

E-file Authorization for Form 1065

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE.**Go to www.irs.gov/Form8879PE for the latest information.****2024**Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year beginning

, 2024, and ending

, 20

Name of partnership

DYNASTY HAIR SUPPLY LLC

Employer identification number

99-2113566

Part I Form 1065 Information (Whole dollars only)

| | | | |
|----------|--|----------|---------|
| 1 | Gross receipts or sales less returns and allowances (Form 1065, line 1c) | 1 | 61,208. |
| 2 | Gross profit (Form 1065, line 3) | 2 | 41,885. |
| 3 | Ordinary business income (loss) (Form 1065, line 23) | 3 | -1,350. |
| 4 | Net rental real estate income (loss) (Form 1065, Schedule K, line 2) | 4 | |
| 5 | Other net rental income (loss) (Form 1065, Schedule K, line 3c) | 5 | |

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a.** If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b.** If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership for the partnership taxable year to which the AAR relates.
- 2.** I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- 3.** I am fully authorized to sign the return or AAR on behalf of the partnership.
- 4.** The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
- 5.** I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission and **(b)** the reason for any delay in processing the return or AAR.
- 6.** I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

- ☐ I authorize _____ to enter my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature
ERO firm name
on the partnership's 2024 electronically filed return of partnership income or AAR.
- ☒ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2024 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: _____

Title: PARTNER

Date: _____

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 1 | 7 | 9 | 0 | 7 | 6 | 6 | 6 | 6 |
|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: _____ Date: 04/22/2025

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

| | | | | | |
|---|---|--|--|--|-----------------------------------|
| Form 1065 | | U.S. Return of Partnership Income | | OMB No. 1545-0123 | |
| Department of the Treasury Internal Revenue Service | | For calendar year 2024, or tax year beginning _____, 2024, ending _____, 20____. | | | |
| | | Go to www.irs.gov/Form1065 for instructions and the latest information. | | | |
| A Principal business activity BEAUTY SUPPLY | | Name of partnership DYNASTY HAIR SUPPLY LLC | | D Employer identification number 99-2113566 | |
| B Principal product or service BEAUTY SUPPLY | | Number, street, and room or suite no. If a P.O. box, see instructions. 3218 TIMBERSTONE DR | | E Date business started 03/25/2024 | |
| C Business code number 456120 | | City or town, state or province, country, and ZIP or foreign postal code CANAL WINCHESTER OH 43110 | | F Total assets (see instructions) \$ | |
| G Check applicable boxes: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return | | | | | |
| H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify): _____ | | | | | |
| I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ 2 | | | | | |
| J Check if Schedules C and M-3 are attached _____ <input type="checkbox"/> | | | | | |
| K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes | | | | | |
| Caution: Include only trade or business income and expenses on lines 1a through 23 below. See instructions for more information. | | | | | |
| Income | 1a | Gross receipts or sales 61,208. | | b | Less returns and allowances _____ |
| | 2 | Cost of goods sold (attach Form 1125-A) | | c | Balance |
| | 3 | Gross profit. Subtract line 2 from line 1c | | 1c | 61,208. |
| | 4 | Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) | | 2 | 19,323. |
| | 5 | Net farm profit (loss) (attach Schedule F (Form 1040)) | | 3 | 41,885. |
| | 6 | Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | 4 | |
| | 7 | Other income (loss) (attach statement) | | 5 | |
| | 8 | Total income (loss). Combine lines 3 through 7 | | 6 | |
| Deductions <small>(see instructions for limitations)</small> | 9 | Salaries and wages (other than to partners) (less employment credits) | | 7 | |
| | 10 | Guaranteed payments to partners | | 8 | 41,885. |
| | 11 | Repairs and maintenance | | 9 | 10,750. |
| | 12 | Bad debts | | 10 | |
| | 13 | Rent | | 11 | 28. |
| | 14 | Taxes and licenses | | 12 | |
| | 15 | Interest (see instructions) | | 13 | 11,200. |
| | 16a | Depreciation (if required, attach Form 4562) | | 14 | 4,979. |
| | b | Less depreciation reported on Form 1125-A and elsewhere on return | | 15 | |
| | 17 | Depletion (Do not deduct oil and gas depletion.) | | 16a | 3,286. |
| | 18 | Retirement plans, etc. | | 16b | |
| | 19 | Employee benefit programs | | 16c | 3,286. |
| | 20 | Energy efficient commercial buildings deduction (attach Form 7205) | | 17 | |
| | 21 | Other deductions (attach statement) <i>See Statement</i> | | 18 | |
| 22 | Total deductions. Add the amounts shown in the far right column for lines 9 through 21 | | 19 | | |
| 23 | Ordinary business income (loss). Subtract line 22 from line 8 | | 20 | | |
| Tax and Payment | 24 | Interest due under the look-back method—completed long-term contracts (attach Form 8697) | | 21 | 12,992. |
| | 25 | Interest due under the look-back method—income forecast method (attach Form 8866) | | 22 | 43,235. |
| | 26 | BBA AAR imputed underpayment (see instructions) | | 23 | -1,350. |
| | 27 | Other taxes (see instructions) | | 24 | |
| | 28 | Total balance due. Add lines 24 through 27 | | 25 | |
| | 29 | Elective payment election amount from Form 3800 | | 26 | |
| | 30 | Payment (see instructions) | | 27 | |
| | 31 | Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed | | 28 | |
| | 32 | Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment | | 29 | |
| | 32 | | | 30 | 0. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of partner or limited liability company member _____ | | Date _____ | | |
| Paid Preparer Use Only | Print/Type preparer's name LEANDRA CARDWELL | | Preparer's signature LEANDRA CARDWELL | | Date 04/22/2025 |
| | Firm's name GEORGE GANTNER TAXES | | Check <input checked="" type="checkbox"/> if self-employed | | PTIN P02285922 |
| | Firm's address 580 S. HIGH ST. SUIT 240 COLUMBUS, OH 43215 | | Firm's EIN 47-2576002 | | |
| | Phone no. _____ | | | | |
| For Paperwork Reduction Act Notice, see separate instructions. BAA | | | | | |
| REV 03/21/25 PRO | | | | | |
| Form 1065 (2024) | | | | | |

Schedule B Other Information

| | | |
|---|--|--------------------------------|
| 1 What type of entity is filing this return? Check the applicable box: | Yes | No |
| a <input checked="" type="checkbox"/> Domestic general partnership | | |
| b <input type="checkbox"/> Domestic limited partnership | | |
| c <input type="checkbox"/> Domestic limited liability company | | |
| d <input type="checkbox"/> Domestic limited liability partnership | | |
| e <input type="checkbox"/> Foreign partnership | | |
| f <input type="checkbox"/> Other: _____ | | |
| 2 At the end of the tax year: | | |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | | X |
| b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership | X | |
| 3 At the end of the tax year, did the partnership: | | |
| a Own directly 20% or more, or own, directly or indirectly, 50% or more, of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below | | X |
| (i) Name of corporation | (ii) Employer identification number (if any) | (iii) Country of incorporation |
| (iv) Percentage owned in voting stock | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | |
| (i) Name of entity | (ii) Employer identification number (if any) | (iii) Type of entity |
| (iv) Country of organization | (v) Maximum percentage owned in profit, loss, or capital | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4 Does the partnership satisfy all four of the following conditions? | Yes | No |
| a The partnership's total receipts for the tax year were less than \$250,000. | | |
| b The partnership's total assets at the end of the tax year were less than \$1 million. | | |
| c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. | | |
| d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1. | X | |
| 5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? | | X |
| 6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? | | X |
| 7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | X |
| 8 At any time during calendar year 2024, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country _____ | | X |
| 9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions | | X |
| 10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election See instructions for details regarding a section 754 election. | | X |
| b For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions | | X |

| Schedule B Other Information (continued) | | Yes | No |
|---|--|------------|-----------|
| c | For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions | | X |
| d | For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions | | X |
| 11 | Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/> | | |
| 12 | At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? | | X |
| 13 | If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions | | |
| 14 | Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership | | X |
| 15 | Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return | | |
| 16a | Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions | | X |
| b | If "Yes," did you or will you file required Form(s) 1099? | | |
| 17 | Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return | | |
| 18 | Enter the number of partners that are foreign governments under section 892 | | |
| 19 | During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? | | X |
| 20 | Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 | | X |
| 21 | Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? | | X |
| 22 | During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions | | X |
| | If "Yes," enter the total amount of the disallowed deductions \$ _____ | | |
| 23 | Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
| 24 | Does the partnership satisfy one or more of the following? See instructions | | X |
| a | The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b | The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the partnership has business interest expense. | | |
| c | The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990. | | |
| 25 | Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| | If "Yes," enter the amount from Form 8996, line 15 \$ _____ | | |
| 26 | Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution. | | |
| 27 | At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? | | X |
| 28 | Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: _____ By vote: _____ By value: _____ | | X |
| 29 | Is the partnership required to file Form 7208, Excise Tax on Repurchase of Corporate Stock (see instructions): | | |
| a | Under the applicable foreign corporation rules? | | X |

| Schedule B Other Information (continued) | | Yes | No |
|--|--------------------------|-----|----|
| b Under the covered surrogate foreign corporation rules? If "Yes" to either (a) or (b), complete Form 7208. See the Instructions for Form 7208. | | | X |
| | | | |
| 30 At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions | | | X |
| 31 Reserved for future use | | | |
| 32 Check this box if an election out of subchapter K under section 761 is being made. See instructions | <input type="checkbox"/> | | |
| 33 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below. | | | X |
| | | | |

Designation of Partnership Representative (see instructions)
Enter below the information for the partnership representative (PR) for the tax year covered by this return.

| | |
|--|--|
| Name of PR <u>GENEE DUMAS</u> | |
| U.S. address of PR <u>3218 TIMBERSTONE DRIVE CANAL WINCHESTER OH 43110</u> | U.S. phone number of PR <u>(740) 812-2913</u> |
| If the PR is an entity, name of the designated individual for the PR | |
| U.S. address of designated individual _____ | U.S. phone number of designated individual _____ |

| Schedule K Partners' Distributive Share Items | | Total amount | |
|---|--|---------------------|---------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 23) | 1 | -1,350. |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | |
| | 4 Guaranteed payments: a Services 4a b Capital 4b | 4c | |
| | c Total. Add lines 4a and 4b | 4c | |
| | 5 Interest income | 5 | |
| | 6 Dividends and dividend equivalents: a Ordinary dividends | 6a | |
| | b Qualified dividends 6b c Dividend equivalents 6c | 6c | |
| | 7 Royalties | 7 | |
| 8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) | 8 | | |
| 9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) | 9a | | |
| b Collectibles (28%) gain (loss) | 9b | | |
| c Unrecaptured section 1250 gain (attach statement) | 9c | | |
| 10 Net section 1231 gain (loss) (attach Form 4797) | 10 | | |
| 11 Other income (loss) (see instructions) Type: _____ | 11 | | |
| Deductions | 12 Section 179 deduction (attach Form 4562) | 12 | |
| | 13a Cash contributions | 13a | |
| | b Noncash contributions | 13b | |
| | c Investment interest expense | 13c | |
| | d Section 59(e)(2) expenditures: (1) Type: _____ (2) Amount: _____ | 13d(2) | |
| e Other deductions (see instructions) Type: _____ | 13e | | |
| Self-Employment | 14a Net earnings (loss) from self-employment | 14a | -1,350. |
| | b Gross farming or fishing income | 14b | |
| | c Gross nonfarm income | 14c | 41,885. |
| Credits | 15a Low-income housing credit (section 42(j)(5)) | 15a | |
| | b Low-income housing credit (other) | 15b | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 15c | |
| | d Other rental real estate credits (see instructions) Type: _____ | 15d | |
| | e Other rental credits (see instructions) Type: _____ | 15e | |
| | f Other credits (see instructions) Type: _____ | 15f | |
| Inter-national | 16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/> | | |
| Alternative Minimum Tax (AMT) items | 17a Post-1986 depreciation adjustment | 17a | 0. |
| | b Adjusted gain or loss | 17b | |
| | c Depletion (other than oil and gas) | 17c | |
| | d Oil, gas, and geothermal properties—gross income | 17d | |
| | e Oil, gas, and geothermal properties—deductions | 17e | |
| | f Other AMT items (attach statement) | 17f | |
| Other Information | 18a Tax-exempt interest income | 18a | |
| | b Other tax-exempt income | 18b | |
| | c Nondeductible expenses | 18c | 35. |
| | 19a Distributions of cash and marketable securities | 19a | |
| | b Distributions of other property | 19b | |
| | 20a Investment income | 20a | |
| | b Investment expenses | 20b | |
| | c Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A | | |
| 21 Total foreign taxes paid or accrued | 21 | | |

Analysis of Net Income (Loss) per Return

| | | | | | | | |
|----------|--|---------------|--------------------------|----------------------------|------------------|-------------------------|--------------------|
| 1 | Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21 | | | | | 1 | -1,350. |
| 2 | Analysis by partner type: | (i) Corporate | (ii) Individual (active) | (iii) Individual (passive) | (iv) Partnership | (v) Exempt organization | (vi) Nominee/Other |
| a | General partners | | -1,350. | | | | |
| b | Limited partners | | | | | | |

Schedule L Balance Sheets per Books

| | | Beginning of tax year | | End of tax year | |
|--------------------------------|--|-----------------------|-----|-----------------|-----|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | | | |
| 2a | Trade notes and accounts receivable | | | | |
| b | Less allowance for bad debts | | | | |
| 3 | Inventories | | | | |
| 4 | U.S. Government obligations | | | | |
| 5 | Tax-exempt securities | | | | |
| 6 | Other current assets (attach statement) | | | | |
| 7a | Loans to partners (or persons related to partners) | | | | |
| b | Mortgage and real estate loans | | | | |
| 8 | Other investments (attach statement) | | | | |
| 9a | Buildings and other depreciable assets | | | | |
| b | Less accumulated depreciation | | | | |
| 10a | Depletable assets | | | | |
| b | Less accumulated depletion | | | | |
| 11 | Land (net of any amortization) | | | | |
| 12a | Intangible assets (amortizable only) | | | | |
| b | Less accumulated amortization | | | | |
| 13 | Other assets (attach statement) | | | | |
| 14 | Total assets | | | | |
| Liabilities and Capital | | | | | |
| 15 | Accounts payable | | | | |
| 16 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 17 | Other current liabilities (attach statement) | | | | |
| 18 | All nonrecourse loans | | | | |
| 19a | Loans from partners (or persons related to partners) | | | | |
| b | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 20 | Other liabilities (attach statement) | | | | |
| 21 | Partners' capital accounts | | | | |
| 22 | Total liabilities and capital | | | | |

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**Note:** The partnership may be required to file Schedule M-3. See instructions.

| | | | | | |
|----------|--|--|----------|--|--|
| 1 | Net income (loss) per books | | 6 | Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): | | a | Tax-exempt interest \$ | |
| 3 | Guaranteed payments (other than health insurance) | | 7 | Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize): | |
| 4 | Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize): | | a | Depreciation \$ | |
| a | Depreciation \$ | | 8 | Add lines 6 and 7 | |
| b | Travel and entertainment \$ | | 9 | Income (loss) (Analysis of Net Income (Loss) per Return, line 1). Subtract line 8 from line 5 | |
| 5 | Add lines 1 through 4 | | | | |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | | | |
|----------|--|--|-----------------------------|---|--|
| 1 | Balance at beginning of year | | 6 | Distributions: a Cash | |
| 2 | Capital contributed: a Cash | | b Property | | |
| | b Property | | 7 | Other decreases (itemize): | |
| 3 | Net income (loss) (see instructions) | | 8 | Add lines 6 and 7 | |
| 4 | Other increases (itemize): | | 9 | Balance at end of year. Subtract line 8 from line 5 | |
| 5 | Add lines 1 through 4 | | | | |

Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

| | | |
|--|---|--|
| Name DYNASTY HAIR SUPPLY LLC | | Employer identification number 99-2113566 |
| 1 | Inventory at beginning of year | 1 |
| 2 | Purchases | 2 19,323 |
| 3 | Cost of labor | 3 |
| 4 | Additional section 263A costs (attach schedule) | 4 |
| 5 | Other costs (attach schedule) | 5 |
| 6 | Total. Add lines 1 through 5 | 6 19,323 |
| 7 | Inventory at end of year | 7 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2, or the appropriate line of your tax return. See instructions | 8 19,323 |
| 9a Check all methods used for valuing closing inventory. See instructions. | | |
| (i) <input type="checkbox"/> Cost | | |
| (ii) <input type="checkbox"/> Lower of cost or market | | |
| (iii) <input type="checkbox"/> Other (specify method used and attach explanation) _____ | | |
| For certain small business taxpayers, alternative methods of accounting for inventories: | | |
| (iv) <input type="checkbox"/> Non-incidental materials and supplies method | | |
| (v) <input type="checkbox"/> AFS method | | |
| (vi) <input type="checkbox"/> Non-AFS method | | |
| b | Check if there was a writedown of subnormal goods | <input type="checkbox"/> |
| c | Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) | <input type="checkbox"/> |
| d | (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO | 9d(i) |
| | (ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve | 9d(ii) |
| e | If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f | Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2023, if filing Form 1125-A for a small business taxpayer that uses an alternative method of accounting for inventories, check the applicable box on line 9a(iv) through 9a(vi). See the instructions for line 9.

General Instructions

Purpose of Form

Use Form 1125-A to figure and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065 must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1(a).

If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for small business taxpayers.

A small business taxpayer can account for inventory by treating the inventory as non-incidental materials and supplies (line 9a(iv)), or conforming to its treatment of inventory in an applicable financial statement (as defined in section 451(b)(3)) (line 9a(v)). If it does not have an applicable financial statement, a small business taxpayer can use the method of accounting used in its books and records prepared according to its accounting procedures (line 9a(vi)).

See the discussion on small business taxpayers in the instructions for your tax return. Also see sections 448(c) and 471(c).

For additional guidance on methods of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing methods of accounting, see Form 3115, Application for Change in Accounting Method, and the Instructions for Form 3115.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business and Pub. 225, Farmer's Tax Guide.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning / / 2024 ending / /

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
99-2113566

B Partnership's name, address, city, state, and ZIP code
DYNASTY HAIR SUPPLY LLC
3218 TIMBERSTONE DR
CANAL WINCHESTER, OH 43110

C IRS center where partnership filed return: KANSAS CITY, MO

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
283-86-4111

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
RAYMAR DUMAS
3218 TIMBERSTONE DRIVE
CANAL WINCHESTER OH 43110

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

Beginning Ending

Profit 50.00000 % 50.00000 %

Loss 50.00000 % 50.00000 %

Capital 50.00000 % 50.00000 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

Beginning Ending

Nonrecourse \$ \$

Qualified nonrecourse financing \$ \$

Recourse \$ \$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L Partner's Capital Account Analysis

Beginning capital account \$

Capital contributed during the year \$

Current year net income (loss) \$

Other increase (decrease) (attach explanation) \$

Withdrawals and distributions \$ ()

Ending capital account \$

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$

Ending \$

☐ Final K-1

☐ Amended K-1

651123

OMB No. 1545-0123

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss) 14 Self-employment earnings (loss)
-675. A -675.

2 Net rental real estate income (loss) C 20,942.

3 Other net rental income (loss) 15 Credits

4a Guaranteed payments for services

4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked ☐

4c Total guaranteed payments 17 Alternative minimum tax (AMT) items
A 0.

5 Interest income

6a Ordinary dividends

6b Qualified dividends 18 Tax-exempt income and nondeductible expenses

6c Dividend equivalents C 17.

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss) 19 Distributions

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain 20 Other information
Z * STMT

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction 21 Foreign taxes paid or accrued

13 Other deductions

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Statement A—QBI Pass-through Entity Reporting

| | | | |
|--|-------------------------------------|---------------------------------------|-------------------------------------|
| Partnership's name: DYNASTY HAIR SUPPLY LLC | | Partnership's EIN: 99-2113566 | |
| Partner's name: RAYMAR DUMAS | | Partner's identifying no: 283-86-4111 | |
| | | | |
| Partner's share of: | 1065, Line 22 | | |
| | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP |
| | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated |
| | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB |
| QBI or qualified PTP items subject to partner-specific determinations: | | | |
| | Ordinary business income (loss) | -675. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| W-2 wages | | 5,375. | |
| UBIA of qualified property | | 2,500. | |
| Qualified REIT dividends | | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Partnership's name: | | Partnership's EIN: | |
| Partner's name: | | Partner's identifying no: | |
| | | | |
| Partner's share of: | | | |
| | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP | <input type="checkbox"/> PTP |
| | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated | <input type="checkbox"/> Aggregated |
| | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB | <input type="checkbox"/> SSTB |
| QBI or qualified PTP items subject to partner-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| W-2 wages | | | |
| UBIA of qualified property | | | |
| Qualified REIT dividends | | | |

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning / / 2024 ending / /

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
99-2113566

B Partnership's name, address, city, state, and ZIP code
DYNASTY HAIR SUPPLY LLC
3218 TIMBERSTONE DR
CANAL WINCHESTER, OH 43110

C IRS center where partnership filed return: KANSAS CITY, MO

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
279-88-2473

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
GENEE DUMAS
3218 TIMBERSTONE DRIVE
CANAL WINCHESTER OH 43110

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

Beginning

Ending

Profit 50.00000 % 50.00000 %

Loss 50.00000 % 50.00000 %

Capital 50.00000 % 50.00000 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse financing \$ \$

Recourse \$ \$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L Partner's Capital Account Analysis

Beginning capital account \$

Capital contributed during the year \$

Current year net income (loss) \$

Other increase (decrease) (attach explanation) \$

Withdrawals and distributions \$ ()

Ending capital account \$

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$

Ending \$

☐ Final K-1

☐ Amended K-1

651123

OMB No. 1545-0123

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss) -675. A 14 Self-employment earnings (loss) -675.

2 Net rental real estate income (loss) C 20,943.

3 Other net rental income (loss) 15 Credits

4a Guaranteed payments for services

4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked ☐

4c Total guaranteed payments 17 Alternative minimum tax (AMT) items A 0.

5 Interest income

6a Ordinary dividends

6b Qualified dividends 18 Tax-exempt income and nondeductible expenses

6c Dividend equivalents C 18.

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss) 19 Distributions

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain 20 Other information Z * STMT

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction 21 Foreign taxes paid or accrued

13 Other deductions

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Statement A—QBI Pass-through Entity Reporting

Page 1

| | | | |
|---|---|--|--|
| Partnership's name: DYNASTY HAIR SUPPLY LLC | | Partnership's EIN: 99-2113566 | |
| Partner's name: GENE DUMAS | | Partner's identifying no: 279-88-2473 | |
| | | | |
| | | 1065, Line 22 | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Partner's share of: | | | |
| QBI or qualified PTP items subject to partner-specific determinations: | | | |
| | Ordinary business income (loss) | -675. | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| W-2 wages | | 5,375. | |
| UBIA of qualified property | | 2,500. | |
| Qualified REIT dividends | | | |

Statement A—QBI Pass-through Entity Reporting

| | | | |
|---|---|--|--|
| Partnership's name: | | Partnership's EIN: | |
| Partner's name: | | Partner's identifying no: | |
| | | | |
| | | | |
| | | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
| Partner's share of: | | | |
| QBI or qualified PTP items subject to partner-specific determinations: | | | |
| | Ordinary business income (loss) | | |
| | Rental income (loss) | | |
| | Royalty income (loss) | | |
| | Section 1231 gain (loss) | | |
| | Other income (loss) | | |
| | Section 179 deduction | | |
| | Other deductions | | |
| W-2 wages | | | |
| UBIA of qualified property | | | |
| Qualified REIT dividends | | | |

**SCHEDULE B-1
(Form 1065)**(Rev. August 2019)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

DYNASTY HAIR SUPPLY LLC

Employer identification number (EIN)

99-2113566

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|----------------------------------|----------------------------------|---|---|
| GENEE DUMAS | 279-88-2473 | US | 50.0000 |
| RAYMAR DUMAS | 283-86-4111 | US | 50.0000 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Name(s) shown on return

DYNASTY HAIR SUPPLY LLC

Business or activity to which this form relates

Form 1065 BEAUTY SUPPLY

Identifying number

99-2113566

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,220,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 3,050,000. |
| 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 2023 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 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 2025. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

| | | | |
|----|---|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 | 3,000. |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

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

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024 | 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 2024 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 | | 2,000. | 7.0 yrs | HY | 200 DB | 286. |
| 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 | |
| i Nonresidential real property | | | 27.5 yrs. | MM | S/L | |
| | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2024 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 instructions | 22 | 3,286. |
| 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. See instructions . | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L – | | | |
| | | % | | | | S/L – | | | |
| | | % | | | | S/L – | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . | | | | | | | 29 | | |

Section B—Information on Use of Vehicles

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

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) . | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2024 tax year (see instructions): | | | | | |
| GOODWILL | 03/25/2024 | 5,000. | 197 | 15.00 yrs | 278. |
| 43 Amortization of costs that began before your 2024 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 278. |

QuickZoom to Other Copy _____

Page 1

Partnership Special Allocation Information

(See tax help for more detail)

Note: Special allocation codes for QBI items below will default to codes used for similar item classes for regular tax purposes. To change the default behavior, you may select a different option on the Partnership Information Worksheet. ▶ _____

- ☒ Copy special allocation codes for items that are specially allocated on Schedule K (default).
☐ Remove default special allocations and allocate items according to profit, loss, or ownership % (based on selection made on the Partnership Information Worksheet).
☐ Remove default special allocations and leave these items blank on K-1 Stmt A (manual entry).

Partnership's Name: DYNASTY HAIR SUPPLY LLC Partnership's EIN: 99-2113566

1065, Line 22

☐ PTP
☐ Aggregated
☐ SSTB☐ PTP
☐ Aggregated
☐ SSTB☐ PTP
☐ Aggregated
☐ SSTB

Partner's share of:

QBI or qualified PTP items subject to shareholder-specific determinations:

| Special Allocation | S A | | | |
|--|--------|---------|-------|-------|
| Ordinary business inc (loss) . | _____ | -1,350. | _____ | _____ |
| Rental income (loss) | _____ | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ | _____ |
| Section 1231 gain (loss) . . . | _____ | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ | _____ |
| W-2 wages | _____ | 10,750. | _____ | _____ |
| UBIA of qualified property . . . | _____ | 5,000. | _____ | _____ |
| * See tax help for W2 wage or UBIA Special Allocations | | | | |
| Qualified REIT dividends | _____ | _____ | | |

Partnership's Name: _____ Partnership's EIN: _____



| | | | |
|--|--|--|--|
| | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB | <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB |
|--|--|--|--|

Partner's share of:
QBI or qualified PTP items subject to shareholder-specific determinations:

| Special Allocation | S A | | | |
|--|--------|-------|-------|-------|
| Ordinary business inc (loss) . | _____ | _____ | _____ | _____ |
| Rental income (loss) | _____ | _____ | _____ | _____ |
| Royalty income (loss) | _____ | _____ | _____ | _____ |
| Section 1231 gain (loss) . . . | _____ | _____ | _____ | _____ |
| Other income (loss) | _____ | _____ | _____ | _____ |
| Section 179 deduction | _____ | _____ | _____ | _____ |
| Other deductions | _____ | _____ | _____ | _____ |
| W-2 wages | _____ | _____ | _____ | _____ |
| UBIA of qualified property . . . | _____ | _____ | _____ | _____ |
| * See tax help for W2 wage or UBIA Special Allocations | | | | |

| | | | |
|----------------------------------|-------|-------|--|
| Qualified REIT dividends | _____ | _____ | |
|----------------------------------|-------|-------|--|

199A Worksheet by Activity

2024

► Keep for your records

| | | | |
|--|---------|--|---------|
| Partnership's name <u>DYNASTY HAIR SUPPLY LLC</u> | | Partnership's EIN <u>99-2113566</u> | |
| Note: See 199A Summary for Special Allocation information QuickZoom to 199A Summary ► _____ | | | |
| Aggregation Code: _____ | | Trade or Business: <u>1065, Line 22</u> EIN: <u>99-2113566</u> | |
| | | Is this activity a qualified trade/business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| QBI or qualified PTP items subject to partner-specific determinations: | | | |
| 1 a Ordinary business income (loss) 1 a b Adjustments b c Adjusted ordinary business income (loss) 1 c | -1,350. | 1 c | -1,350. |
| 2 a Rental income (loss) 2 a b Adjustments b c Adjusted rental income (loss) 2 c | | 2 c | |
| 3 a Royalty income (loss) 3 a b Adjustments b c Adjusted royalty income (loss) 3 c | | 3 c | |
| 4 a Section 1231 gain (loss) 4 a b Adjustments b c Adjusted section 1231 gain (loss) 4 c | | 4 c | |
| 5 Other income (loss) 5 | | 5 | |
| 6 a Section 179 deduction 6 a b Adjustments b c Adjusted section 179 deduction 6 c | | 6 c | |
| 7 Other deductions 7 | | 7 | |
| 8 a W-2 wages 8 a b Adjustments b c Adjusted W-2 Wages 8 c | 10,750. | 8 c | 10,750. |
| 9 a UBIA of qualified property 9 a b Adjustments b c Adjusted UBIA of qualified property 9 c | 5,000. | 9 c | 5,000. |

Section 179 Carryover Detail for this Activity

| | Section 179 Regular Tax | Section 179 QBI |
|--|----------------------------|--------------------|
| Tentative Section 179 deduction from current year assets | | |
| Part I: Prior Year Carryovers | | |
| by Year and Category | | |
| A Before 2018 | | 0. |
| B 2018 | | |
| C 2019 | | |
| D 2020 | | |
| E 2021 | | |
| F 2022 | | |
| G 2023 | | |
| Total prior year carryovers to this year | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|----------------------------|--------------------|
| Part II: 179 Deduction Allowed | | |
| by Year and Category | | |
| Total 179 deduction allowed for this activity in current year | | |
| A Amount allowed from 2024 | | |
| B Amount allowed from before 2018 | | |
| C Amount allowed from 2018 | | |
| D Amount allowed from 2019 | | |
| E Amount allowed from 2020 | | |
| F Amount allowed from 2021 | | |
| G Amount allowed from 2022 | | |
| H Amount allowed from 2023 | | |

| | Section 179 Regular Tax | Section 179 QBI |
|--|----------------------------|--------------------|
| Part III: Total Carryforward to 2025 | | |
| by Year and Category | | |
| A Carryforward from 2024 | | |
| B Carryforward from before 2018 | | |
| C Carryforward from 2018 | | |
| D Carryforward from 2019 | | |
| E Carryforward from 2020 | | |
| F Carryforward from 2021 | | |
| G Carryforward from 2022 | | |
| H Carryforward from 2023 | | |
| Total carryforward to next year | | |

Additional Information From 2024 Federal Partnership Tax Return

Form 1065: Partnership Tax Return

Line 21, Other Deductions

Continuation Statement

| Description | Amount |
|------------------------------|---------|
| ACCOUNTING | 1,225. |
| ADVERTISING | 267. |
| AMORTIZATION | 278. |
| AUTOMOBILE AND TRUCK EXPENSE | 2,364. |
| BANK CHARGES | 205. |
| COMMISSIONS | 3,575. |
| MEALS (50%) | 35. |
| SUPPLIES | 50. |
| UTILITIES | 4,993. |
| Total | 12,992. |

Form 1065: Partnership Tax Return -- Smart Worksheet

Line 14d

Itemization Statement

| Description | Amount |
|-------------|--------|
| SALES TAX | 3,777. |
| Total | 3,777. |