,077	2 Federal income tax withheld: 54,984
c Employer's name, address, and ZIP code: FOX NEWS NEWTORK LLC, 1211 AVENUE OF THE AMERICAS, NEW YORK NY 10036	3 Social security wages: 142,800	4 Social security tax withheld: 8,854
	5 Medicare wages and tips: 476,154	6 Medicare tax withheld: 9,389
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: STEPHEN G C HILTON	11 Nonqualified plans	12a See instructions for box 12
[redacted] CA [redacted]	13 Statutory employee / Retirement plan / Third-party sick pay	12b
	14 Other: CASDI 1,540	12c
f Employee's address and ZIP code		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	44367720	238,077	20,893			

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by Pacific NW Tax Service,

a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile
[redacted]				

b Employer identification number (EIN): 77-0467272	1 Wages, tips, other compensation: 2,371,224	2 Federal income tax withheld: 843,357
c Employer's name, address, and ZIP code: NETFLIX INC, 100 WINCHESTER CIRCLE, LOS GATOS CA 95032	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: RACHEL WHESTONE	11 Nonqualified plans	12a See instructions for box 12
[redacted] CA [redacted]	13 Statutory employee / Retirement plan / Third-party sick pay	12b
	14 Other	12c
f Employee's address and ZIP code		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	436-3846 9	2,371,224	324,078			

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by Pacific NW Tax Service,

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

STEPHEN G C HILTON

2021

Tax ID Number

[redacted]

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING SEPARATE FILING STATUS

IF TAXABLE INCOME IS

OVER	BUT NOT OVER	PAY	PLUS	% ON EXCESS	OF THE AMOUNT OVER
0	9,950	0.00		10%	0
9,950	40,525	995.00		12%	9,950
40,525	86,375	4,664.00		22%	40,525
86,375	164,925	14,751.00		24%	86,375
164,925	209,425	33,603.00		32%	164,925
209,425	314,150	47,843.00		35%	209,425
314,150	. . . . .	**84,496.75**		**37%**	**314,150**

$84,496.75 + (($2,541,075.00 - $314,150.00) x 37.0%) = $908,459

TAX FROM TAX RATE SCHEDULE $ 908,459

$ 908,459 TAX COMPUTED USING ONLY AVAILABLE METHOD

1040	Explanation of Schedule A, Income Taxes (This page is not filed with the return. It is for your records only.)	2021

Name(s) as shown on return	Your Social Security Number
STEPHEN G C HILTON	[redacted]

SCHEDULE A, LINE 5A - STATE AND LOCAL INCOME TAXES

DESCRIPTION		AMOUNT
FORM W-2 - FOX NEWS NEWTORK LLC		$ 22,433
FORM W-2 - NETFLIX INC		324,078
	TOTAL:	$ 346,511

Explanation of Schedule A, line 5e

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

STEPHEN G C HILTON

Tax ID Number

[redacted]

This worksheet shows the breakdown of which state and local taxes are actually being deducted on federal Schedule A when the state and local taxes are limited to $10,000 ($5,000 if married filing separately.)

	Total paid	Allowed amount
1. Real estate taxes	0	0
2. Personal property taxes	0	0
3. State and local income taxes	346,511	5,000
4. Sales tax	1,652	0
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		5,000

Projected State and Local Income Tax Refund Worksheet For 2022

This amount will carry to next year's screen 3.

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

Worksheet 1 - 2021 Schedule A as filed

1a. Enter the total amount from Schedule A, line 5a. If Wks SALT was produced, enter line 3, "Allowed amount"	1a.	5,000
1b. Enter the amount from Schedule A, line 5, that does not affect the federal income tax calculation if the taxpayer has a state refund and is subject to AMT	1b.	0
1c. Subtract line 1b from line 1a. This is the maximum amount from Schedule A, line 5e, that can be taxable on next year's tax return per the Tax Benefit Rule	1c.	5,000

Worksheet 2 - 2021 Schedule A recomputed using original Schedule A line 5a less state refunds

1. Enter total state taxes actually paid in 2021 from Schedule A, line 5a	1.	346,511
2. Enter state refund that will be received on 2022 Form 1099-G from the state WK_REF, line F	2.	27,127
3. Subtract line 2 from line 1. Total state and local taxes that would have been reported on Schedule A, line 5a, if it reflected only the portion of the total state and local taxes paid that were due	3.	319,384

Worksheet 3 - Difference

1. Enter the amount from line 1c, worksheet 1 above	1.	5,000
2. Enter the amount from line 3, worksheet 2 above	2.	319,384
3. Subtract line 2 from line 1. This is the **maximum** amount of the total refund that is taxable in 2022. If line 3 is -0- or less, **STOP.** None of your state refund is taxable. If line 3 is greater than -0-, complete worksheet 4 below to determine how much of your state refund is taxable.	3.	(314,384)

Worksheet 4 - State and Local Income Tax Refund Worksheet

1. Enter the amount from line 3, worksheet 3 above	1.	
2. Enter your total allowable itemized deductions from your 2021 Schedule A line 17. **Note.** If your 2021 filing status was MFS and your spouse itemized deductions in 2021, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6 below.	2.	
3. Enter the amount shown below for the filing status claimed on your 2021 Form 1040 or 1040-SR. Enter: $12,550(S) / $25,100(MFJ) / $12,550(MFS) / $18,800(HOH)	3.	
4. If you were over 65, add 1. If MFJ and your spouse was over 65, add 1. If you were blind, add 1. If MFJ and spouse was blind, add 1. Multiply the total computed above by: $1,350 if your 2021 filing status was MFJ or MFS or QW; $1,700 if your 2021 filing status was single or HOH	4.	
5. Add lines 3 and 4	5.	
6. Is the amount on line 5 less than the amount on line 2? **No. STOP** None of your refund is taxable. **Yes.** Subtract line 5 from line 2	6.	
7. Enter the smaller of line 1 or line 6	7.	
8. Taxable income for 2021	8.	
9. Taxable part of your refund. If line 8 is zero or more, enter the amount from line 7. If line 8 is less than zero, add lines 7 and 8, and enter the result but not less than zero	9.	

Worksheet 5 - State and Local Income Tax and General State Sales Tax Computation

1. 2021 State Income Tax Deduction from Schedule A, Line 5a or WK_SALT line 3	1.	
2. 2021 General sales tax deduction that could have been claimed instead of state income tax	2.	
3. Difference	3.	
4. Worksheet 4, line 8 if less than zero	4.	
5. Add lines 3 and 4	5.	
6. Taxable part of your refund from line 9 of worksheet 4	6.	
7. Lesser of line 5 or 6, this is the maximum taxable portion of your state refund	7.	

EFSTATUS	EF Transmission Status (This page is not filed with the return. It is for your records only.)	2021

Name(s) as shown on return

STEPHEN G C HILTON

Your social security number

[redacted]

The following will be transmitted to the IRS.

☐ 1040, 1040-SR or 1040-NR ☐ 1040-X ☐ 4868 ☐ 2350 ☐ 9465 ☐ FinCEN 114 ☐ Form 56

The following state returns will be transmitted:

The following returns have been suppressed or are not eligible and will NOT be transmitted.

CALLC01

EF Notes

Require 'Ready for EF' is checked in EF Setup but not on the return.

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 7

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

Income	Regular tax	Alt Min Tax
Wages	2,609,301	2,609,301
Interest income before Series EE bond exclusion	859	859
Dividend income		
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	(64,085)	(59,335)
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	2,546,075	2,550,825
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	2,546,075	2,550,825
MAGI adjustment from input screen E2		
Modified adjusted gross income	2,546,075	2,550,825

WK_MAGI.LD

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

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

OMB No. 1545-1008
2021
Attachment Sequence No. **858**

Name(s) shown on return: STEPHEN G C HILTON
Identifying number: [redacted]

Part I 2021 Passive Activity Loss

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

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

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a			
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(55,422)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(61,739)		
d	Combine lines 2a, 2b, and 2c			2d	(117,161)
3	Combine lines 1d, and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3	(117,161)

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

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

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

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

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

Part III Total Losses Allowed

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c ▶					

For Paperwork Reduction Act Notice, see instructions.

EEA

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
67A LEVERTON	0	20,379	20,863	0	41,242
67B LEVERTON	0	35,043	40,876	0	75,919
Total. Enter on Part I, lines 2a, 2b, and 2c ▶	0	55,422	61,739		

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 . . . . . . ▶			1.00		

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
67A LEVERTON	E LN 22	41,242	.3520113	41,242
67B LEVERTON	E LN 22	75,919	.6479887	75,919
Total . . . . . . ▶		117,161	1.00	117,161

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
67A LEVERTON	E LN 22	41,242	41,242	0
67B LEVERTON	E LN 22	75,919	75,919	0
Total . . . . . . ▶		117,161	117,161	0

Form **8995-A** | Department of the Treasury Internal Revenue Service

Qualified Business Income Deduction

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8995A* for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55A**

Name(s) shown on return: STEPHEN G C HILTON

Your taxpayer identification number: [redacted]

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

Use this form if your taxable income, before your qualified business income deduction, is above $164,900 ($164,925 if married filing separately; $329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Schedule C: CR PRODUCTIONS LLC	☐	☐	[redacted]	☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	0		
3	Multiply line 2 by 20% (0.20). If your taxable income is $164,900 or less ($164,925 if married filing separately; $329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0		
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0		
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	0		
8	Multiply line 7 by 2.5% (0.025)	8			
9	Add lines 6 and 8	9	0		
10	Enter the greater of line 5 or line 9	10	0		
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0		
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0		
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	0		
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16	0		

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

EEA

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to *www.irs.gov/Form8995A* for instructions and the latest information.

OMB No. 1545-2294
2021
Attachment Sequence No. **55D**

Name(s) shown on return: STEPHEN G C HILTON

Your taxpayer identification number: [redacted]

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
Schedule C: CR PRODUCTIONS LLC	(64,085)		0

2	Qualified business net (loss) carryforward from prior years. See instructions	2	(750)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(64,835)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)	5	(0)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(64,835)

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

CR PRODUCTIONS LLC

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Social security number/EIN: [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
5	START UP COSTS	04302021	23,669		100.00			23,669	15	AMT-195	5		5,933	5,933	5,933
6	ORGANIZATIONAL COSTS	04302021	6,765		100.00			6,765	15	AMT-709	5		5,088	5,088	338
7	WEBSITE CONSTRUCTION	04302021	60,000		100.00		CY 60,000	0	3	S/L	25			60,000	
8	COMPUTER MIC WEBCAM H	04302021	1,153*		100.00	CY 1,153		0	5	EXP	0			1,153	1,153
	Totals		91,587			CY 1,153	CY 60,000	30,434					11,021	72,174	7,424

Land Amount		CY 179 and CY Bonus	61,153	ST ADJ: 45,000
Net Depreciable Cost	91,587	TOTAL CY Depr including 179/bonus	72,174	UBIA: 1,153

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

67A LEVERTON

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Social security number/EIN: [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	67A LEVERTON BUILDING	04212012	266,740*		100.00			266,740	40	SL MM	2.5	57,798	6,669	64,467	6,669
1	LAND	04212012	47,072		100.00				0	NDA					
2	NEW ROOF LEVERTON A	03122015	15,000*		100.00			15,000	40	SL MM	2.5	2,172	375	2,547	375
	Totals		328,812					281,740				59,970	7,044	67,014	7,044

Land Amount 47,072
Net Depreciable Cost 281,740

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 7,044

ST ADJ:
UBIA: 281,740

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

67B LEVERTON

(This page is not filed with the return. It is for your records only.)

2021

PAGE 1

Name(s) as shown on return: STEPHEN G C HILTON

Social security number/EIN: [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	67 B LEERTON ST BUILD	04212013	496,352*		100.00			496,352	40	SL MM	2.5	92,409	12,409	104,818	12,409
3	LAND	04212013	87,592		100.00				0	NDA					
4	CAPITAL IMPROVEMENTS	04212013	13,229*		100.00			13,229	40	SL MM	2.5	2,759	331	3,090	331
	Totals		597,173					509,581				95,168	12,740	107,908	12,740

Land Amount 87,592
Net Depreciable Cost 509,581

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 12,740

ST ADJ:
UBIA: 509,581

Depreciation Detail Listing

STATE CR PRODUCTIONS LLC

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Social security number/EIN: [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
5	START UP COSTS	04302021	23,669*		100.00			23,669	15	195	5		5,933	5,933	
6	ORGANIZATIONAL COSTS	04302021	6,765*		100.00			6,765	15	709	5		5,088	5,088	
7	WEBSITE CONSTRUCTION	04302021	60,000*		100.00			60,000	3	AMT	25		15,000	15,000	
8	COMPUTER MIC WEBCAM H	04302021	1,153*		100.00	CY 1,153		0	5	EXP	0			1,153	
	Totals		91,587			CY 1,153		90,434					26,021	27,174	

Land Amount

Net Depreciable Cost 91,587

CY 179 and CY Bonus 1,153

TOTAL CY Depr including 179/bonus 27,174

UBIA: 1,153

Form 1040	Section 179 Business Income Limit (This page is not filed with the return. It is for your records only.)	2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5		525,000
2	Wages, salaries, tips, etc. (Line 1 of 1040)	2,609,301	
3	Non-passive Section 1231 Gains (losses)		
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	(62,932)	
5	Income (loss) from Schedule E line 26 (If Non-Passive)		
6	Income (loss) from Form 4835, line 32 (If Non-Passive)		
7	Income (loss) from Schedule F line 36 (If Non-Passive)		
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10		
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11		
10	Total business income (loss). Combine lines 2 through 9		2,546,369
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11		525,000

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2021	Remaining carryover
C COMPUTER MIC WEBCAM H	2021	1,153		1,153	
TOTAL ALLOWABLE (4562 LN 12)				1,153	
TOTAL 2021 ELEC. COST (4562 LN 8)			1,153		

Form 1040

Section 179 Business Income Limit
RESIDENT STATE CALCULATION

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5 . . . . RESIDENT. STATE . . . . . CA .		25,000
2	Wages, salaries, tips, etc. (Line 1 of 1040)	2,609,301	
3	Non-passive Section 1231 Gains (losses)		
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	(2,932)	
5	Income (loss) from Schedule E line 26 (If Non-Passive)		
6	Income (loss) from Form 4835, line 32 (If Non-Passive)		
7	Income (loss) from Schedule F line 36 (If Non-Passive)		
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10		
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11		
10	Total business income (loss). Combine lines 2 through 9		2,606,369
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11		25,000

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2021	Remaining carryover
C COMPUTER MIC WEBCAM H	2021	1,153		1,153	
TOTAL ALLOWABLE (4562 LN 12)				1,153	
TOTAL 2021 ELEC. COST (4562 LN 8)			1,153		

WK_I179L.LD

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

STEPHEN G C HILTON

Tax ID Number

[redacted]

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	67A LEVERTON BUILDING	04-21-2012	266,740	ADS	40	6,668
E	1	NEW ROOF LEVERTON A	03-12-2015	15,000	ADS	40	375
E	2	67 B LEERTON ST BUILDING	04-21-2013	496,352	ADS	40	12,409
E	2	CAPITAL IMPROVEMENTS	04-21-2013	13,229	ADS	40	331
C	1	START UP COSTS	04-30-2021	23,669	AMT	15	1,578
C	1	ORGANIZATIONAL COSTS	04-30-2021	6,765	AMT	15	451
C	1	WEBSITE CONSTRUCTION	04-30-2021		S/L	3	
C	1	COMPUTER MIC WEBCAM HEAD	04-30-2021		EXP	5	
		TOTAL					21,812

Carryover Worksheet
List of items that will carryover to the 2022 tax return

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2022 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses				9,588
Office in home excess casualty losses and depreciation				
Disallowed investment interest expense	AMT		Reg. Tax	
Section 179 expense				
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				

Losses

Short-term capital loss	AMT		Reg. Tax	
Long-term capital loss	AMT		Reg. Tax	
Net operating loss	AMT		Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax	
Qualified REIT and PTP loss carryover				
QBI loss carryover				64,835
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax	

Credits

Mortgage interest credit				
Credit for prior year minimum tax				
Foreign Tax credit	AMT		Reg. Tax	
District of Columbia first time home owner's credit				
Res. energy efficient property credit				

Other

Preparer Fee				7,550
Overpayment applied to next year's estimates				
Estimated Tax Payment 1	25,500		Estimated Tax Payment 2	25,500
Estimated Tax Payment 3	25,500		Estimated Tax Payment 4	25,500
Federal tax liability for 2210 calculation				911,652
State tax liability for state 2210 calculation				317,844
IRA basis	Taxpayer		Spouse	
Disaster distributions taxable in 2022	Taxpayer		Spouse	
Disaster distributions taxable in 2023	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	
Deferred SE tax to be repaid by 12/31/2022				

Passive Activity

67A LEVERTON	41,242		
67B LEVERTON	75,919		

At Risk Limitations

Form 1040 or 1041

Passive Activity Deduction Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

PAN 1 Activity 67A LEVERTON Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized In Current Year	Losses Suspended To Next Year
Operating	(20,863)	(20,379)		(41,242)
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS	(20,863)	(20,379)		(41,242)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized In Current Year	Losses Suspended To Next Year
Operating	(20,863)	(20,379)		(41,242)
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS	(20,863)	(20,379)		(41,242)

Form 1040 or 1041

Passive Activity Deduction Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: STEPHEN G C HILTON

Tax ID Number: [redacted]

PAN 2 Activity 67B LEVERTON Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(40,876)	(35,043)		(75,919)
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS	(40,876)	(35,043)		(75,919)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(40,876)	(35,043)		(75,919)
Form 4797 - Part I				
Form 4797 - Part II				
TOTALS	(40,876)	(35,043)		(75,919)