

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is one box, a child but not your dependent

Your first name and middle initial Last name Your social security number
JOEL E. JACOB
If joint return, spouse's first name and middle initial Last name Spouse's social security number

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] 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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instr. and check here'.

Income section table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 2 1a 329,641.
1b Household employee wages not reported on Form(s) W-2 1b
1c Tip income not reported on line 1a (see instructions) 1c
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
1e Taxable dependent care benefits from Form 2441, line 26 1e
1f Employer-provided adoption benefits from Form 8839, line 29 1f
1g Wages from Form 8919, line 6 1g
1h Other earned income (see instructions) 1h
1i Nontaxable combat pay election (see instructions) 1i
1z Add lines 1a through 1h 1z 329,641.

Table with columns 2a-6a, b, 7-15 and 2a-6a, b, 7-15. 2a Tax-exempt interest 2a b Taxable interest 2b 189.
3a Qualified dividends 3a 3,486. b Ordinary dividends 3b 3,486.
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
c If you elect to use the lump-sum election method, check here (see instructions) []
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [X] 7 7,687.
8 Other income from Schedule 1, line 10 8 2,340,340.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 2,681,343.
10 Adjustments to income from Schedule 1, line 26 10 19,480.
11 Subtract line 10 from line 9. This is your adjusted gross income 11 2,661,863.
12 Standard deduction or itemized deductions (from Schedule A) 12 383,254.
13 Qualified business income deduction from Form 8995 or Form 8995-A 13 453,487.
14 Add lines 12 and 13 14 836,741.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 1,825,122.

| | | | | |
|------------------------|---|---|----------|----------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 636,351. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 636,351. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 636,351. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 12,769. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 649,120. | |

| | | | | |
|-----------------|--|---|----------|----------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 SEE STATEMENT 5 | 25a | 87,817. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) SEE STATEMENT 7 | 25c | 1,167. |
| | d | Add lines 25a through 25c | 25d | 88,984. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return STATEMENT 6 | 26 | 872,187. |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 961,171. | |

| | | | | |
|---------------|---|---|--|----------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 312,051. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| | b | Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| | d | Account number | | |
| 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | 312,051. | |

| | | | | |
|-----------------------|----|---|----|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 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 **CAROL S RUBENFAER, CPA** Phone [redacted] Personal identification number (PIN) **19683**

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

Your signature [redacted] Date [redacted] Your occupation **EXECUTIVE** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [redacted]

Spouse's signature, if a joint return, both must sign. Date [redacted] Spouse's occupation [redacted] If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [redacted]

Paid Preparer Use Only Preparer's name **CAROL S RUBENFAER, CPA** Preparer's signature [redacted] Date [redacted] PTIN [redacted] Check if: Self-employed

Firm's name [redacted] Phone no. [redacted] Firm's EIN [redacted] Firm's address [redacted]

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

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

JOEL E. JACOB

Your social security number

Part I Additional Income

| | | | | | |
|----|---|--------|--------|----|------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | STMT 8 | STMT 9 | 1 | 0. |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | 2,340,340. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | () | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | | |
| p | Section 461(l) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | | | | |
| | | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | 2,340,340. |

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

Schedule 1 (Form 1040) 2022

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 | 19,480. |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| | b Recipient's SSN | | | |
| | c Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| | a Jury duty pay (see instructions) | 24a | | |
| | b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| | c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| | d Reforestation amortization and expenses | 24d | | |
| | e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| | f Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| | g Contributions by certain chaplains to section 403(b) plans | 24g | | |
| | h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| | 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 | 19,480. |

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

2022
Attachment
Sequence No. **02**

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

JOEL E. JACOB

Your social security number

Part I Tax

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

Part II Other Taxes

| | | | |
|----|--|----|---------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 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. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 1,167. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | 11,602. |
| 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)

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

Schedule 2 (Form 1040) 2022

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 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 | Reserved for future use | | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | 21 |
| | | | | 12,769. |

Schedule 2 (Form 1040) 2022

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

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

Your social security number

JOEL E. JACOB

| | | | | |
|------------------------------------|---|--|----|------------------|
| 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 <input type="checkbox"/> SEE STATEMENT 11 | 5a | 115,827. |
| | b | State and local real estate taxes (see instructions) SEE STATEMENT 14 | 5b | 27,581. |
| | c | State and local personal property taxes | 5c | |
| | d | Add lines 5a through 5c | 5d | 143,408. |
| | e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| | 6 | Other taxes. List type and amount: | 6 | |
| | 7 | Add lines 5e and 6 | 7 | 10,000. |
| Interest You Paid | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| | a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 13 | 8a | 29,343. |
| | 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 | Reserved for future use | 8d | |
| | e | Add lines 8a through 8c | 8e | 29,343. |
| | 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| | 10 | Add lines 8e and 9 | 10 | 29,343. |
| Gifts to Charity | 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 322,911. STMT 12 |
| | 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 | 21,000. |
| | 13 | Carryover from prior year | 13 | |
| | 14 | Add lines 11 through 13 | 14 | 343,911. |
| 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 12 | 17 | 383,254. |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | 18 | |

SCHEDULE B

(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 08

Your social security number

JOEL E. JACOB

Part I

Interest

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

Amount

23.
166.

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

2 Add the amounts on line 1 189.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 189.

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

Part II

Ordinary Dividends

5 List name of payer
MERRILL LYNCH - [REDACTED]
PERSHING - [REDACTED]

Amount

1,722.
1,764.

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

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 3,486.

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 Fin CEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See inst. 227301 12-07-22

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

7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located

8 During 2022, 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

Table with Yes/No columns and X marks in the No column for questions 7a and 8.

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

Schedule B (Form 1040) 2022

Sale of Your Home

Part 1- Gain (or Loss) on Sale

| | |
|--|------------|
| 1. Selling price of home | 1,475,000. |
| 2. Selling expenses | 1,475,000. |
| 3. Subtract line 2 from line 1 | 1,296,273. |
| 4. Adjusted basis of home sold | 178,727. |
| 5. Subtract line 4 from line 3. This is the gain (or loss) on the sale. If this is a loss, stop here | 0. |

Part 2- Exclusion and Taxable Gain

| | |
|---|----------|
| 6. Enter any depreciation claimed on the property for periods after May 6, 1997. If none, enter zero | 178,727. |
| 7. Subtract line 6 from line 5. (If the result is less than zero, enter zero.) | 178,727. |
| 8. Aggregate number of days of nonqualified use after 12/31/08 | |
| 9. Number of days taxpayer owned the property | |
| 10. Divide the amount on line 8 by the amount on line 9 | |
| 11. Gain allocated to nonqualified use. (Line 7 multiplied by line 10) | |
| 12. Gain eligible for exclusion. Subtract line 11 from line 7 | 178,727. |
| 13. Maximum exclusion (From Reduced Exclusion Worksheet) | 250,000. |
| 14. Enter the smaller of line 12 or line 13. This is your exclusion | 178,727. |
| 15. Subtract line 14 from line 5. This is your taxable gain | 0. |
| 16. Enter the smaller of line 6 or line 15. Enter this amount on line 12 of the Unrecaptured Section 1250 Gain Worksheet for Schedule D | |

Reduced Exclusion Worksheet

| | You | Your Spouse |
|---|-----|-------------|
| 1. Maximum amount | | |
| 2a. Enter the number of days that you used the property as a main home during the 5-year period ending on the date of sale | | |
| b. Enter the number of days that you owned the property during the 5-year period ending on the date of sale | | |
| c. Enter the smaller of line 2a or 2b | | |
| 3. Have you (or your spouse if filing jointly) excluded gain from the sale of another home during the 2-year period ending on the date of this sale? NO. Skip line 3 and enter the number of days from line 2c on line 4. YES. Enter the number of days between the date of the most recent sale of another home on which you excluded gain and the date of sale of this home | | |
| 4. Enter the smaller of line 2c or 3 | | |
| 5. Divide the amount on line 4 by 730 days. Enter the result as a decimal | | |
| 6. Multiply the amount on line 1 by the decimal amount on line 5 | | |
| 7. Add the amounts in both columns of line 6. This is your reduced maximum exclusion. Enter it here and on Sale of Your Home Worksheet, line 13 | | |

Selling Expenses

Adjusted Basis of Home Sold

| | |
|------------------------|------------|
| PURCHASE PRICE | 1,150,000. |
| CLOSING COST AT PURCHA | 2,238. |
| IMPROVEMENTS | 40,991. |
| CLOSING COST AT SALE | 103,044. |

| | |
|-----------------|------------|
| TOTAL TO LINE 4 | 1,296,273. |
|-----------------|------------|

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

2022

Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service

(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.

Name(s) shown on return

Your social security number

JOEL E. JACOB

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 2022 that would require you to file Form(s) 1099? See instructions Yes No
 B If "Yes," did you or will you file required Form(s) 1099? Yes No

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

A [REDACTED] CANTON, [REDACTED]
 B CHARLEVOIX, MI
 C CHARLEVOIX, MI

| 1b Type of Property (from list below) | 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 | B | C |
| A 4 | | 365 | | <input type="checkbox"/> |
| B 1 | | 365 | | <input type="checkbox"/> |
| C 5 | | 365 | | <input type="checkbox"/> |

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 | 907,320. | 258,922. | 80,040. |
| 4 Royalties received | | | |
| Expenses: | | | |
| 5 Advertising | | | |
| 6 Auto and travel (see instructions) | 6,999. | 3,709. | |
| 7 Cleaning and maintenance | | | |
| 8 Commissions | | | |
| 9 Insurance | 14,474. | 29,592. | 548. |
| 10 Legal and other professional fees | 17,950. | | |
| 11 Management fees | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 197,572. | 59,127. | 15,959. |
| 13 Other interest | | 0. | 0. |
| 14 Repairs | 10,051. | 41,264. | |
| 15 Supplies | | | |
| 16 Taxes | 106,901. | 53,218. | 18,996. |
| 17 Utilities | 47,855. | 12,671. | |
| 18 Depreciation expense or depletion | 82,172. | 84,589. | |
| 19 Other (list) <u>STMT 15</u> <u>STMT 17</u> <u>STMT 18</u> | 48,878. | 5,590. | 1,132. |
| 20 Total expenses. Add lines 5 through 19 | 532,852. | 289,760. | 36,635. |
| 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 | 374,468. | -30,838. | 43,405. |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | | 30,838.) |) |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | |
| 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 | | |

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

Schedule E (Form 1040) 2022

SCHEDULE E
(Form 1040)

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
2022
Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Your social security number

JOEL E. JACOB

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 2022 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 **CHARLEVOIX, MI**
 B **[REDACTED], CHARLEVOIX, MI**
 C **CHARTER AIRLINE, MI**

| 1b | Type of Property (from list below) | 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 | B | C | A | B | C | A | B | C |
| A | 5 | | 122 | | | | | | | | |
| B | 4 | | 122 | | | | | | | | |
| C | 8 | | 365 | | | | | | | | |

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental **WAREHOUSE**
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) **CHARTER AIRCRAFT**

| Income: | Properties | | | |
|---|------------|---------|----------|-----|
| | A | B | C | |
| 3 Rents received | 117,910. | 25,756. | 886,373. | 3 |
| 4 Royalties received | | | | 4 |
| Expenses: | | | | |
| 5 Advertising | | | | 5 |
| 6 Auto and travel (see instructions) | 1,081. | | 3,991. | 6 |
| 7 Cleaning and maintenance | | | | 7 |
| 8 Commissions | | | | 8 |
| 9 Insurance | 3,524. | 1,372. | 36,242. | 9 |
| 10 Legal and other professional fees | | | 14,191. | 10 |
| 11 Management fees | | | | 11 |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 9,890. | 5,626. | | 12 |
| 13 Other interest | | | 38,739. | 13 |
| 14 Repairs | 70,704. | | 158,706. | 14 |
| 15 Supplies | | | | 15 |
| 16 Taxes | 4,974. | 5,146. | 125. | 16 |
| 17 Utilities | 2,338. | 1,600. | | 17 |
| 18 Depreciation expense or depletion | 1,870. | 2,331. | 265,848. | 18 |
| 19 Other (list) <u>STMT 19</u> <u>STMT 20</u> <u>STMT 21</u> | 1,466. | 980. | 324,046. | 19 |
| 20 Total expenses. Add lines 5 through 19 | 95,847. | 17,055. | 841,888. | 20 |
| 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 | 22,063. | 8,701. | 44,485. | 21 |
| 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 | 2,276,321. | | | 23a |
| b Total of all amounts reported on line 4 for all royalty properties | | | | 23b |
| c Total of all amounts reported on line 12 for all properties | 288,174. | | | 23c |
| d Total of all amounts reported on line 18 for all properties | 436,810. | | | 23d |
| e Total of all amounts reported on line 20 for all properties | 1,814,037. | | | 23e |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | | | 493,122. | 24 |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | | | 30,838.) | 25 |
| 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 | | | 462,284. | 26 |

LHA For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040) 2022

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

Your social security number

JOEL E. JACOB

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

Part II Income or Loss From Partnerships and S Corporations

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows include M. JACOB & SONS and THE BOTTLE CREW, L.L.C.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Totals: 205,195 and 1,672,861.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals and sub-totals.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b.

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

Part V Summary

Summary table with 2 columns: Description, Amount. Rows include Net farm rental income, Total income or (loss), Reconciliation of farming and fishing income, and Reconciliation for real estate professionals.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name JOEL E. JACOB
 Passthrough M. JACOB & SONS - M. JACOB & SONS
 S CORPORATION
 SSN/EIN [REDACTED] TAXPAYER
 ID [REDACTED]

| OTHER PASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | 205,195. | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | | | | | | | | |
| Disallowed section 179 expense | | | | | | | | |
| Excess farm loss | | | | | | | | |
| Net income (loss) | 205,195. | | | | | | | 205,195. |
| First passive other | | | | | | | | |
| Second passive other | | | | | | | | |
| Cost depletion | | | | | | | | |
| Percentage depletion | | | | | | | | |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | 205,195. | | | | | | | 205,195. |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | |
| Section 1256 contracts & straddles | | | | | | | | |
| FORM 4952 | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | 3,938. | | | | | | | 3,938. |
| Deductions related to portfolio income | | | | | | | | |
| Other | 3,356. | | | | | | | 3,356. |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name JOEL E. JACOB

Passthrough M. JACOB & SONS - M. JACOB & SONS

S CORPORATION

SSN/EIN

ID

TAXPAYER

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| OTHER PASSIVE | | | | | | | | |
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | 166. | | | | | | | 166. |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | -40. | | | | | | | -40. |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |
| FORM 8995 | | | | | | | | |
| Qualified business income | | | | | | | | |
| Qualified service income | | | | | | | | |
| Section 199A W-2 wages | 219,140. | | | | | | | 219,140. |
| Section 199A unadjusted basis | 150,955. | | | | | | | 150,955. |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name JOEL E. JACOB

Passthrough THE BOTTLE CREW, L.L.C.

S CORPORATION

SSN/EIN

TAXPAYER

ID

| NONPASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|------------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | 1,672,861. | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | | | | | | | | |
| Disallowed section 179 expense | | | | | | | | |
| Excess farm loss | | | | | | | | |
| Net income (loss) | 1,672,861. | | | | | | | 1,672,861. |
| First passive other | | | | | | | | |
| Second passive other | | | | | | | | |
| Cost depletion | | | | | | | | |
| Percentage depletion | | | | | | | | |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | 1,672,861. | | | | | | | 1,672,861. |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | |
| Section 1256 contracts & straddles ... | | | | | | | | |
| FORM 4952 | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | | | | | | | | |
| Deductions related to portfolio income | | | | | | | | |
| Other | 10,223. | | | | | | | 10,223. |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name JOEL E. JACOB

Passthrough THE BOTTLE CREW, L.L.C.

S CORPORATION

SSN/EIN

ID

TAXPAYER

| NONPASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|------------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | | | | | | | | |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | | |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | 329,641. | | | | | | | 329,641. |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | 19,480. | | | | | | | 19,480. |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |
| FORM 8995 | | | | | | | | |
| Qualified business income | | | | | | | | |
| Qualified service income | | | | | | | | |
| Section 199A W-2 wages | 2,455,311. | | | | | | | 2,455,311. |
| Section 199A unadjusted basis | 1,450,119. | | | | | | | 1,450,119. |

Qualified Business Income Deduction

2022

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

379-58-7795

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 \$170,050 (\$340,100 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 | M. JACOB & SONS | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |
| B | THE BOTTLE CREW, L.L.C. | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |
| C | CREW HOUSE LLC - COMMERCIAL REAL ESTATE - 60 | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|----------|------------|------------|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 202,526. | 1,651,105. | 369,598. |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,500 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 40,505. | 330,221. | 73,920. |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | 219,140. | 2,455,311. | |
| 5 Multiply line 4 by 50% (0.50) | 109,570. | 1,227,656. | |
| 6 Multiply line 4 by 25% (0.25) | 54,785. | 613,828. | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 150,955. | 1,450,119. | 3,086,374. |
| 8 Multiply line 7 by 2.5% (0.025) | 3,774. | 36,253. | 77,159. |
| 9 Add lines 6 and 8 | 58,559. | 650,081. | 77,159. |
| 10 Enter the greater of line 5 or line 9 | 109,570. | 1,227,656. | 77,159. |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 40,505. | 330,221. | 73,920. |
| 12 Phased-in reduction. Enter the amount from line 26, if any | | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 40,505. | 330,221. | 73,920. |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 40,505. | 330,221. | 73,920. |
| 16 Total qualified business income component. Add all amounts reported on line 15 | 459,500. | | |

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

Form **8995-A** (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$170,050 (\$340,100 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | |
|----|---|----|------------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | 459,500. | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | 459,500. | |
| 33 | Taxable income before qualified business income deduction | 33 | 2,278,609. | |
| 34 | Net capital gain. See instructions | 34 | 11,173. | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | 2,267,436. | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | 453,487. | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | 453,487. | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | 453,487. | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | () | |

Qualified Business Income Deduction

2022

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[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 \$170,050 (\$340,100 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 | G7 LLC - LAND RENTAL - [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |
| B | 7 CREW LLC - FARM LAND RENTAL - [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |
| C | LARS PCH LLC - COMMERCIAL RENTAL - [REDACTED] | <input type="checkbox"/> | <input type="checkbox"/> | [REDACTED] | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|---------|----------|----------|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 42,841. | 21,776. | 8,588. |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,500 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 8,568. | 4,355. | 1,718. |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | | | |
| 5 Multiply line 4 by 50% (0.50) | | | |
| 6 Multiply line 4 by 25% (0.25) | | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | | 250,000. | 311,667. |
| 8 Multiply line 7 by 2.5% (0.025) | | 6,250. | 7,792. |
| 9 Add lines 6 and 8 | | 6,250. | 7,792. |
| 10 Enter the greater of line 5 or line 9 | | 6,250. | 7,792. |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | | 4,355. | 1,718. |
| 12 Phased-in reduction. Enter the amount from line 26, if any | | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 0. | 4,355. | 1,718. |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 0. | 4,355. | 1,718. |
| 16 Total qualified business income component. Add all amounts reported on line 15 | | | |

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

Form 8995-A (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$170,050 (\$340,100 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | |
|----|---|----|-----|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | |
| 33 | Taxable income before qualified business income deduction | 33 | | |
| 34 | Net capital gain. See instructions | 34 | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | () | |

Qualified Business Income Deduction

2022

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[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 \$170,050 (\$340,100 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 | ALFIN AIR LLC - CHARTER AIRLINE, MI | <input type="checkbox"/> | <input type="checkbox"/> | 86-2229324 | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|------------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 43,906. | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,500 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 8,781. | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | | | |
| 5 Multiply line 4 by 50% (0.50) | | | |
| 6 Multiply line 4 by 25% (0.25) | | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 1,860,938. | | |
| 8 Multiply line 7 by 2.5% (0.025) | 46,523. | | |
| 9 Add lines 6 and 8 | 46,523. | | |
| 10 Enter the greater of line 5 or line 9 | 46,523. | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 8,781. | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any | | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 8,781. | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 8,781. | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | | | |

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

Form 8995-A (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$170,050 (\$340,100 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | |
|----|---|----|-----|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | |
| 33 | Taxable income before qualified business income deduction | 33 | | |
| 34 | Net capital gain. See instructions | 34 | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | () | |

Loss Netting and Carryforward

OMB No. 1545-2294

Attach to Form 8995-A.

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

Attachment
 Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[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-.) |
|---|--|--------------------------------------|---|---|
| | SEE STATEMENT 23 | | () | |
| | | | () | |
| | | | () | |
| 2 | Qualified business net (loss) carryforward from prior years. See instructions | | 2 () | |
| 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 (30,838) | |
| 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 2,371,178. | |
| 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 (30,838) | |
| 6 | Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0- | | 6 () | |

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

Schedule C (Form 8995-A) (Rev. 12-2022)

Additional Medicare Tax

2022

Attachment
Sequence No. 71

Department of the Treasury
Internal Revenue Service

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.

Name(s) shown on return
JOEL E. JACOB

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 | 329,641. | | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 Wages from Form 8919, line 6 | 3 | | | |
| 4 Add lines 1 through 3 | 4 | 329,641. | | |
| 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 surviving spouse \$200,000 | | | | |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 5 | 200,000. | 6 | 129,641. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 7 | 1,167. |

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 surviving spouse \$200,000 | | | | |
| 10 Enter the amount from line 4 | 9 | | 10 | |
| 11 Subtract line 10 from line 9. If zero or less, enter -0- | 10 | | 11 | |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- | 11 | | 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 | | 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 surviving spouse \$200,000 | | | | |
| 16 Subtract line 15 from line 14. If zero or less, enter -0- | 15 | | 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 | | 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 | 1,167. |
|--|--|--|----|--------|

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 | 5,947. | | |
| 20 Enter the amount from line 1 | 20 | 329,641. | | |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 4,780. | | |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | | | 22 | 1,167. |
| 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 | | 24 | 1,167. |

Net Investment Income Tax - Individuals, Estates, and Trusts

2022

Attachment
Sequence No. 72

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on your tax return

JOEL E. JACOB

Your social security number or EIN



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) | | | | 189. |
| 2 Ordinary dividends (see instructions) | | | | 3,486. |
| 3 Annuities (see instructions) | | | | |
| 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 2,340,340. | | |
| b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 24 | 4b | -2,047,329. | | |
| c Combine lines 4a and 4b | | | 4c | 293,011. |
| 5a Net gain or loss from disposition of property (see instructions) | 5a | 7,687. | | |
| 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 | 7,687. |
| 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) | | | 6 | |
| 7 Other modifications to investment income (see instructions) SEE STATEMENT 25 | | | 7 | 8,082. |
| 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | 312,455. |

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 | 7,149. | | |
| c Miscellaneous investment expenses (see instructions) | 9c | | | |
| d Add lines 9a, 9b, and 9c | | | 9d | 7,149. |
| 10 Additional modifications (see instructions) | | | 10 | |
| 11 Total deductions and modifications. Add lines 9d and 10 | | | 11 | 7,149. |

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- | | | | 305,306. |
| Individuals: | | | | |
| 13 Modified adjusted gross income (see instructions) | 13 | 2,661,863. | | |
| 14 Threshold based on filing status (see instructions) | 14 | 200,000. | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 2,461,863. | | |
| 16 Enter the smaller of line 12 or line 15 | | | 16 | 305,306. |
| 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 | 11,602. |
| 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 | |

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

Line 7 - Deduction Recoveries Worksheet

MICHIGAN

Keep for Your Records

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION *This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.*

2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111 2. 36,983.

3. Total amount of recovery (add lines 1 and 2) 3. 36,983.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. .213941072

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) 5. 7,912.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 301.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 152,289.

8. Add the amount on line 5 to line 7 8. 160,201.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 6,088.

10. Enter the NIIT reported for the year of the deduction 10. 5,787.

11. Subtract line 10 from line 9 11. 301.

12. Enter the smaller of line 6 or line 11 12. 301.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 13. 7,912.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

NEBRASKA

Keep for Your Records

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income but for the application of the tax benefit rule under section 111 2. 170.

3. Total amount of recovery (add lines 1 and 2) 3. 170.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. 1.000000000

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) 5. 170.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 6.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 152,289.

8. Add the amount on line 5 to line 7 8. 152,459.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 5,793.

10. Enter the NIIT reported for the year of the deduction 10. 5,787.

11. Subtract line 10 from line 9 11. 6.

12. Enter the smaller of line 6 or line 11 12. 6.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 **AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.** 13. 170.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | N/A | N/A | N/A |
| (b) | N/A | N/A | N/A |

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) STMT 26 2. 7,149.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income
(Description and Form 8960 line number where they'll be reported):

| | Description | Line | Amount |
|-----|-------------|------|--------|
| (a) | | | |
| (b) | | | |

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 7,149.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 383,254.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

| | | |
|-----|--|-----|
| (a) | Investment Interest Expense | N/A |
| (b) | Casualty Losses (other than losses described in section 165(c)(1)) | N/A |
| (c) | Medical Expenses | N/A |
| (d) | Gambling Losses | N/A |
| (e) | Total of lines 6(a) through 6(d) | N/A |

7. Subtract line 6e from line 5 7. 383,254.

8. Enter the lesser of line 7 or line 4 8. 7,149.



This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

| (A) Reenter the amounts and descriptions from Part III, lines 1 - 3. | | | (B) IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B). | (C) Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10. |
|---|--|--------|---|--|
| Miscellaneous Itemized Deductions properly allocable to investment income: | | | | |
| 1. | (a) | N/A | X | N/A |
| | (b) | N/A | X | N/A |
| 2. | State, local, and foreign income taxes | 7,149. | X | 1.0000 |
| Itemized Deductions Included on Line 3 of Part III: | | | | |
| 3. | (a) | | X | |
| | (b) | | X | |

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

CALIFORNIA

Name(s) **JOEL E. JACOB** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|----|--|----|----|-----------|
| 1 | Taxable interest | | 1 | |
| 2 | Ordinary dividends | | 2 | |
| 3 | Annuities from nonqualified plans | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | | 275,855. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | | -269,160. |
| c | Combine lines 4a and 4b | | 4c | 6,695. |
| 5a | Net gain or loss from disposition of property | 5a | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | | |
| d | Combine lines 5a through 5c | | 5d | |
| 6 | Changes in investment income for certain CFCs and PFICs | | 6 | |
| 7 | Other modifications to investment income | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 6,695. |

Part II State Income Tax Pro-ratio for 2022 Income Tax Payments

| | | | |
|----|--|----|-----------------------------|
| 9 | State total income | 9 | 275,855. |
| 10 | State income tax payments for 2022 | 10 | SEE STATEMENT 27 35,597. |
| 11 | 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 864. |

Part III State Income Tax Pro-ratio for 2021 Estimate Payments Made in 2022

| | | | |
|----|---|----|--|
| 12 | State estimate payments for 2021 | 12 | |
| 13 | Percent of state income taxes attributable to investment income for 2021 | 13 | |
| 14 | 2021 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | |

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

| | | | |
|----|--|----|--|
| 15 | Balance of prior years tax plus extension payments paid in 2022 | 15 | |
| 16 | Percent of state income taxes attributable to investment income for 2021 | 16 | |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | |

Part V Reduction of State Tax Deduction

| | | | |
|----|---|----|-----|
| 18 | Reduction of state tax deduction | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2021 | 19 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | |
|----|---|----|------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | 21 | 864. |
|----|---|----|------|

Form 8960 (2022)

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

CONNECTICUT

Name(s) **JOEL E. JACOB** Your social security number or EIN **[REDACTED]**

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|----|--|----|----|--------|
| 1 | Taxable interest | | 1 | 3. |
| 2 | Ordinary dividends | | 2 | |
| 3 | Annuities from nonqualified plans | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | | 4,037. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | | |
| c | Combine lines 4a and 4b | | 4c | 4,037. |
| 5a | Net gain or loss from disposition of property | 5a | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | | |
| d | Combine lines 5a through 5c | | 5d | |
| 6 | Changes in investment income for certain CFCs and PFICs | | 6 | |
| 7 | Other modifications to investment income | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 4,040. |

Part II State Income Tax Pro-ration for 2022 Income Tax Payments

| | | | |
|----|--|----|--------|
| 9 | State total income | 9 | 2,956. |
| 10 | State income tax payments for 2022 | 10 | 243. |
| 11 | 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 243. |

Part III State Income Tax Pro-ration for 2021 Estimate Payments Made in 2022

| | | | |
|----|---|----|----|
| 12 | State estimate payments for 2021 | 12 | |
| 13 | Percent of state income taxes attributable to investment income for 2021 | 13 | |
| 14 | 2021 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | 0. |

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

| | | | |
|----|--|----|----------|
| 15 | Balance of prior years tax plus extension payments paid in 2022 | 15 | 19. |
| 16 | Percent of state income taxes attributable to investment income for 2021 | 16 | 1.000000 |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | 19. |

Part V Reduction of State Tax Deduction

| | | | |
|----|---|----|-----|
| 18 | Reduction of state tax deduction | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2021 | 19 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | |
|----|---|----|------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | 21 | 262. |
|----|---|----|------|

Form 8960 (2022)

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

ILLINOIS

Name(s) **JOEL E. JACOB** Your social security number or EIN
[REDACTED]

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|--|----|----------|----|---------|
| 1 Taxable interest | | | 1 | 9. |
| 2 Ordinary dividends | | | 2 | |
| 3 Annuities from nonqualified plans | | | 3 | |
| 4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | 93,837. | | |
| b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | -82,126. | | |
| c Combine lines 4a and 4b | | | 4c | 11,711. |
| 5a Net gain or loss from disposition of property | 5a | | | |
| b Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | | |
| c Adjustment from disposition of partnership interest or S corporation stock | 5c | | | |
| d Combine lines 5a through 5c | | | 5d | |
| 6 Changes in investment income for certain CFCs and PFICs | | | 6 | |
| 7 Other modifications to investment income | | | 7 | |
| 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | 11,720. |

Part II State Income Tax Pro-rata for 2022 Income Tax Payments

| | | | | |
|---|--|------------------|----|---------|
| 9 State total income | | | 9 | 93,797. |
| 10 State income tax payments for 2022 | | SEE STATEMENT 29 | 10 | 4,643. |
| 11 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | | | 11 | 580. |

Part III State Income Tax Pro-rata for 2021 Estimate Payments Made in 2022

| | | | | |
|--|--|--|----|---------|
| 12 State estimate payments for 2021 | | | 12 | |
| 13 Percent of state income taxes attributable to investment income for 2021 | | | 13 | .410310 |
| 14 2021 state estimate payments attributable to investment income. Line 12 times line 13 | | | 14 | |

Part IV State Income Tax Pro-rata for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

| | | | | |
|---|--|--|----|---------|
| 15 Balance of prior years tax plus extension payments paid in 2022 | | | 15 | 52. |
| 16 Percent of state income taxes attributable to investment income for 2021 | | | 16 | .410310 |
| 17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | | | 17 | 21. |

Part V Reduction of State Tax Deduction

| | | | | |
|--|--|--|----|---------|
| 18 Reduction of state tax deduction | | | 18 | () |
| 19 Percent of state income taxes attributable to investment income for 2021 | | | 19 | .410310 |
| 20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | | | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | | |
|--|--|--|----|------|
| 21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | | | 21 | 601. |
|--|--|--|----|------|

Form 8960 (2022)

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

MICHIGAN

Name(s) **JOEL E. JACOB** Your social security number or EIN **[REDACTED]**

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|----|--|----|-------------|----------|
| 1 | Taxable interest | | 1 | 79. |
| 2 | Ordinary dividends | | 2 | 3,465. |
| 3 | Annuities from nonqualified plans | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | 1,381,531. | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | -1,268,294. | |
| c | Combine lines 4a and 4b | 4c | | 113,237. |
| 5a | Net gain or loss from disposition of property | 5a | 7,687. | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | | |
| d | Combine lines 5a through 5c | 5d | | 7,687. |
| 6 | Changes in investment income for certain CFCs and PFICs | | 6 | |
| 7 | Other modifications to investment income | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 124,468. |

Part II State Income Tax Pro-ration for 2022 Income Tax Payments

| | | | | |
|----|--|------------------|----|------------|
| 9 | State total income | | 9 | 1,818,700. |
| 10 | State income tax payments for 2022 | SEE STATEMENT 30 | 10 | 66,580. |
| 11 | 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | | 11 | 4,557. |

Part III State Income Tax Pro-ration for 2021 Estimate Payments Made in 2022

| | | | | |
|----|---|--|----|---------|
| 12 | State estimate payments for 2021 | | 12 | |
| 13 | Percent of state income taxes attributable to investment income for 2021 | | 13 | .213941 |
| 14 | 2021 state estimate payments attributable to investment income. Line 12 times line 13 | | 14 | |

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

| | | | | |
|----|--|--|----|---------|
| 15 | Balance of prior years tax plus extension payments paid in 2022 | | 15 | |
| 16 | Percent of state income taxes attributable to investment income for 2021 | | 16 | .213941 |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | | 17 | |

Part V Reduction of State Tax Deduction

| | | | | |
|----|---|--|----|---------|
| 18 | Reduction of state tax deduction | | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2021 | | 19 | .213941 |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | | |
|----|---|--|----|--------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | | 21 | 4,557. |
|----|---|--|----|--------|

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

NEBRASKA

Name(s)
JOEL E. JACOB Your social security number or EIN

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|---|--|----|----------|------------------|
| 1 | Taxable interest | | 1 | 7. |
| 2 | Ordinary dividends | | 2 | |
| 3 | Annuities from nonqualified plans | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | 8,411. | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | | |
| c | Combine lines 4a and 4b | 4c | 8,411. | |
| 5a | Net gain or loss from disposition of property | 5a | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | | |
| d | Combine lines 5a through 5c | 5d | | |
| 6 | Changes in investment income for certain CFCs and PFICs | 6 | | |
| 7 | Other modifications to investment income | 7 | | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 8,418. | |
| Part II State Income Tax Pro-ratio for 2022 Income Tax Payments | | | | |
| 9 | State total income | 9 | 8,418. | |
| 10 | State income tax payments for 2022 | 10 | 565. | SEE STATEMENT 31 |
| 11 | 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | 11 | 565. | |
| Part III State Income Tax Pro-ratio for 2021 Estimate Payments Made in 2022 | | | | |
| 12 | State estimate payments for 2021 | 12 | | |
| 13 | Percent of state income taxes attributable to investment income for 2021 | 13 | 1.000000 | |
| 14 | 2021 state estimate payments attributable to investment income. Line 12 times line 13 | 14 | 0. | |
| Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2022 | | | | |
| 15 | Balance of prior years tax plus extension payments paid in 2022 | 15 | | |
| 16 | Percent of state income taxes attributable to investment income for 2021 | 16 | 1.000000 | |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | 17 | 0. | |
| Part V Reduction of State Tax Deduction | | | | |
| 18 | Reduction of state tax deduction | 18 | () | |
| 19 | Percent of state income taxes attributable to investment income for 2021 | 19 | 1.000000 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | 20 | (0) | |
| Part VI Total State Income Tax Payments Attributable to Investment Income | | | | |
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | 21 | 565. | |

Form 8960 (2022)

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2022

NORTH CAROLINA

Name(s)
JOEL E. JACOB

Your social security number or EIN
[REDACTED]

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

| | | | | |
|----|--|----|----|--------|
| 1 | Taxable interest | | 1 | |
| 2 | Ordinary dividends | | 2 | |
| 3 | Annuities from nonqualified plans | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 4a | | 6,174. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business | 4b | | |
| c | Combine lines 4a and 4b | | 4c | 6,174. |
| 5a | Net gain or loss from disposition of property | 5a | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock | 5c | | |
| d | Combine lines 5a through 5c | | 5d | |
| 6 | Changes in investment income for certain CFCs and PFICs | | 6 | |
| 7 | Other modifications to investment income | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | 6,174. |

Part II State Income Tax Pro-ratio for 2022 Income Tax Payments

| | | | | |
|----|--|------------------|----|--------|
| 9 | State total income | | 9 | 6,345. |
| 10 | State income tax payments for 2022 | SEE STATEMENT 32 | 10 | 308. |
| 11 | 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 | | 11 | 300. |

Part III State Income Tax Pro-ratio for 2021 Estimate Payments Made in 2022

| | | | | |
|----|---|--|----|---------|
| 12 | State estimate payments for 2021 | | 12 | |
| 13 | Percent of state income taxes attributable to investment income for 2021 | | 13 | .986966 |
| 14 | 2021 state estimate payments attributable to investment income. Line 12 times line 13 | | 14 | |

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

| | | | | |
|----|--|--|----|---------|
| 15 | Balance of prior years tax plus extension payments paid in 2022 | | 15 | |
| 16 | Percent of state income taxes attributable to investment income for 2021 | | 16 | .986966 |
| 17 | Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 | | 17 | |

Part V Reduction of State Tax Deduction

| | | | | |
|----|---|--|----|-----|
| 18 | Reduction of state tax deduction | | 18 | () |
| 19 | Percent of state income taxes attributable to investment income for 2021 | | 19 | |
| 20 | Reduction of state tax deduction attributable to investment income. Line 18 times line 19 | | 20 | () |

Part VI Total State Income Tax Payments Attributable to Investment Income

| | | | | |
|----|---|--|----|------|
| 21 | Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 | | 21 | 300. |
|----|---|--|----|------|

Form 8960 (2022)

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Identifying number

JOEL E. JACOB



Part I 2022 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)) | 118,654. | 1d | 118,654. |
| 1b | Activities with net loss (enter the amount from Part IV, column (b)) | () | | |
| 1c | Prior years' unallowed losses (enter the amount from Part IV, column (c)) | () | | |
| d Combine lines 1a, 1b, and 1c | | | | |

All Other Passive Activities

| | | | | |
|--------------------------------|--|----------|----|----------|
| 2a | Activities with net income (enter the amount from Part V, column (a)) | 205,195. | 2d | 174,357. |
| 2b | Activities with net loss (enter the amount from Part V, column (b)) | 30,838. | | |
| 2c | Prior years' unallowed losses (enter the amount from Part V, column (c)) | () | | |
| d Combine lines 2a, 2b, and 2c | | | | |

| | | |
|---|---|----------|
| 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 | 293,011. |
|---|---|----------|

- 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 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter 0 on line 9. Otherwise, go to line 7. | |
| 7 | Subtract line 6 from line 5 | |
| 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 |

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 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 |

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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR PART IV | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | 118,654. | | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

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 |
| | | | | | |
| | | | | | |
| | | | | | |
| SEE ATTACHED STATEMENT FOR PART V | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | 205,195. | -30,838. | | | |

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

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

Part VII: Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|--|----------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

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 |
|------------------|--|----------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return

Identifying number

JOEL E. JACOB

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section only an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property - If you need more space, attach a statement.

| 1 | (a) Name and address of the donee organization | (b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached) | (c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.) |
|---|--|--|---|
| A | LAKE CHARLEVOIX MARINERS [REDACTED] | <input type="checkbox"/> | 1976 35' PEARSON SAILBOAT - PEA [REDACTED] |
| B | | <input type="checkbox"/> | |
| C | | <input type="checkbox"/> | |
| D | | <input type="checkbox"/> | |
| E | | <input type="checkbox"/> | |

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (a), (f), and (g).

| | (d) Date of the contribution | (e) Date acquired by donor (mo., yr.) | (f) How acquired by donor | (g) Donor's cost or adjusted basis | (h) Fair market value (see instructions) | (i) Method used to determine the fair market value |
|---|------------------------------|---------------------------------------|---------------------------|------------------------------------|--|--|
| A | 08/16/22 | 07/21 | PURCHASE | 25,000. | 21,000. | SALE PRICE |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- a Art* (contribution of \$20,000 or more)
- b Qualified Conservation Contribution
- c Equipment
- d Art* (contribution of less than \$20,000)
- e Other Real Estate
- f Securities
- g Collectibles**
- h Intellectual Property
- i Vehicles
- j Clothing and household items
- k Other

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

| 3 | (a) Description of donated property (if you need more space, attach a separate statement) | (b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift | (c) Appraised fair market value |
|---|---|--|---------------------------------|
| A | | | |
| B | | | |
| C | | | |

| | (d) Date acquired by donor (mo., yr.) | (e) How acquired by donor | (f) Donor's cost or adjusted basis | (g) For bargain sales, enter amount received | (h) Amount claimed as a deduction (see instructions) | (i) Date of contribution (see instructions) |
|---|---------------------------------------|---------------------------|------------------------------------|--|--|---|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |

Depreciation and Amortization
(Including Information on Listed Property)

2022

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service

Attach to your tax return, **SCHEDULE E- 2**
Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: **JOEL E. JACOB**

Business or activity to which this form relates: **B1 LOG CABIN LLC - RESIDENTIAL RENTAL - C**

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 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

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

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

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

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

Section A

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 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 <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2022 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 | | 250,000. | 7 YRS. | HY | 200DB | 35,714. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | 1 / 22 | 1,402,500. | 27.5 yrs. | MM | S/L | 48,875. |
| | / | | 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 2022 Tax Year Using the Alternative Depreciation System

| 20a Class life | (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 |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 84,589. |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|---|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | | 25 | | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 | | | |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 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.

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2022 tax year: | | | | | |
| LOAN COSTS | 01/01/22 | 14,776. | | 84M | 2,111. |
| 43 Amortization of costs that began before your 2022 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |
| | | | | | 2,111. |

Depreciation and Amortization (Including Information on Listed Property)

2022

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. SCHEDULE E- 3

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

Business or activity to which this form relates

Identifying number

G7 LLC - LAND RENTAL -

JOEL E. JACOB

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.

Form with lines 1-13 for Section 179 election. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and description of property.

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

Form with lines 14-16 for Special Depreciation Allowance and Other Depreciation.

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

Section A

Form with lines 17-18 for MACRS deductions for assets placed in service in tax years beginning before 2022.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

Form with lines 21-23 for Summary. Includes fields for listed property amount, total depreciation, and basis for section 263A costs.

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

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

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

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

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 25

26 Property used more than 50% in a qualified business use:

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |

27 Property used 50% or less in a qualified business use:

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-------|-----|-----|
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2022 tax year: | | | | | |
| LOAN COSTS | 01/01/22 | 7,921. | | 84M | 1,132. |
| 43 Amortization of costs that began before your 2022 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 1,132. |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

Attach to your tax return. **SCHEDULE E- 4**

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

JOEL E. JACOB

7 CREW LLC - FARM LAND
RENTAL - [REDACTED]

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|----|---|------------------------------|
| 1 | Maximum amount (see instructions) | 1 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 |

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

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

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

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

Section A

| | | |
|----|--|----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 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 <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2022 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 | 9 / 22 | 250,000. | 39 yrs. | MM | S/L | 1,870. |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|----|--|----|
| 21 | Listed property. Enter amount from line 28 | 21 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 |
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|-------------------------------|--|----------------------------|--|------------------------|--|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 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.

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2022 tax year: | | | | | |
| LOAN COSTS | 09/01/22 | 19,951. | | 84M | 950. |
| 43 Amortization of costs that began before your 2022 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |
| | | | | | 950. |

Depreciation and Amortization
(Including Information on Listed Property)

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return. **SCHEDULE E- 5**

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

JOEL E. JACOB

LARS PCH LLC -
COMMERCIAL RENTAL -

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|----|---|------------------------------|
| 1 | Maximum amount (see instructions) | 1 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 |

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

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

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

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

Section A

| | | |
|----|--|----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 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 <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2022 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 | 9 / 22 | 311,667. | 39 yrs. | MM | S/L | 2,331. |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|---|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | / | 30 yrs. | MM | S/L | |
| d | 40-year | / | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|----|--|----|
| 21 | Listed property. Enter amount from line 28 | 21 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 |
| 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? 24b If "Yes," is the evidence written? 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. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.

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.

30 Total business/investment miles driven during the year (don't include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2022 tax year: LOAN COSTS 090122 20,474. 84M 975. 43 Amortization of costs that began before your 2022 tax year. 44 Total. Add amounts in column (f). See the instructions for where to report. 975.

Depreciation and Amortization (Including Information on Listed Property)

2022

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. SCHEDULE E- 6

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

JOEL E. JACOB

AIRLINE, MI

CHARTER

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.

Form with lines 1-13 for Section 179 election. Line 1: Maximum amount. Line 2: Total cost. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2023.

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

Form with lines 14-16 for Special Depreciation Allowance and Other Depreciation. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Form with lines 17-18 for MACRS Depreciation. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2022. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Row c shows 7-year property with basis 1,860,938 and depreciation 265,848.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method. Row d shows 40-year property with recovery period 40 yrs and convention MM.

Part IV Summary (See instructions.)

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

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L | | |
| | | % | | | | S/L | | |
| | | % | | | | S/L | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

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

| | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. | | |

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2022 tax year: | | | | | |
| LOAN COSTS | 01/01/22 | 23,023. | | 60M | 4,605. |
| 43 Amortization of costs that began before your 2022 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |
| | | | | | 4,605. |

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.

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

Name of shareholder **JOEL E. JACOB** Identifying number [REDACTED]

A Name of S corporation **THE BOTTLE CREW, L.L.C.** B Employer identification number [REDACTED]

C Stock block (see instructions):

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

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

Part I Shareholder Stock Basis

| | | | |
|----|---|----|-------------|
| 1 | Stock basis at the beginning of the corporation's tax year | 1 | 9,094,230. |
| 2 | Basis from any capital contributions made or additional stock acquired during the tax year | 2 | |
| 3a | Ordinary business income (enter losses in Part III) | 3a | 1,672,861. |
| b | Net rental real estate income (enter losses in Part III) | 3b | |
| c | Other net rental income (enter losses in Part III) | 3c | |
| d | Interest income | 3d | |
| e | Ordinary dividends | 3e | |
| f | Royalties | 3f | |
| g | Net capital gains (enter losses in Part III) | 3g | |
| h | Net section 1231 gain (enter losses in Part III) | 3h | |
| i | Other income (enter losses in Part III) | 3i | |
| j | Excess depletion adjustment | 3j | |
| k | Tax-exempt income | 3k | |
| l | Recapture of business credits | 3l | |
| m | Other items that increase stock basis | 3m | |
| 4 | Add lines 3a through 3m | 4 | 1,672,861. |
| 5 | Stock basis before distributions. Add lines 1, 2, and 4 | 5 | 10,767,091. |
| 6 | Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6 | 868,912. |
| 7 | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15 | 7 | 9,898,179. |
| 8a | Nondeductible expenses | 8a | 14,534. |
| b | Depletion for oil and gas | 8b | |
| c | Business credits (sections 50(c)(1) and (5)) | 8c | |
| 9 | Add lines 8a through 8c | 9 | 14,534. |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15 | 10 | 9,883,645. |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c) | 11 | 19,480. |
| 12 | Debt basis restoration (see net increase in instructions for line 23) | 12 | |
| 13 | Other items that decrease stock basis | 13 | |
| 14 | Add lines 11, 12, and 13 | 14 | 19,480. |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0- | 15 | 9,864,165. |

Part II Shareholder Debt Basis

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

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

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

| Description | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|---|------------|------------|------------|-----------|
| 21 Debt basis at the beginning of the corporation's tax year | 241,661. | | | 241,661. |
| 22 Enter the amount, if any, from line 17 | | | | |
| 23 Debt basis restoration (see instructions) | | | | |
| 24 Debt basis before repayment. Add lines 21, 22, and 23 | 241,661. | | | 241,661. |
| 25 Divide line 24 by line 18 | | | | |
| 26 Nontaxable debt repayment. Multiply line 25 by line 19 | | | | |
| 27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24 | 241,661. | | | 241,661. |
| 28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis | | | | |
| 29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- | 241,661. | | | 241,661. |
| 30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) | 0. | | | |
| 31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- | 241,661. | | | 241,661. |

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

| Description | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|---|--|---|-------------------------------------|------------------------------------|-----------------------|
| 35 Ordinary business loss | | | | | |
| 36 Net rental real estate loss | | | | | |
| 37 Other net rental loss | | | | | |
| 38 Net capital loss | | | | | |
| 39 Net section 1231 loss | | | | | |
| 40 Other loss | | | | | |
| 41 Section 179 deductions | | | | | |
| 42 Charitable contributions | | | | | |
| 43 Investment interest expense | | | | | |
| 44 Section 59(e)(2) expenditures | | | | | |
| 45 Other deductions | 19,480. | | 19,480. | | |
| 46 Foreign taxes paid or accrued | | | | | |
| 47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 | 19,480. | | 19,480. | | |

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

Attach to your tax return.

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

Name of shareholder

JOEL E. JACOB

Identifying number

A Name of S corporation

THE BOTTLE CREW, L.L.C.

B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

- (1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5) Other:

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

Part I Shareholder Stock Basis

| | | | |
|----|--|----|------------|
| 1 | Stock basis at the beginning of the corporation's tax year | 1 | 200,798. |
| 2 | Basis from any capital contributions made or additional stock acquired during the tax year | 2 | |
| 3a | Ordinary business income (enter losses in Part III) | 3a | 1,672,861. |
| b | Net rental real estate income (enter losses in Part III) | 3b | |
| c | Other net rental income (enter losses in Part III) | 3c | |
| d | Interest income | 3d | |
| e | Ordinary dividends | 3e | |
| f | Royalties | 3f | |
| g | Net capital gains (enter losses in Part III) | 3g | |
| h | Net section 1231 gain (enter losses in Part III) | 3h | |
| i | Other income (enter losses in Part III) | 3i | |
| j | Excess depletion adjustment | 3j | |
| k | Tax-exempt income | 3k | |
| l | Recapture of business credits | 3l | |
| m | Other items that increase stock basis | 3m | |
| 4 | Add lines 3a through 3m | 4 | 1,672,861. |
| 5 | Stock basis before distributions. Add lines 1, 2, and 4 | 5 | 1,873,659. |
| 6 | Distributions (excluding dividend distributions) <i>Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.</i> | 6 | 868,912. |
| 7 | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15 | 7 | 1,004,747. |
| 8a | Nondeductible expenses | 8a | 14,534. |
| b | Depletion for oil and gas | 8b | |
| c | Business credits (sections 50(c)(1) and (5)) | 8c | |
| 9 | Add lines 8a through 8c | 9 | 14,534. |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15 | 10 | 990,213. |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c) | 11 | 19,480. |
| 12 | Debt basis restoration (see net increase in instructions for line 23) | 12 | |
| 13 | Other items that decrease stock basis | 13 | |
| 14 | Add lines 11, 12, and 13 | 14 | 19,480. |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0- | 15 | 970,733. |

Part II Shareholder Debt Basis

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

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

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

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

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

| Description | (a) Current year losses and deductions | (b) Carryover amounts (column (a)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|---|--|---|-------------------------------------|------------------------------------|-----------------------|
| 35 Ordinary business loss | | | | | |
| 36 Net rental real estate loss | | | | | |
| 37 Other net rental loss | | | | | |
| 38 Net capital loss | | | | | |
| 39 Net section 1231 loss | | | | | |
| 40 Other loss | | | | | |
| 41 Section 179 deductions | | | | | |
| 42 Charitable contributions | | | | | |
| 43 Investment interest expense | | | | | |
| 44 Section 59(e)(2) expenditures | | | | | |
| 45 Other deductions | 19,480. | | 19,480. | | |
| 46 Foreign taxes paid or accrued | | | | | |
| 47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 | 19,480. | | 19,480. | | |

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return: **JOEL E. JACOB** Identification number: [REDACTED]

- A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
 Name of foreign entity _____
 Employer identification number, if any _____
 Reference ID number _____
- B** Is the foreign entity a CFC group member? See instructions Yes No
- C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions Yes No
- D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete Yes No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

| | | | | |
|--|----------|---------|--|----------------|
| 1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation | 1 | 38,739. | | |
| 2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) | 2 | | | |
| 3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) | 3 | | | |
| 4 Floor plan financing interest expense. See instructions | 4 | | | |
| 5 Total business interest expense. Add lines 1 through 4 | 5 | | | 38,739. |

Section II - Adjusted Taxable Income

Tentative Taxable Income

| | | | | |
|--|---|--|--|------------|
| 6 Tentative taxable income. See instructions | 6 | | | 1,825,122. |
|--|---|--|--|------------|

Additions (adjustments to be made if amounts are taken into account on line 6)

| | | | | |
|---|-----------|------------|--|-------------------|
| 7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions | 7 | | | |
| 8 Any business interest expense not from a pass-through entity. See instr. | 8 | 38,739. | | |
| 9 Amount of any net operating loss deduction under section 172 | 9 | | | |
| 10 Amount of any qualified business income deduction allowed under section 199A | 10 | 453,487. | | |
| 11 Reserved for future use | 11 | | | |
| 12 Amount of any loss or deduction items from a pass-through entity. See instructions | 12 | | | |
| 13 Other additions. See instructions | 13 | | | |
| 14 Total current year partner's excess taxable income (Schedule A, line 44, column (f)) | 14 | | | |
| 15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) | 15 | 1,310,373. | | |
| 16 Total. Add lines 7 through 15 | 16 | | | 1,802,599. |

Reductions (adjustments to be made if amounts are taken into account on line 6)

| | | | | |
|---|-----------|------------|--|-------------------|
| 17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions | 17 | | | |
| 18 Any business interest income not from a pass-through entity. See instructions | 18 | | | |
| 19 Amount of any income or gain items from a pass-through entity. See instructions | 19 | 1,878,056. | | |
| 20 Other reductions. See instructions | 20 | | | |
| 21 Total. Combine lines 17 through 20 | 21 | | | 1,878,056. |
| 22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions | 22 | | | 1,749,665. |

Section III - Business Interest Income

| | | | | |
|----|--|----|--|----|
| 23 | Current year business interest income. See instructions | 23 | | |
| 24 | Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) | 24 | | |
| 25 | Total. Add lines 23 and 24 | | | 25 |

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

| | | | | |
|----|--|----|----------|-------------|
| 26 | Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions | 26 | 524,900. | |
| 27 | Business interest income (line 25) | 27 | | |
| 28 | Floor plan financing interest expense (line 4) | 28 | | |
| 29 | Total. Add lines 26, 27, and 28 | | | 29 524,900. |

Allowable Business Interest Expense

| | | | | |
|----|---|----|--|---------|
| 30 | Total current year business interest expense deduction. See instructions | 30 | | 38,739. |
|----|---|----|--|---------|

Carryforward

| | | | | |
|----|--|----|--|--|
| 31 | Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.) | 31 | | |
|----|--|----|--|--|

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

| | | | | |
|----|--|----|--|--|
| 32 | Excess business interest expense. Enter amount from line 31 | 32 | | |
|----|--|----|--|--|

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

| | | | | |
|----|--|----|--|--|
| 33 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 33 | | |
| 34 | Subtract line 33 from line 26. (If zero or less, enter -0-.) | 34 | | |
| 35 | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 35 | | |
| 36 | Excess taxable income. Multiply line 35 by line 22 | 36 | | |

Excess Business Interest Income

| | | | | |
|----|---|----|--|--|
| 37 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 37 | | |
|----|---|----|--|--|

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

| | | | | |
|----|--|----|--|--|
| 38 | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) | 38 | | |
| 39 | Subtract line 38 from line 26. (If zero or less, enter -0-.) | 39 | | |
| 40 | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) | 40 | | |
| 41 | Excess taxable income. Multiply line 40 by line 22 | 41 | | |

Excess Business Interest Income

| | | | | |
|----|---|----|--|--|
| 42 | Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) | 42 | | |
|----|---|----|--|--|

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

| (a) Name of partnership | (b) EIN | Excess Business Interest Expense | | | | (f) Current year excess taxable income | (g) Current year excess business interest income | (h) Excess business interest expense treated as paid or accrued (see instructions) | (i) Current year excess business interest expense carryforward (see instructions) |
|-------------------------|---------|-------------------------------------|--|--------------------------|----|--|--|--|---|
| | | (c) Current year (see instructions) | (d) Prior year carryforward (see instructions) | (e) Total ((c) plus (d)) | | | | | |
| 43 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 44 | Total | | | | 0. | 0. | 0. | 0. | |

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

| (a) Name of S corporation | (b) EIN | (c) Current year excess taxable income | (d) Current year excess business interest income |
|---|---------|--|--|
| 45 M. JACOB & SONS THE BOTTLE CREW, L.L.C. | | 183,547. 1,126,826. | 0. 0. |
| | | | |
| 46 | Total | 1,310,373. | 0. |

Election Not to Claim the Additional First Year
Depreciation Allowable Under IRC Sec. 168(k)

Joel E. Jacob
P. [REDACTED]

Taxpayer Identification Number: [REDACTED]

For the Year Ending December 31, 2022

Joel E. Jacob, hereby Elects, pursuant to IRC Sec. 168(k)(7), not to claim the additional depreciation allowable under IRC Sec. 168(k) for the following qualifying property placed in service during the tax year ending December 31, 2022.

All property in the 7 year class.

See attached Form 4562.

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

Joel E. Jacob
[REDACTED]

Taxpayer Identification Number: [REDACTED]

For the Year Ending December 31, 2022

JOEL E. JACOB is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1040 CAPITAL GAIN DISTRIBUTIONS STATEMENT 1

| NAME OF PAYER | TOTAL CAPITAL GAIN | 28% GAIN |
|-----------------------------|--------------------|----------|
| MERRILL LYNCH - 88015 | 7,687. | |
| TOTALS TO FORM 1040, LINE 7 | 7,687. | |

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|------------------------|-------------|----------------------|--------------------|------------------|----------|--------------|
| T THE BOTTLE CREW LLC | 329,641. | 87,817. | 13,658. | | 9,114. | 5,947. |
| TOTALS | 329,641. | 87,817. | 13,658. | | 9,114. | 5,947. |

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 3

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|--------------------|---------------------|
| MERRILL LYNCH - 88015 | 1,722. | 1,722. |
| PERSHING - 302580 | 1,764. | 1,764. |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | 3,486. |

FORM 1040 TAX STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|----------|
| FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET | 636,351. |
| TOTAL TO FORM 1040, LINE 16 | 636,351. |

JOEL E. JACOB

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 5

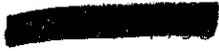
| DESCRIPTION | AMOUNT |
|------------------------------|---------|
| THE BOTTLE CREW LLC | 87,817. |
| TOTAL TO FORM 1040, LINE 25A | 87,817. |

FORM 1040 CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR STATEMENT 6

| DESCRIPTION | AMOUNT |
|--------------------------------|----------|
| 3RD QTR ESTIMATE PAYMENT | 400,000. |
| PRIOR YEAR OVERPAYMENT APPLIED | 472,187. |
| TOTAL TO FORM 1040, LINE 26 | 872,187. |

FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 7

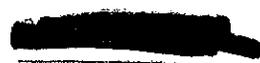
| DESCRIPTION | AMOUNT |
|------------------------------|--------|
| FORM 8959, LINE 24 | 1,167. |
| TOTAL TO FORM 1040, LINE 25C | 1,167. |



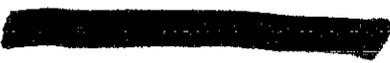
SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 8

| | 2021 | 2020 | 2019 |
|-----------------------------------|---------|------|------|
| CALIFORNIA | | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 20,597. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS CALIFORNIA | 20,597. | | |
| MICHIGAN | | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 36,983. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS MICHIGAN | 36,983. | | |
| NEBRASKA | | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 170. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS NEBRASKA | 170. | | |
| TOTAL NET TAX REFUNDS | 57,750. | | |

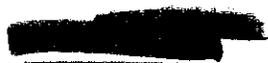




| SCHEDULE 1 | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT | 9 |
|---|--|------|-----------|---|
| | 2019 | 2020 | 2021 | |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | | | 57,750. | |
| LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | | | | |
| 1 NET REFUNDS FOR RECALCULATION | | 0. | 57,750. | |
| 2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E | | | 10,000. | |
| 3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C | | | 63,527. | |
| 4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE | 0. | 0. | -53,527. | |
| 5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A | | | | |
| 6 ENTER THE AMOUNT FROM LINE 1 | | | | |
| 7 SUBTRACT LINE 6 FROM LINE 5 | | | | |
| 8 ADD LINE 7 TO LINE 3 | | | | |
| 9 SUBTRACT LINE 8 FROM LINE 2 | | | | |
| 10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11 | | | | |
| 11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS | | | | |
| 12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION | | | | |
| 13 SUBTRACT LINE 12 FROM LINE 11 | | | | |
| 14 ENTER THE SMALLER OF LINE 10 OR LINE 13. | | | | |
| 15 PRIOR YEAR TAXABLE INCOME | | | | |
| 16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 | | | | |
| * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 | | | | |
| * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15 | | | | |
| STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2019 | | | | |
| TOTAL TO SCHEDULE 1, LINE 1 | | | | |



JOEL E. JACOB



SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 10

JOEL E. JACOB

THE BOTTLE CREW, L.L.C.

| | | |
|----|--|----------|
| 1 | NONSPECIFIED HEALTH INSURANCE PAYMENTS | 19,480. |
| 2 | NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED | 329,641. |
| 3 | TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9 | |
| 4 | DIVIDE LINE 2 BY LINE 3 | |
| 5 | DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX | |
| 6 | LINE 4 TIMES LINE 5 | |
| 7 | LINE 2 MINUS LINE 6 | |
| 8 | SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE | |
| 9 | LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED | 329,641. |
| 10 | FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE | |
| 11 | LINE 9 MINUS LINE 10 | 329,641. |
| 12 | SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11 | 19,480. |

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 11

| DESCRIPTION | AMOUNT |
|---|---------|
| FROM K-1 - M. JACOB & SONS | 3,356. |
| FROM K-1 - THE BOTTLE CREW, L.L.C. | 10,223. |
| THE BOTTLE CREW LLC | 13,658. |
| CALIFORNIA 3RD QTR ESTIMATE PAYMENTS | 15,000. |
| CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED | 20,597. |
| CONNECTICUT PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 19. |
| ILLINOIS PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 52. |
| MICHIGAN 3RD QTR ESTIMATE PAYMENTS | 10,000. |



JOEL E. JACOB

██████████

MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED

42,922.

TOTAL TO SCHEDULE A, LINE 5A

115,827.

SCHEDULE A

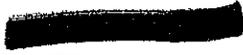
CASH CONTRIBUTIONS

STATEMENT 12

| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 60% LIMIT | AMOUNT 30% LIMIT |
|-----------------------------------|----------------------|---------------------|---------------------|
| AMERICAN FRIENDS OF LEKET ISRAEL | | 10,000. | |
| ASU HILLEL | | 5,000. | |
| CONGREGATION SHAAREY ZEDEK | | 11,804. | |
| FATHER FRED FOUNDATION | | 5,000. | |
| FREE | | 1,000. | |
| FRIENDS OF UNITED HATZALAH | | 10,000. | |
| GLEANERS COMMUNITY FOOD BANK | | 33,144. | |
| GROWING HOPE GLOBALLY | | 10,000. | |
| HILLEL OF METRO DETROIT | | 13,000. | |
| HOLLYWOOD FOOD COALITION | | 18,000. | |
| JEWISH COMMUNITY CENTER CHABAD | | 20,000. | |
| JEWISH FAMILY SERVICES | | 10,000. | |
| JEWISH FEDERATION OF DETROIT | | 118,000. | |
| MAKE A WISH | | 1,000. | |
| MANNA FOOD PROJECT | | 5,000. | |
| MICHIGAN ALZHEIMERS ASSOCIATION | | 500. | |
| MISCELLANEOUS ORGANIZED CHARITIES | | 3,975. | |
| ORT AMERICA | | 25,000. | |
| PETOSKEY MARCHING BAND | | 10,000. | |
| RAYDER CHRISTMAS FOUNDATION | | 2,000. | |
| RICHSTONE FAMILY CENTER | | 2,500. | |
| THE ZEKELMAN HOLOCAUST CENTER | | 1,050. | |
| UNITED MITOCHONDRIAL | | 500. | |
| YAD EZRA | | 2,500. | |
| FROM K-1 - M. JACOB & SONS | | 3,938. | |
| SUBTOTALS | | 322,911. | |
| TOTAL TO SCHEDULE A, LINE 11 | | | 322,911. |

████████████████████

██████████

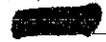


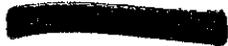
| | | |
|------------|---|--------------|
| SCHEDULE A | MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 | STATEMENT 13 |
|------------|---|--------------|

| DESCRIPTION | AMOUNT |
|--|---------|
| CITIZENS, P O BOX 6260, GLEN ALLEN, VA 23058-6260 | 8,790. |
| THE HUNTINGTON NATIONAL BANK, 5555 CLEVELAND AVE-GW1N09, COLUMBUS, OH 43231 | 11,558. |
| HUNTINGTON BANK, 5555 CLEVELAND AVE - GW 1N09, COLUMBUS, OH 43231 | 8,995. |
| TOTAL TO SCHEDULE A, LINE 8A | 29,343. |

| | | |
|------------|-------------------|--------------|
| SCHEDULE A | REAL ESTATE TAXES | STATEMENT 14 |
|------------|-------------------|--------------|

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| POINTVIEW | 21,198. |
| CHARLEVOIX - 70 [REDACTED] | 6,457. |
| HIGHLAND BEACH - 3 [REDACTED] | 7,235. |
| FALCON CT - REIMB AT CLOSING | -7,309. |
| TOTAL TO SCHEDULE A, LINE 5B | 27,581. |





SCHEDULE E OTHER EXPENSES STATEMENT 15

CREW HOUSE LLC - COMMERCIAL REAL ESTATE - [REDACTED], CANTON, MI 48188

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------|
| BANK FEES | 505. |
| DEDUCTIBLE MEALS AND ENTERTAINMENT | 10,730. |
| DUES, LICENSE, SUBSCRIPTIONS | 158. |
| OUTSIDE LABOR | 18,850. |
| RENT | 13,617. |
| AMORTIZATION | 5,018. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 48,878. |

SCHEDULE E OTHER INCOME STATEMENT 16

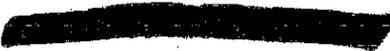
CREW HOUSE LLC - COMMERCIAL REAL ESTATE - [REDACTED], CANTON, MI 48188

| DESCRIPTION | AMOUNT |
|-----------------------------|----------|
| GAIN ON LEGAL SETTLEMENT | 4,336. |
| RENTAL INCOME | 902,984. |
| TOTAL TO SCHEDULE E, PAGE 1 | 907,320. |

SCHEDULE E OTHER EXPENSES STATEMENT 17

B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARLEVOIX, MI

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| BANK FEES | 61. |
| DUES, LICENSE, SUBSCRIPTIONS | 750. |
| OFFICE EXPENSE | 2,668. |
| AMORTIZATION | 2,111. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 5,590. |





| | | |
|------------|----------------|--------------|
| SCHEDULE E | OTHER EXPENSES | STATEMENT 18 |
|------------|----------------|--------------|

G7 LLC - LAND RENTAL - CHARLEVOIX, MI

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| AMORTIZATION | 1,132. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 1,132. |

| | | |
|------------|----------------|--------------|
| SCHEDULE E | OTHER EXPENSES | STATEMENT 19 |
|------------|----------------|--------------|

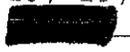
7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, MI

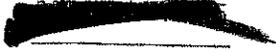
| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| BANK FEES | 5. |
| DUES, LICENSE, SUBSCRIPTIONS | 50. |
| OFFICE EXPENSE | 461. |
| AMORTIZATION | 950. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 1,466. |

| | | |
|------------|----------------|--------------|
| SCHEDULE E | OTHER EXPENSES | STATEMENT 20 |
|------------|----------------|--------------|

LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD, CHARLEVOIX, MI

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| BANK FEES | 5. |
| AMORTIZATION | 975. |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19 | 980. |





SCHEDULE E

OTHER EXPENSES

STATEMENT 21

ALFIN AIR LLC - CHARTER AIRLINE, MI

DESCRIPTION

AMOUNT

FUEL

189,363.

MSP CHARGES

130,078.

AMORTIZATION

4,605.

TOTAL TO SCHEDULE E, PAGE 1, LINE 19

324,046.



[REDACTED]

FORM 8995-A SCHEDULE C QUALIFIED BUSINESS INCOME STATEMENT 23

| ACTIVITY NAME | INCOME | LOSS REDUCTION | ADJUSTED QBI |
|---|------------|----------------|--------------|
| M. JACOB & SONS | 205,195. | 2,669. | 202,526. |
| THE BOTTLE CREW, L.L.C. | 1,672,861. | 21,756. | 1,651,105. |
| CREW HOUSE LLC - COMMERCIAL REAL ESTATE - 60 | 374,468. | 4,870. | 369,598. |
| G7 LLC - LAND RENTAL - CHARLEVOIX, MI | 43,405. | 564. | 42,341. |
| 7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, M | 22,063. | 287. | 21,776. |
| LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD, | 8,701. | 113. | 8,588. |
| ALFIN AIR LLC - CHARTER AIRLINE, MI | 44,485. | 579. | 43,906. |
| B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARL | -30,838. | | |

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 24

| | |
|---|-------------|
| CREW HOUSE LLC - COMMERCIAL REAL ESTATE - [REDACTED] CA | -374,468. |
| THE BOTTLE CREW, L.L.C. | -1,672,861. |
| AMOUNT TO FORM 8960, LINE 4B | -2,047,329. |

FORM 8960 OTHER MODIFICATIONS TO INVESTMENT INCOME STATEMENT 25

| | | |
|---|--------|--------|
| AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR MI | 7,912. | |
| AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR NE | 170. | |
| TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B | 8,082. | 8,082. |
| AMOUNT TO FORM 8960, LINE 7 | | 8,082. |

FORM 8960 STATE INCOME TAX STATEMENT 26

| | |
|--|--------|
| CALIFORNIA | 864. |
| CONNECTICUT | 262. |
| ILLINOIS | 601. |
| MICHIGAN | 4,557. |
| NEBRASKA | 565. |
| NORTH CAROLINA | 300. |
| AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2 | 7,149. |

JOEL E. JACOB



FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 27

CALIFORNIA

| DESCRIPTION | AMOUNT |
|------------------------------------|---------|
| ESTIMATE OR PRIOR YEAR OVERPAYMENT | 35,597. |
| TOTAL TO STATE FORM 8960, LINE 10 | 35,597. |

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 28

CONNECTICUT

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| TOTAL TO STATE FORM 8960, LINE 10 | |

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 29

ILLINOIS

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| M. JACOB & SONS | 579. |
| THE BOTTLE CREW, L.L.C. | 4,064. |
| TOTAL TO STATE FORM 8960, LINE 10 | 4,643. |

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 30

MICHIGAN

| DESCRIPTION | AMOUNT |
|---|---------|
| THE BOTTLE CREW LLC | 13,658. |
| MICHIGAN 3RD QUARTER ESTIMATE PAYMENT | 10,000. |
| MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED | 42,922. |
| TOTAL TO STATE FORM 8960, LINE 10 | 66,580. |



FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 31

NEBRASKA

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| M. JACOB & SONS | 565. |
| TOTAL TO STATE FORM 8960, LINE 10 | 565. |

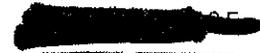
FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 32

NORTH CAROLINA

| DESCRIPTION | AMOUNT |
|-----------------------------------|--------|
| M. JACOB & SONS | 308. |
| TOTAL TO STATE FORM 8960, LINE 10 | 308. |

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 33

| NAME OF ACTIVITY | CURRENT YEAR | | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS | |
|--|--------------|----------|---------------------------|----------------------|------|
| | NET INCOME | NET LOSS | | GAIN | LOSS |
| G7 LLC - LAND RENTAL - CHARLEVOIX, MI | 43,405. | 0. | | 43,405. | |
| 7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, MI | 22,063. | 0. | | 22,063. | |
| LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD, | 8,701. | 0. | | 8,701. | |
| ALFIN AIR LLC - CHARTER AIRLINE, MI | 44,485. | 0. | | 44,485. | |
| TOTALS | 118,654. | 0. | | 118,654. | |



FORM 8582 OTHER PASSIVE ACTIVITIES - PART V STATEMENT 34

| NAME OF ACTIVITY | CURRENT YEAR | | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS | |
|---|--------------|----------|---------------------------|----------------------|----------|
| | NET INCOME | NET LOSS | | GAIN | LOSS |
| M. JACOB & SONS B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARLEVOIX, MI | 205,195. | 0. | | 205,195. | |
| | 0. | -30,838. | | | -30,838. |
| TOTALS | 205,195. | -30,838. | | 205,195. | -30,838. |

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 35

| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|------------------------|-----------|-------------------|------------------|-------------------|-----------------|
| | | | | | | |
| X G7 LLC - LAND RENTAL - CHARLEVOIX, MI | SCH E | -30,838. | | -30,838. | | 30,838. |
| X 7 CREW LLC - FARMS LAND RENTAL - CHARLEVOIX, MI | SCH E | 43,405. | | 43,405. | | |
| X LARS PCH LLC - COMMERCIAL RENTAL [REDACTED] | SCH E | 22,063. | | 22,063. | | |
| X ALFIN AIR LLC - CHARTER AIRLINE, MI | SCH E | 8,701. | | 8,701. | | |
| TOTALS | | 293,011. | | 293,011. | | 30,838. |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL 30,838.

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2022, or other tax year beginning

, 2022, ending

1019

2022

| Part I Identification | | Part II Individual Income Tax | |
|--|--|--|--------------------------|
| 1 Your name(s) JOEL E. JACOB P.O. [REDACTED] | | 4 Estimate of total tax liability for 2022 | \$ 658,053. |
| 2 Your social security number [REDACTED] | | 5 Total 2022 payments | 961,171. |
| 3 Spouse's social security number | | 6 Balance due, Subtract line 5 from line 4 | 0. |
| | | 7 Amount you are paying | 0. |
| | | 8 Check here if you are "out of the country" and a U.S. citizen or resident | <input type="checkbox"/> |
| | | 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding | <input type="checkbox"/> |

379587795 YI JACO 30 0 202212 670

2022 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

| Employee Reference Copy | | | |
|---|--|-------|-------------------|
| W-2 Wage and Tax Statement | | 2022 | |
| Copy C for employee's records OMB No. 1545-0048 | | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000022 K2/ITW | | A | 12 |
| e Employer's name, address, and ZIP code | | | |
| THE BOTTLE CREW LLC | | | |
| [REDACTED] | | | |
| Batch #99380 | | | |
| e/f Employee's name, address, and ZIP code | | | |
| JOEL E JACOB | | | |
| 31850 NORTHWESTERN HWY | | | |
| FARMINGTON HILLS, MI 48334 | | | |
| b Employer's FED ID number | g Employee's SSA number | | |
| [REDACTED] | [REDACTED] | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 329640.85 | 87817.41 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 147000.00 | 9114.00 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 329640.85 | 5946.56 | | |
| 7 Social security tips | 8 Allocated tips | | |
| | | | |
| 9 | 10 Dependent care benefits | | |
| | | | |
| 11 Nonqualified plans | 12 See instructions for box 12 | | |
| | | | |
| 14 Other | 12b | | |
| 160.88 AUTO | 12c | | |
| 18478.81 S-CORP | 12d | | |
| | 13 Stat emp/Ret. plan/3rd party sick pay | | |
| | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | |
| MI 38-3475060 | 329640.85 | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 13657.67 | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 6 of W-2 | MI. State Wages, Tips, Etc. Box 16 of W-2 |
|-----------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay | 310,161.04 | 310,161.04 | 310,161.04 | 310,161.04 |
| Less Wages Over Limit | N/A | 182,640.85 | N/A | N/A |
| Plus SCRF | 19,479.81 | 19,479.81 | 19,479.81 | 19,479.81 |
| Reported W-2 Wages | 329,640.85 | 147,000.00 | 329,640.85 | 329,640.85 |

Note - Fringe benefits Include : COMPANY CAR PERSONAL USE \$180.96

2. Employee Name and Address.

JOEL E JACOB

[REDACTED]