

**2022 Tax Summary (1065)**

EasiHorse LLC

20-8364567

**Federal Information**

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Ordinary Income (Loss) . . . . .	\$63,952
Schedule K Income Items . . . . .	\$0
Schedule K Deduction Items . . . . .	\$0
Net Income (Loss) . . . . .	\$63,952
Total Tax . . . . .	\$0
Payments Applied . . . . .	\$0
Refund . . . . .	\$0
Amount Due . . . . .	\$0

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**State Information****State: NC      Form: D-403, K-1**

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Total Tax . . . . .	\$0
Overpayment . . . . .	\$0
Amount Applied . . . . .	\$0
Refund . . . . .	\$0
Amount Due . . . . .	\$0

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Form <b>1065</b> Department of the Treasury Internal Revenue Service		<b>U.S. Return of Partnership Income</b> For calendar year 2022, or tax year beginning _____, ending _____ Go to <a href="http://www.irs.gov/Form1065">www.irs.gov/Form1065</a> for instructions and the latest information.		OMB No. 1545-0123 <b>2022</b>	
<b>A</b> Principal business activity Farm		<b>Type or Print</b>	Name of partnership EasiHorse LLC		<b>D</b> Employer identification number 20-8364567
<b>B</b> Principal product or service Ungulates & Avians			Number, street, and room or suite no. If a P.O. box, see instructions. 2303 Easy Horse Trail		<b>E</b> Date business started 11/17/2000
<b>C</b> Business code number 112900			City or town State ZIP code Wake Forest NC 27587		<b>F</b> Total assets (see instructions) \$ 0
			Foreign country name Foreign province/state/county Foreign postal code		
<b>G</b> Check applicable boxes: (1) <input 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 <b>H</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify): _____ <b>I</b> Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ 7 <b>J</b> Check if Schedules C and M-3 are attached <input type="checkbox"/> <b>K</b> 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					
<b>Caution:</b> Include <b>only</b> trade or business income and expenses on lines 1a through 22 below. See instructions for more information.					
<b>Income</b>	<b>1a</b> Gross receipts or sales		<b>1a</b>		
	<b>b</b> Returns and allowances		<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a		<b>1c</b>		0
	<b>2</b> Cost of goods sold (attach Form 1125-A)		<b>2</b>		
	<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		0
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		<b>4</b>		
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))		<b>5</b>		63,952
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>6</b>		
<b>Deductions</b> <small>(see instructions for limitations)</small>	<b>7</b> Other income (loss) (attach statement)		<b>7</b>		
	<b>8 Total income (loss).</b> Combine lines 3 through 7		<b>8</b>		63,952
	<b>9</b> Salaries and wages (other than to partners) (less employment credits)		<b>9</b>		
	<b>10</b> Guaranteed payments to partners		<b>10</b>		
	<b>11</b> Repairs and maintenance		<b>11</b>		
	<b>12</b> Bad debts		<b>12</b>		
	<b>13</b> Rent		<b>13</b>		
	<b>14</b> Taxes and licenses		<b>14</b>		
	<b>15</b> Interest (see instructions)		<b>15</b>		
	<b>16a</b> Depreciation (if required, attach Form 4562)		<b>16a</b>		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return		<b>16b</b>		0
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )		<b>17</b>		
<b>Tax and Payment</b>	<b>18</b> Retirement plans, etc.		<b>18</b>		
	<b>19</b> Employee benefit programs		<b>19</b>		
	<b>20</b> Other deductions (attach statement)		<b>20</b>		
	<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20		<b>21</b>		0
	<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 8		<b>22</b>		63,952
	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)		<b>23</b>		
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8866)		<b>24</b>		
	<b>25</b> BBA AAR imputed underpayment (see instructions)		<b>25</b>		
	<b>26</b> Other taxes (see instructions)		<b>26</b>		
	<b>27 Total balance due.</b> Add lines 23 through 26		<b>27</b>		0
<b>28</b> Payment (see instructions)		<b>28</b>			
<b>29 Amount owed.</b> If line 28 is smaller than line 27, enter amount owed		<b>29</b>			
<b>30 Overpayment.</b> If line 28 is larger than line 27, enter overpayment		<b>30</b>			
<b>Sign Here</b> 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 3/5/2023		<div>May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
<b>Paid Preparer Use Only</b>		Print/Type preparer's name Preparer's signature Date		Check <input type="checkbox"/> if self-employed PTIN	
		Firm's name		Firm's EIN	
		Firm's address		Phone no.	
		City State		ZIP code	

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:				<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership	<b>b</b> <input type="checkbox"/> Domestic limited partnership				
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company	<b>d</b> <input type="checkbox"/> Domestic limited liability partnership				
<b>e</b> <input type="checkbox"/> Foreign partnership	<b>f</b> <input type="checkbox"/> Other: _____				
<b>2</b> At the end of the tax year:					
<b>a</b> 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>b</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
<b>3</b> At the end of the tax year, did the partnership:					
<b>a</b> 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>b</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 . . . . .					X
(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	
<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?				<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.					
<b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million.					
<b>c</b> 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.					
<b>d</b> 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	
<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? . . . . .					X
<b>6</b> 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
<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .					X
<b>8</b> At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over 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
<b>9</b> 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
<b>10a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.					X
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .					X
<b>c</b> Is the partnership required to adjust the basis of partnership assets 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," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

**Schedule B Other Information** (continued)

	Yes	No
<b>11</b> 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"/>		
<b>12</b> 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
<b>13</b> 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 . . . . .		
<b>14</b> 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. . . . . 0		X
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. . . . . 0		
<b>16a</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .	X	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099? . . . . .	X	
<b>17</b> Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return. . . . . 0		
<b>18</b> Enter the number of partners that are foreign governments under section 892. . . . . 0		
<b>19</b> 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
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 . . . . .		X
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . .		X
<b>22</b> 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 . . . . . If "Yes," enter the total amount of the disallowed deductions . . . . . \$		
<b>23</b> 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 . . . . .		
<b>24</b> Does the partnership satisfy one or more of the following? See instructions . . . . . <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</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 \$27 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 . . . . . \$		X
<b>26</b> 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 . . . . . 0 Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> 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
<b>28</b> 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
<b>29</b> Reserved for future use . . . . .		
<b>30</b> 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 Dave J Pullin

U.S. address of PR 2309 Easy Horse Trl  
Wake Forest NC 27587

U.S. phone number of PR (919) 528-7737

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

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22) . . . . .	<b>1</b>	63,952
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		0
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> 0 <b>b</b> Capital <b>4b</b> 0		
	<b>c</b> Total. Add lines 4a and 4b . . . . . <b>4c</b>		
	<b>5</b> Interest income . . . . . <b>5</b>		
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . . <b>6a</b>		
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>		
	<b>7</b> Royalties . . . . . <b>7</b>		
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . . <b>8</b>			
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . . <b>9a</b>			
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>9b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>9c</b>			
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>10</b>			
<b>11</b> Other income (loss) (see instructions) Type: . . . . . <b>11</b>			
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . . <b>12</b>		
	<b>13a</b> Contributions . . . . . <b>13a</b>		
	<b>b</b> Investment interest expense . . . . . <b>13b</b>		
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: <b>(2)</b> Amount: <b>13c(2)</b>		
<b>d</b> Other deductions (see instructions) Type: . . . . . <b>13d</b>			
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment . . . . . <b>14a</b>		
	<b>b</b> Gross farming or fishing income . . . . . <b>14b</b>		
	<b>c</b> Gross nonfarm income . . . . . <b>14c</b>		
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>15a</b>		
	<b>b</b> Low-income housing credit (other) . . . . . <b>15b</b>		
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>15c</b>		
	<b>d</b> Other rental real estate credits (see instructions) Type: . . . . . <b>15d</b>		
	<b>e</b> Other rental credits (see instructions) Type: . . . . . <b>15e</b>		
	<b>f</b> Other credits (see instructions) Type: . . . . . <b>15f</b>		
<b>Inter-national</b>	<b>16</b> 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"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment . . . . . <b>17a</b>		
	<b>b</b> Adjusted gain or loss . . . . . <b>17b</b>		
	<b>c</b> Depletion (other than oil and gas) . . . . . <b>17c</b>		
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . . <b>17d</b>		
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . . <b>17e</b>		
	<b>f</b> Other AMT items (attach statement) . . . . . <b>17f</b>		
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . . <b>18a</b>		
	<b>b</b> Other tax-exempt income . . . . . <b>18b</b>		
	<b>c</b> Nondeductible expenses . . . . . <b>18c</b>		
	<b>19a</b> Distributions of cash and marketable securities . . . . . <b>19a</b>		
	<b>b</b> Distributions of other property . . . . . <b>19b</b>		
	<b>20a</b> Investment income . . . . . <b>20a</b>		
	<b>b</b> Investment expenses . . . . . <b>20b</b>		
	<b>c</b> Other items and amounts (attach statement) . . . . .		
<b>21</b> Total foreign taxes paid or accrued . . . . . <b>21</b>			

**Analysis of Net Income (Loss) per Return**

<b>1</b> Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21						<b>1</b>	63,952
<b>2</b> Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
<b>a</b> General partners							
<b>b</b> Limited partners		63,952					

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
<b>1</b> Cash					
<b>2a</b> Trade notes and accounts receivable					
<b>b</b> Less allowance for bad debts			0		0
<b>3</b> Inventories					
<b>4</b> U.S. Government obligations					
<b>5</b> Tax-exempt securities					
<b>6</b> Other current assets (attach statement)					
<b>7a</b> Loans to partners (or persons related to partners)					
<b>b</b> Mortgage and real estate loans					
<b>8</b> Other investments (attach statement)					
<b>9a</b> Buildings and other depreciable assets					
<b>b</b> Less accumulated depreciation			0		0
<b>10a</b> Depletable assets					
<b>b</b> Less accumulated depletion			0		0
<b>11</b> Land (net of any amortization)					
<b>12a</b> Intangible assets (amortizable only)					
<b>b</b> Less accumulated amortization			0		0
<b>13</b> Other assets (attach statement)					
<b>14</b> Total assets			0		0
<b>Liabilities and Capital</b>					
<b>15</b> Accounts payable					
<b>16</b> Mortgages, notes, bonds payable in less than 1 year					
<b>17</b> Other current liabilities (attach statement)					
<b>18</b> All nonrecourse loans					
<b>19a</b> Loans from partners (or persons related to partners)					
<b>b</b> Mortgages, notes, bonds payable in 1 year or more					
<b>20</b> Other liabilities (attach statement)					
<b>21</b> Partners' capital accounts					
<b>22</b> Total liabilities and capital			0		0

**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.

<b>1</b> Net income (loss) per books		<b>6</b> Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	<b>a</b> Tax-exempt interest \$	0
<b>3</b> Guaranteed payments (other than health insurance)	0	<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
<b>4</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		<b>a</b> Depreciation \$	0
<b>a</b> Depreciation \$		<b>8</b> Add lines 6 and 7	0
<b>b</b> Travel and entertainment \$	0	<b>9</b> Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0
<b>5</b> Add lines 1 through 4	0		

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b> Balance at beginning of year		<b>6</b> Distributions: <b>a</b> Cash	
<b>2</b> Capital contributed: <b>a</b> Cash		<b>b</b> Property	
<b>b</b> Property		<b>7</b> Other decreases (itemize):	
<b>3</b> Net income (loss) (see instructions)		<b>8</b> Add lines 6 and 7	0
<b>4</b> Other increases (itemize):	0	<b>9</b> Balance at end of year. Subtract line 8 from line 5	0
<b>5</b> Add lines 1 through 4	0		

Form <b>8453-PE</b>	<b>E-file Declaration for Form 1065</b> (For return of partnership income or administrative adjustment request) <b>File electronically with the partnership's return or administrative adjustment request .</b> (Don't file paper copies.) <b>Go to <a href="http://www.irs.gov/Form8453PE">www.irs.gov/Form8453PE</a> for the latest information.</b> <b>For calendar year 2022, or tax year beginning , 2022, and ending , 20 .</b>	OMB No. 1545-0123  <b>2022</b>
Department of the Treasury Internal Revenue Service		

Name of partnership EasiHorse LLC	Employer identification number 20-8364567
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<b>Part I</b>	<b>Form 1065 Information (whole dollars only)</b>		
1	Gross receipts or sales less returns and allowances (Form 1065, line 1c) . . . . .	1	
2	Gross profit (Form 1065, line 3) . . . . .	2	
3	Ordinary business income (loss) (Form 1065, line 22) . . . . .	3	63,952
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	

<b>Part II</b>	<b>Declaration of Partner or Member or Partnership Representative (see instructions)</b> <b>Be sure to keep a copy of the partnership's Return of Partnership Income or AAR.</b>
----------------	---

I declare under penalties of perjury:

1a. If this Form 1065 is transmitted as part of a return of partnership income, I'm a partner or member of the above partnership.  
b. If this Form 1065 is transmitted as part of an administrative adjustment request (AAR), I'm the partnership representative (PR).

2. The information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's Form 1065.

3. To the best of my knowledge and belief, the partnership's corresponding return or AAR is true, correct, and complete.

4. I consent to my ERO, transmitter, and/or ISP sending the partnership's return or AAR, this declaration, and accompanying forms, schedules and statements to the IRS.

5. I consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return or AAR is accepted and, if rejected, the reason(s) for the rejection.

6. If the processing of the partnership's return or AAR is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay.

<b>Sign Here</b>			
	Signature of partner or member or PR	Date	Title

<b>Part III</b>	<b>Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)</b>
-----------------	---

I declare that I've reviewed the above partnership's return or AAR and that the entries on Form 8453-PE are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return or AAR and only declare that this form accurately reflects the data on the return or AAR. The partner or member or PR will have signed this form before I submit the return or AAR. I'll give the partner or member or PR a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in **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. If I'm also the Paid Preparer, under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

**SCHEDULE F**

(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Farming**

Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.  
Go to [www.irs.gov/ScheduleF](http://www.irs.gov/ScheduleF) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **14**

Name of proprietor **EasiHorse LLC** Social security number (SSN)

**A** Principal crop or activity **B** Enter code from Part IV **C** Accounting method: **D** Employer ID number (EIN) (see instr.)  
Ungulates & Avians 112900 ☒ Cash ☐ Accrual 20-8364567

**E** Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on passive losses ☒ Yes ☐ No  
**F** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☒ Yes ☐ No  
**G** If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No

**Part I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

<b>1a</b>	Sales of purchased livestock and other resale items (see instructions)	<b>1a</b>	10,733	
<b>b</b>	Cost or other basis of purchased livestock or other items reported on line 1a	<b>1b</b>		
<b>c</b>	Subtract line 1b from line 1a	<b>1c</b>		10,733
<b>2</b>	Sales of livestock, produce, grains, and other products you raised	<b>2</b>		6,571
<b>3a</b>	Cooperative distributions (Form(s) 1099-PATR)	<b>3a</b>		
<b>3b</b>	Taxable amount	<b>3b</b>		
<b>4a</b>	Agricultural program payments (see instructions)	<b>4a</b>		
<b>4b</b>	Taxable amount	<b>4b</b>		
<b>5a</b>	Commodity Credit Corporation (CCC) loans reported under election	<b>5a</b>		
<b>b</b>	CCC loans forfeited	<b>5b</b>		
<b>5c</b>	Taxable amount	<b>5c</b>		
<b>6</b>	Crop insurance proceeds and federal crop disaster payments (see instructions):			
<b>a</b>	Amount received in 2022	<b>6a</b>		
<b>b</b>	Taxable amount	<b>6b</b>		
<b>c</b>	If election to defer to 2023 is attached, check here <input type="checkbox"/>	<b>6d</b>	Amount deferred from 2021	
<b>7</b>	Custom hire (machine work) income	<b>7</b>		227,535
<b>8</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>8</b>		54,696
<b>9</b>	<b>Gross income.</b> Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	<b>9</b>		299,535

**Part II Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses. See instructions.

<b>10</b>	Car and truck expenses (see instructions). Also attach <b>Form 4562</b>	<b>10</b>			<b>23</b>	Pension and profit-sharing plans	<b>23</b>	
<b>11</b>	Chemicals	<b>11</b>			<b>24</b>	Rent or lease (see instructions):		
<b>12</b>	Conservation expenses (see instructions)	<b>12</b>			<b>a</b>	Vehicles, machinery, equipment	<b>24a</b>	
<b>13</b>	Custom hire (machine work)	<b>13</b>			<b>b</b>	Other (land, animals, etc.)	<b>24b</b>	
<b>14</b>	Depreciation and section 179 expense (see instructions)	<b>14</b>	4,355		<b>25</b>	Repairs and maintenance	<b>25</b>	1,419
<b>15</b>	Employee benefit programs other than on line 23	<b>15</b>			<b>26</b>	Seeds and plants	<b>26</b>	
<b>16</b>	Feed	<b>16</b>	63,186		<b>27</b>	Storage and warehousing	<b>27</b>	
<b>17</b>	Fertilizers and lime	<b>17</b>			<b>28</b>	Supplies	<b>28</b>	27,370
<b>18</b>	Freight and trucking	<b>18</b>			<b>29</b>	Taxes	<b>29</b>	2,431
<b>19</b>	Gasoline, fuel, and oil	<b>19</b>	3,752		<b>30</b>	Utilities	<b>30</b>	3,246
<b>20</b>	Insurance (other than health)	<b>20</b>	1,852		<b>31</b>	Veterinary, breeding, and medicine	<b>31</b>	50,356
<b>21</b>	Interest (see instructions):				<b>32</b>	Other expenses (specify):		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>21a</b>			<b>a</b>	advertising, Returns	<b>32a</b>	1,518
<b>b</b>	Other	<b>21b</b>			<b>b</b>	legal and prof	<b>32b</b>	73,594
<b>22</b>	Labor hired (less employment credits)	<b>22</b>	2,504		<b>c</b>		<b>32c</b>	
					<b>d</b>		<b>32d</b>	
					<b>e</b>		<b>32e</b>	
					<b>f</b>		<b>32f</b>	
<b>33</b>	<b>Total expenses.</b> Add lines 10 through 32f. If line 32f is negative, see instructions	<b>33</b>						235,583
<b>34</b>	<b>Net farm profit or (loss).</b> Subtract line 33 from line 9. If a profit, stop here and see instructions for where to report. If a loss, complete line 36.	<b>34</b>						63,952

**35** Reserved for future use.  
**36** Check the box that describes your investment in this activity and see instructions for where to report your loss.  
**a** ☐ All investment is at risk. **b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule F (Form 1040) 2022



**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](http://www.irs.gov/Form1065) for the latest information.**

OMB No. 1545-0123

Name of partnership

EasiHorse LLC

Employer identification number (EIN)

20-8364567

**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

**For Paperwork Reduction Act Notice, see the Instructions for Form 1065.****Schedule B-1 (Form 1065) (Rev. 8-2019)**

HTA



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 1

047-74-5300

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Dave J Pullin  
2309 Easy Horse Trl  
Wake Forest, NC 27587**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)	<b>Z*</b>	See Attached Stmt
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

**K-1 Statement (Sch K-1, Form 1065)**

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Amount attributable to salaries . . . . .	<u>0</u>
Amount attributable to health insurance . . . . .	<u>0</u>
Interest deducted by the partnership and reported on page 1, line 10 . . . . .	<u>0</u>

**Line 20 - Other Information****Section 199A Information (Code Z)**

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<b>Income Items</b>	<b>Non-SSTB</b>	<b>SSTB</b>
Ordinary Income . . . . .	<u>1</u>	<u>0</u>
<b>Additional Information</b>		
Section 199A W-2 wages . . . . .	<u>-1</u>	<u>0</u>

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Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: e-file**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.)

Partner: 2

131-74-0635

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Alethea G Pullin  
10100 Wilkins Rd  
Bahama, NC 27503**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 16.000000% 16.000000%

Loss 16.000000% 16.000000%

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	10,232		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

K-1 Statement (Sch K-1, Form 1065)

Amount attributable to salaries . . . . .	0
Amount attributable to health insurance . . . . .	0
Interest deducted by the partnership and reported on page 1, line 10 . . . . .	0

Line 20 - Other Information

Section 199A Information (Code Z)

Income Items	Non-SSTB	SSTB
Ordinary Income . . . . .	10,232	0
Additional Information		
Section 199A W-2 wages . . . . .	401	0
Section 199A unadjusted basis . . . . .	13,462	0



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: e-file**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.)

Partner: 3

131-74-2090

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Daniela M Pullin  
2309 Easy Horse Trl  
Wake Forest, NC 27587**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 39.000000% 39.000000%

Loss 39.000000% 39.000000%

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	24,941		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

K-1 Statement (Sch K-1, Form 1065)

Amount attributable to salaries . . . . .	0
Amount attributable to health insurance . . . . .	0
Interest deducted by the partnership and reported on page 1, line 10 . . . . .	0

Line 20 - Other Information

Section 199A Information (Code Z)

Income Items	Non-SSTB	SSTB
Ordinary Income . . . . .	24,941	0
Additional Information		
Section 199A W-2 wages . . . . .	977	0
Section 199A unadjusted basis . . . . .	32,813	0



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 4

131-74-1158

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Robyn L Pullin  
324 Westgrove Court  
Durham, NC 27703**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only





Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 5

083-78-4110

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Brittany J Pullin  
3610 44th Street  
SAN DIEGO, CA 92105**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: e-file**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.)

Partner: 6

241-81-5044

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Cassandra K Pullin  
2309 Easy Horse Trail  
Wake Forest, NC 27587**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 45.000000% 45.000000%

Loss 45.000000% 45.000000%

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse \$ \$

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	28,778		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

**K-1 Statement (Sch K-1, Form 1065)**

Amount attributable to salaries . . . . .	0
Amount attributable to health insurance . . . . .	0
Interest deducted by the partnership and reported on page 1, line 10 . . . . .	0

**Line 20 - Other Information****Section 199A Information (Code Z)**

Income Items	Non-SSTB	SSTB
Ordinary Income . . . . .	28,778	0
<b>Additional Information</b>		
Section 199A W-2 wages . . . . .	1,127	0
Section 199A unadjusted basis . . . . .	37,862	0



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 7

85-1054970

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.EasiHorse Farms LLC  
2303 Easy Horse Trl  
Wake Forest, NC 27587**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? **Corporation****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 \_\_\_\_\_ % \_\_\_\_\_ %

Loss \_\_\_\_\_ % \_\_\_\_\_ %

Capital 4.000000% 4.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse \_\_\_\_\_

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2022

Attachment

Sequence No. 179

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return  
EasiHorse LLCBusiness or activity to which this form relates  
Sch F: 01 - Ungulates & AviansIdentifying number  
20-8364567**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	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	29,883
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
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	0
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	0
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. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	0

**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	
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	47
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
19 a 3-year property						
b 5-year property		14,697	5	HY	200DB	2,939
c 7-year property		1,810	7	HY	200DB	259
d 10-year property		8,821	10	HY	200DB	882
e 15-year property		4,555	15	HY	150DB	228
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			39 yrs.	MM	S/L	
				MM	S/L	

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

20 a 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	4,355
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2022)

**Annual Return To Report Transactions With  
Foreign Trusts and Receipt of Certain Foreign Gifts**Go to [www.irs.gov/Form3520](http://www.irs.gov/Form3520) for instructions and the latest information.**2022****Note:** All information must be in English. Show all amounts in U.S. dollars. File a **separate** Form 3520 for **each** foreign trust.

For calendar year 2022, or tax year beginning , 2022, ending , 20

**A** Check appropriate boxes: ☐ Initial return ☐ Final return ☐ Amended return**B** Check box that applies to person filing return: ☐ Individual ☒ Partnership ☐ Corporation ☐ Trust ☐ Executor**C** Check if any excepted specified foreign financial assets are reported on this form. See instructions . . . . . ☐**Check all applicable boxes.** See applicable instructions.☐ You are **(a)** a U.S. transferor who, directly or indirectly, transferred money or other property during the current tax year to a foreign trust; **(b)** a U.S. person who (1) during the current tax year, transferred property (including cash) to a related foreign trust (or a person related to the trust) in exchange for an obligation, or (2) holds a qualified obligation from the trust that is currently outstanding; or **(c)** the executor of the estate of a U.S. decedent and (1) the decedent made a transfer to a foreign trust by reason of death, (2) the decedent was treated as the owner of any portion of a foreign trust immediately prior to death, or (3) the decedent's estate included any portion of the assets of a foreign trust. **Complete all applicable identifying information requested below and Part I of the form.**☐ You are a U.S. owner of all or any portion of a foreign trust at any time during the tax year. **Complete all applicable identifying information requested below and Part II of the form.**☐ You are **(a)** a U.S. person (including a U.S. owner) or an executor of the estate of a U.S. person who, during the current tax year, received, directly or indirectly, a distribution from a foreign trust; **(b)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year, you or a U.S. person related to you received (1) a loan of cash or marketable securities, directly or indirectly, from such foreign trust, or (2) the uncompensated use of trust property; or **(c)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year such foreign trust holds an outstanding qualified obligation of yours or a U.S. person related to you. **Complete all applicable identifying information requested below and Part III of the form.**☐ You are a U.S. person who, during the current tax year, received certain gifts or bequests from a foreign person. **Complete all applicable identifying information requested below and Part IV of the form.****1a** Name of U.S. person(s) with respect to whom this Form 3520 is being filed (see instructions) **b** Taxpayer identification number (TIN)  
EasiHorse LLC 20-8364567**c** Number, street, and room or suite no. If a P.O. box, see instructions. **d** Spouse's TIN  
2303 Easy Horse Trail**e** City or town **f** State or province **g** ZIP or foreign postal code **h** Country  
Wake Forest NC 27587**i** If you are filing with your spouse a current-year joint income tax return and a joint Form 3520, check this box . . . . . ☐**j** If an automatic 2-month extension applies for the U.S. person's tax return, check this box and attach statement. See instructions . . . . . ☐**k** If an extension was requested for the tax return, check this box ☐ and enter the form number of the tax return to be filed:**2a** Name of foreign trust (if applicable) **b** Employer identification number (EIN), if any**c** Number, street, and room or suite no. If a P.O. box, see instructions. **d** Date foreign trust was created**e** City or town **f** State or province **g** ZIP or foreign postal code **h** Country**3** Did the foreign trust appoint a U.S. agent (defined in the instructions) who can provide the IRS with all relevant trust information? ☐ Yes ☐ No  
If "Yes," complete lines 3a through 3g. If "No," and you are required to complete Part I, complete lines 15 through 18.**3a** Name of U.S. agent **b** TIN, if any**c** Number, street, and room or suite no. If a P.O. box, see instructions.**d** City or town **e** State or province **f** ZIP or postal code **g** Country**4a** Name of U.S. decedent (see instructions) **b** Address **c** TIN of decedent**d** Date of death **e** EIN of estate**f** Check applicable box.

- ☐
- U.S. decedent made transfer to a foreign trust by reason of death.
- 
- ☐
- U.S. decedent treated as owner of foreign trust immediately prior to death.
- 
- ☐
- Assets of foreign trust were included in estate of U.S. decedent.

**Part I Transfers by U.S. Persons to a Foreign Trust During the Current Tax Year**(see instructions)

<b>5a</b> Name of trust creator	<b>b</b> Address	<b>c</b> TIN, if any
<b>6a</b> Country code of country where trust was created	<b>b</b> Country code of country whose law governs the trust	<b>c</b> Date trust was created
<b>7a</b> Will any person (other than the foreign trust) be treated as the owner of the transferred assets after the transfer? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>b</b> (i) Name of foreign trust owner	(ii) Address	(iii) Country of residence
		(iv) TIN, if any
		(v) Relevant Code section
<b>8</b> Was the transfer a completed gift or bequest? If "Yes," see instructions <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>9a</b> Now or at any time in the future, can any part of the income or corpus of the trust benefit any U.S. beneficiary? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>b</b> If "No," could the trust be revised or amended to benefit a U.S. beneficiary? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>10</b> Reserved for future use <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Schedule A—Obligations of a Related Trust** (see instructions)

**11a** During the current tax year, did you transfer property (including cash) to a related foreign trust in exchange for an obligation of the trust or an obligation of a person related to the trust? See instructions ☐ Yes ☐ No  
If "Yes," complete the rest of Schedule A, as applicable. If "No," go to Schedule B.

**b** Were any of the obligations you received (with respect to a transfer described in line 11a above) qualified obligations? ☐ Yes ☐ No  
If "Yes," complete the rest of Schedule A and attach a copy of each loan document entered into with respect to each qualified obligation reported on line 11b. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.  
If "No," go to Schedule B.

(i) Date of transfer giving rise to obligation	(ii) Maximum term	(iii) Yield to maturity	(iv) FMV of obligation

**12** With respect to each qualified obligation you reported on line 11b, do you agree to extend the period of assessment of any income or transfer tax attributable to the transfer, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? ☐ Yes ☐ No

**Note:** You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Generally, if you refuse to extend the period of limitations with respect to each qualified obligation you reported on line 11b, then such obligation is not a qualified obligation and you cannot check "Yes" to the question on line 11b.

**Schedule B—Gratuitous Transfers** (see instructions)

**13** During the current tax year, did you make any transfers (directly or indirectly) to the trust and receive less than FMV, or no consideration at all, for the property transferred? ☐ Yes ☐ No  
If "Yes," complete columns (a) through (i) below and the rest of Schedule B, as applicable. When completing columns (a) through (i) with respect to each nonqualified obligation, enter -0- in column (h).  
If "No," go to Schedule C.

(a) Date of transfer	(b) Description of property transferred	(c) FMV of property transferred	(d) U.S. adjusted basis of property transferred	(e) Gain recognized at time of transfer, if any	(f) Excess, if any, of column (c) over the sum of columns (d) and (e)	(g) Description of property received, if any	(h) FMV of property received	(i) Excess of column (c) over column (h)
					0			0
					0			0
					0			0
<b>Totals</b>					\$ 0			\$ 0

**14** If you have a sale or loan document in connection with a transfer reported on line 13, complete 14a through 14c and attach the relevant document(s). If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.

	Yes	No	Attached Previously	Year Attached
Are you attaching a copy of any of the following?				
<b>a</b> Sale document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>b</b> Loan document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>c</b> Subsequent variances to original sale or loan documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Note:** Complete lines 15 through 18 only if you are required to complete Part I and answered "No" to line 3, acknowledging that the foreign trust did not appoint a U.S. agent to provide the IRS with all relevant trust information.

15	(a) Name of beneficiary	(b) Address of beneficiary	(c) U.S. beneficiary?		(d) TIN, if any
			Yes	No	
16	(a) Name of trustee	(b) Address of trustee			(c) TIN, if any
17	(a) Name of other person with trust powers	(b) Address of other person with trust powers	(c) Description of powers		(d) TIN, if any

**18** If you checked "No" on line 3, you are required to attach a copy of all trust documents as indicated below. If these documents have been attached to a Form 3520-A or Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of any of the following?		Yes	No	Attached Previously	Year Attached
<b>a</b>	Summary of all written and oral agreements and understandings relating to the trust. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>b</b>	Trust instrument. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>c</b>	Memoranda or letters of wishes. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>d</b>	Subsequent variances to original trust documents. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>e</b>	Trust financial statements. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>f</b>	Organizational chart and other trust documents. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Schedule C—Qualified Obligations Outstanding in the Current Tax Year** (see instructions)

**19** Did you, at any time during your tax year, hold an outstanding obligation of a related foreign trust (or a person related to the trust) that you reported as a qualified obligation in the current tax year? ☐ Yes ☐ No

If "Yes," complete columns (a) through (f) below for each obligation.

(a) Date of original obligation	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during your tax year	(d) Amount of interest payments made during your tax year	(e) Balance of the outstanding obligation at the end of the tax year	(f) Does the obligation still meet the criteria for a qualified obligation?	
					Yes	No





**Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (continued)**

- 29** Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A  
If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution.  
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.
- 30** Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A  
If "Yes," attach the statement and complete either Schedule A or Schedule B below. See instructions. Also, complete Schedule C if you enter an amount greater than zero on line 37 or line 41a.  
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.

**Schedule A—Default Calculation of Trust Distributions (see instructions)**

<b>31</b> Enter amount from line 27		<b>31</b>	
<b>32</b> Number of years the trust has been a foreign trust, including the current tax year (see instructions)	<b>32</b>		
<b>33</b> Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of years the trust has been a foreign trust, if fewer than 3 years, but excluding the current tax year)		<b>33</b>	
<b>34</b> Multiply line 33 by 1.25		<b>34</b>	0
<b>35</b> Average distribution. Divide line 34 by 3.0 (or the number of years the trust has been a foreign trust, if fewer than 3 years, but excluding the current tax year) and enter the result		<b>35</b>	0
<b>36</b> Amount treated as ordinary income earned in the current tax year. Enter the smaller of line 31 or line 35		<b>36</b>	
<b>37</b> Amount treated as accumulation distribution. Subtract line 36 from line 31. If zero, do not complete the rest of Part III		<b>37</b>	0
<b>38</b> Applicable number of years of trust. Divide line 32 by 2.0 and enter the result here	<b>38</b>		0.0

**Schedule B—Actual Calculation of Trust Distributions (see instructions)**

<b>39</b> Enter amount from line 27		<b>39</b>	
<b>40a</b> Amount treated as ordinary income in the current tax year		<b>40a</b>	
<b>b</b> Qualified dividends	<b>40b</b>		
<b>41a</b> Amount treated as accumulation distribution. If zero, do not complete Schedule C below		<b>41a</b>	
<b>b</b> Amount of line 41a that is tax exempt	<b>41b</b>		
<b>42a</b> Amount treated as net short-term capital gain in the current tax year		<b>42a</b>	
<b>b</b> Amount treated as net long-term capital gain in the current tax year		<b>42b</b>	
<b>c</b> 28% rate gain	<b>42c</b>		
<b>d</b> Unrecaptured section 1250 gain	<b>42d</b>		
<b>43</b> Amount treated as distribution from trust corpus		<b>43</b>	
<b>44</b> Enter any other distributed amount received from the foreign trust not included on lines 40a, 41a, 42a, 42b, and 43. (Attach explanation.)		<b>44</b>	
<b>45</b> Amount of foreign trust's aggregate undistributed net income		<b>45</b>	
<b>46</b> Amount of foreign trust's weighted undistributed net income		<b>46</b>	
<b>47</b> Applicable number of years of trust. Divide line 46 by line 45 and enter the result here	<b>47</b>		0.0

**Schedule C—Calculation of Interest Charge (see instructions)**

<b>48</b> Enter accumulation distribution from line 37 or line 41a, as applicable		<b>48</b>	
<b>49</b> Enter tax on total accumulation distribution from line 28 of Form 4970. (Attach Form 4970—see instructions.)		<b>49</b>	
<b>50</b> Enter applicable number of years of foreign trust from line 38 or line 47, as applicable (round to nearest half year)	<b>50</b>		0.0
<b>51</b> Combined interest rate imposed on the total accumulation distribution (see instructions)		<b>51</b>	
<b>52</b> Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51		<b>52</b>	0
<b>53</b> Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your income tax return		<b>53</b>	0

**Part IV U.S. Recipients of Gifts or Bequests Received During the Current Tax Year From Foreign Persons** (see instructions)

- 54** During your current tax year, did you receive more than \$100,000 that you treated as gifts or bequests from a nonresident alien (including a distribution received from a domestic trust treated as owned by a foreign person) or a foreign estate? See instructions for special rules regarding related donors. . . . ☐ **Yes** ☐ **No**
- If "Yes," complete columns (a) through (c) with respect to each such gift or bequest in excess of \$5,000. If more space is needed, attach a statement.

(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
<b>Total</b>		\$ 0

- 55** During your current tax year, did you receive amounts from a foreign corporation or a foreign partnership that you treated as gifts in excess of the amount provided in the instructions? See instructions regarding related donors. . . . ☐ **Yes** ☐ **No**
- If "Yes," complete columns (a) through (g) with respect to each such gift. If more space is needed, attach a statement.

(a) Date of gift	(b) Name of foreign donor	(c) Address of foreign donor	(d) TIN, if any
(e) Check the box that applies to the foreign donor		(f) Description of property received	(g) FMV of property received
Corporation	Partnership		

- 56** Do you have any reason to believe that the foreign donor, in making any gift or bequest described in lines 54 and 55, was acting as a nominee or intermediary for any other person? If "Yes," see instructions. . . . ☐ **Yes** ☐ **No**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature \_\_\_\_\_ Title member Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**Line 20c, Sch K (1065) - Other Information****Section 199A Information**

<b>Income Items</b>	<b>Non-SSTB</b>	<b>SSTB</b>
Ordinary Income . . . . .	<u>63,952</u>	<u>0</u>
<b>Additional Information</b>		
Section 199A W-2 wages . . . . .	<u>2,504</u>	<u>0</u>
Section 199A unadjusted basis . . . . .	<u>84,137</u>	<u>0</u>

**Summary of Unadjusted Basis of Qualified Property (4562)**

12/31/2022

**Summary of Qualified Property by Activity**

	Activity	Unadjusted Cost or Basis
1	1065 . . . . .	0
2	Sch F: 01 . . . . .	84,137
3	K-1 (1065): 01 . . . . .	0

**Detail of Qualified Property**

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
4	Sch F: 01	Stalls	4/28/2015	7.0	8	1,540	100.00%	1,540
5	Sch F: 01	Bobcat	12/31/2018	7.0	5	17,000	100.00%	17,000
6	Sch F: 01	Solar System	12/31/2019	5.0	4	6,014	100.00%	6,014
7	Sch F: 01	New Holland Tractor (BT)	1/29/2020	3.0	3	18,500	100.00%	18,500
8	Sch F: 01	Horse Trailer(smaller goose ne	9/9/2020	5.0	3	1,400	100.00%	1,400
9	Sch F: 01	336-508-1854 Sheep	3/31/2021	5.0	2	450	100.00%	450
10	Sch F: 01	todd - horse	12/18/2021	7.0	2	2,700	100.00%	2,700
11	Sch F: 01	Carl 516-581-5985 -sheep	5/1/2021	5.0	2	850	100.00%	850
12	Sch F: 01	Reata	11/2/2021	7.0	2	3,700	100.00%	3,700
13	Sch F: 01	Ascott - dexter bull	9/4/2021	5.0	2	1,500	100.00%	1,500
14	Sch F: 01	Minis (horses)	5/4/2021	7.0	2	600	100.00%	600
15	Sch F: 01	Well Pump	7/7/2022	15.0	1	7,592	60.00%	4,555
16	Sch F: 01	Tool Shed	4/5/2022	10.0	1	5,921	100.00%	5,921
17	Sch F: 01	Saddle from Henderson's	1/19/2022	5.0	1	4,090	100.00%	4,090
18	Sch F: 01	Shed from Cambell's	3/3/2022	10.0	1	1,500	100.00%	1,500
19	Sch F: 01	shed from Buono	2/9/2022	10.0	1	350	100.00%	350
20	Sch F: 01	Kawaski Mule	1/31/2022	5.0	1	10,607	100.00%	10,607
21	Sch F: 01	Horse: spud	5/8/2022	7.0	1	700	100.00%	700
22	Sch F: 01	Hay Huts for Trails	9/3/2022	10.0	1	350	100.00%	350
23	Sch F: 01	Hay Huts for Farm	9/23/2022	10.0	1	700	100.00%	700
24	Sch F: 01	Feeder Pools	11/20/2022	7.0	1	1,110	100.00%	1,110

## Elections

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### **Election to NOT claim first-year special depreciation - 3 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

### **Election to NOT claim first-year special depreciation - 5 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

### **Election to NOT claim first-year special depreciation - 7 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

### **Election to NOT claim first-year special depreciation - 10 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

### **Election to NOT claim first-year special depreciation - 15 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

### **Election to NOT claim first-year special depreciation - 20 Year Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 20-Year depreciable property placed in service during the current tax year.

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D-403 (36)

10-13-22

## 2022 Partnership Income Tax Return

North Carolina Department of Revenue

For calendar year 2022 or <input type="checkbox"/> fiscal year beginning		22	and ending		DOR Use Only
<b>EASIHORSE LLC</b> <b>2303 EASY HORSE TRAIL</b> <b>WAKE FOREST NC 27587 WAKE</b>			Federal Employer ID Number: <b>208364567</b> If LLC, Secretary of State ID Number: <b>0571889</b>		
Filing Information:	<input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return	<input type="checkbox"/> Final Return <input type="checkbox"/> Short Period	<input checked="" type="checkbox"/> Partnership is LLC <input checked="" type="checkbox"/> Partnership has Nonresident Owners	<input type="checkbox"/> NC-NPA Forms attached <input type="checkbox"/> NC-478 attached	<input type="checkbox"/> Publicly Traded Partnership <input checked="" type="checkbox"/> NC-PE attached
Taxed Partnership Is the partnership making the election to be a Taxed Partnership for tax year 2022?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Federal Extension Was the partnership granted an automatic extension to file its 2022 federal income tax return (Form 1065)?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N.C. Education Endowment Fund: A partnership may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of partnership's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the partnership's payment of \$ <span style="float: right;">0</span> . To designate the partnership's overpayment to the Fund, enter the amount of the partnership's designation on Line 26 on Page 2.					

**EASI 2303 27587 IR N AR N FR N SP N LLC Y NO Y**  
**NPA N NC N PTP N PE Y TPAR N FDEXT N**  
**EASIHORSE LLC 208364567 0571889**

	2303 EASY HORSE TRAIL	WAKE FOREST	NC 27587		
01	63952	11	0	14D	0
02	0	12	0	19	0
04	0	13	0	21A	0
06	5765	14A	0	21B	0
08	0	14B	0	EU	0
10	0	14C	0	21C	0

**Part 1. Informational Return and Tax Due for Nonresident Partners or Taxed Partnership**

1. Income (Loss)	63952	8. Nonapportionable Net Distributive Partnership Income (Loss)	0
2. Guaranteed Payments to Partners	0	9. Apportionable Net Distributive Partnership Income (Loss)	58187
3. Subtract Line 2 from Line 1	63952	10. Nonapportionable Net Distributive Partnership Income (Loss) Allocated to N.C.	0
4. Additions to Income (Loss)	0		
5. Add Lines 3 and 4	63952		
6. Deductions from Income (Loss)	5765		
7. Net Distributive Partnership Income (Loss)	58187		

**Sign Return Below****Refund Due****0****Payment Due****0**

I declare and certify 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.

**03 05 23****(919) 528-7737**

Signature of Managing Partner

Date

Contact Phone Number (Include area code)

☐ If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion:

☐ Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

If prepared by a person other than the managing partner, this certification is based on all information of which the preparer has any knowledge

Signature of Preparer Other than Managing Partner

Date

Address of Paid Preparer

Preparer's Contact Phone Number (Include area code)

Preparer's FEIN, SSN, or PTIN

☐ FEIN  
☐ SSN  
☐ PTIN
**MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640**

**Part 1. Informational Return and Tax Due for Nonresident Partners or Taxed Partnership**

If the partnership has nonresident partners or if the partnership is a Taxed Partnership, complete Lines 11 through 13. Otherwise, skip to Line 14.

11. Tax Due for Nonresident Partners or Taxed Partnership	0	20. Overpayment Before Penalties and Interest	0
12. Tax Credits Allocated to Nonresident Partners or Taxed Partnership	0	21. 21a. Penalties 21b. Interest	
13. Net Tax Due for Nonresident Partners or Taxed Partnership	0	0 0	
14. Payments a. Extension	0	EU Exception to Underpayment of Estimated Tax	
b. Other Partnerships	0	21c. Interest on the Underpayment of Estimated Income Tax	0
c. Withholding from Services	0	21d. Total	0
d. Other Payments	0	22. Amount Due	0
e. Total Payments	0	23. Overpayment after Penalties and Interest	0
15. Additional Payments	0	<b>Amount of Refund to Apply to:</b>	
16. Add Lines 14e and 15	0	24. 2023 Estimated Income Tax	0
17. Previous Refunds	0	25. N.C. Nongame and Endangered Wildlife Fund	0
18. Subtract Line 17 from Line 16	0	26. N.C. Education Endowment Fund	0
19. Tax Due	0	27. Amount to be Refunded	0

**Part 2. Apportionment % for Partnerships That Have One or More Nonresident Partners****A. Partnerships Not Apportioning Income Outside North Carolina** Enter 100% on Part 4, Line 12 for each nonresident partner 100.0000%**B. Partnerships Apportioning Income Outside North Carolina**

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	0	0
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	0	0
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. Total	0	0
9. N.C. Apportionment Factor		%

**C. Special Apportionment Formulas**

%

**Part 3. Nonapportionable Net Distributive Partnership Income (Loss)**

(A) Nonapportionable Income (Loss)	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1. Nonapportionable Income (Loss)			0	
2. Nonapportionable Income (Loss) Allocated to N.C.				0

Explanation of why income (loss) listed in Part 3 is nonapportionable income (loss):



**Part 4. Partner Information and Tax Calculation for Nonresident Partners and Taxed Partnerships****A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items**

	Partner 1	Partner 2	Partner's Total
1. Identifying Number	047745300	131740635	
2. Name	DAVE J PULLIN	ALETHEA G PULLIN	
3. Address	2309 EASY HORSE WAKE FOREST NC 2	10100 WILKINS RD BAHAMA NC 27503	
4. Partner's share percentage	%	16.0000%	100.0000%
5. Type of partner	INDIVIDUAL	INDIVIDUAL	
6. Additions to income (loss)	0	0	0
7. Deductions from income (loss)	0	922	5765
8. Share of tax credits passing through to the partners	0	0	0
	NC Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NC Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**B. North Carolina Taxable Income for Nonresident Partners**

	Partner 1	Partner 2	Partner's Total
9. Guaranteed payments to nonresident partners	0	0	0
10. Partners' share of the amount from Part 1, Line 9	0	0	0
11. Add Lines 9 and 10	0	0	0
12. Apportionment percentage from Part 2	%	%	
13. Multiply Line 11 by Line 12	0	0	0
14. Guaranteed payments to nonresident partners	0	0	0
15. Partners' share of the amount from Part 1, Line 10	0	0	0
16. Separately stated items of income of nonresident partners	0	0	0
17. N.C. taxable income	0	0	0

**C. Net Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax**

	Partner 1	Partner 2	Partner's Total
18. Tax Due	0	0	0
19. Tax credits allocated to nonresident partners	0	0	0
20. Net Tax Due	0	0	0
	NC-NPA Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	NC-NPA Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	

**D. Partners' Share of Taxed Partnership's Tax Credits and Other Items**

	Partner 1	Partner 2	Partner's Total
21. Identifying Number			
22. Name			
23. Partners' share of Taxed Partnership's tax credits	0	0	0
	NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	

**E. Taxed Partnership's North Carolina Taxable Income for Nonresident Partners**

	Partner 1	Partner 2	Partner's Total
24. North Carolina taxable income for nonresident partners	0	0	0

**F. Taxed Partnership's North Carolina Taxable Income for Resident Partners**

	Partner 1	Partner 2	Partner's Total
25. Guaranteed payments to resident partners	0	0	0
26. Partners' share of the amount from Part 1, Line 7	0	0	0
27. Separately stated items of income attributable to resident partners	0	0	0
28. North Carolina taxable income for resident partners	0	0	0

**G. Taxed Partnership's Net Tax Due**

	Partner 1	Partner 2	Partner's Total
29. Add Line 24 and 28			0
30. Tax Due			0
31. Partners' share of tax credits			0
32. Net Tax Due			0

Explanation of Changes for Amended Return

Part 5. Ordinary Business Income (Loss)		Part 6. Partners' Distributive Share Items	
1. a. Gross receipts or sales	0	1. Ordinary business income (loss)	63952
b. Returns and allowances	0	2. Net rental real estate income (loss)	0
c. Balance - Line 1a minus Line 1b	0	3. Other net rental income (loss)	0
2. Cost of goods sold (Attach schedule)	0	4. Guaranteed Payments	0
3. Gross Profit (Line 1c minus Line 2)	0	5. Interest income	0
4. Ordinary income (loss) from other partnership, estates, trusts (Attach schedule)	0	6. Ordinary dividends	0
5. Net farm profit (loss) (Attach schedule)	63952	7. Royalties	0
6. Net gain (loss) (Attach schedule)	0	8. Net short-term capital gain (loss)	0
7. Other income (loss) (Attach schedule)	0	9. Net long-term capital gain (loss)	0
8. <b>Total Income (Loss)</b>	<b>63952</b>	10. Net section 1231 gain (loss)	0
9. Salaries and wages (other than to partners) (Less employment credits)	0	11. Other income (loss) (Attach schedule)	0
10. Guaranteed payments to partners	0	12. <b>Total Income (Loss)</b>	<b>63952</b>
11. Repairs and maintenance	0	<b>Part 7. Adjustments to Income (Loss)</b>	
12. Bad debts	0	If the partnership is required to add certain North Carolina adjustments to income (loss) or, if the partnership is allowed to deduct certain adjustments from income (loss), the partnership must complete Form NC-PE and attach it to Form D-403.	
13. Rent	0	Important: If you do not attach Form NC-PE to Form D-403, the Department may be unable to process the partnership return.	
14. Taxes and licenses	0		
15. Interest	0		
16. a. Depreciation	0		
b. Depreciation reported elsewhere on return	0		
c. Balance - Line 16a minus 16b	0		
17. Depletion	0		
18. Retirement plans, etc.	0		
19. Employee benefit programs	0		
20. Other deductions (Attach schedule)	0		
21. Total Deductions	0		
22. <b>Ordinary Business Income (Loss)</b>	<b>63952</b>		

## Part 4 Continuation

**Part 4. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items**  
**B. Computation of North Carolina Taxable Income for Nonresident Partners**  
**C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax**

EASIHORSE  
208364567

	Partner 3	Partner 4	Partner 5
1. Identifying Number	131742090	131741158	083784110
2. Name	DANIELA M PULLLI	ROBYN L PULLIN	BRITTANY J PULL
3. Address	2309 EASY HORSE WAKE FOREST NC 2	324 WESTGROVE CO DURHAM NC 27703	3610 44TH STREET SAN DIEGO CA 921
4. Partner's share percentage	39.0000%	%	%
5. Type of partner	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
6. Additions to income (loss)	0	0	0
7. Deductions from income (loss)	2248	0	0
8. Share of Tax Credits	0	0	0
	<small>NC Resident</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC Resident</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC Resident</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Guaranteed payments to nonresident partners	0	0	0
10. Percentage from Line 4 times amount on Part 1, Line 9	0	0	0
11. Add Lines 9 and 10	0	0	0
12. Apportionment percentage from Part 2	%	%	100.0000%
13. Multiply Line 11 by Line 12	0	0	0
14. Guaranteed payments to nonresident partners	0	0	0
15. Percentage from Line 4 times amount on Part 1, Line 10	0	0	0
16. Separately stated items of income of nonresident partners	0	0	0
17. N.C. taxable income	0	0	0

18. Tax Due	0	0	0
19. Tax credits allocated to nonresident partners	0	0	0
20. Net Tax Due	0	0	0
	<small>NC-NPA</small> <small>Form attached</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC-NPA</small> <small>Form attached</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC-NPA</small> <small>Form attached</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**D. Partners' Share of Taxed Partnership's Tax Credits and Other Items**

	Partner 3	Partner 4	Partner 5
21. Identifying Number			
22. Name			
23. Partners' share of Taxed Partnership's tax credits	0	0	0
	<small>NC Resident</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC Resident</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>NC Resident</small> <input type="checkbox"/> Yes <input type="checkbox"/> No

**E. Taxed Partnership's North Carolina Taxable Income for Nonresident Partners**

	Partner 3	Partner 4	Partner 5
24. North Carolina taxable income for nonresident partners	0	0	0

**F. Taxed Partnership's North Carolina Taxable Income for Resident Partners**

	Partner 3	Partner 4	Partner 5
25. Guaranteed payments to resident partners	0	0	0
26. Partners' share of the amount from Part 1, Line 7	0	0	0
27. Separately stated items of income attributable to resident partners	0	0	0
28. North Carolina taxable income for resident partners	0	0	0

**G. Taxed Partnership's Net Tax Due**

	Partner 3	Partner 4	Partner 5
29. Add Line 24 and 28			0
30. Tax Due			0
31. Partners' share of tax credits			0
32. Net Tax Due			0

## Part 4 Continuation

**Part 4. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items**  
**B. Computation of North Carolina Taxable Income for Nonresident Partners**  
**C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax**

EASIHORSE  
208364567

	Partner 6	Partner 7	Partner 8
1. Identifying Number	241815044	851054970	
2. Name	CASSANDRA K PULL	EASIHORSE FARMS	
3. Address	2309 EASY HORSE WAKE FOREST NC 2	2303 EASY HORSE WAKE FOREST NC 2	
4. Partner's share percentage	45.0000%	%	%
5. Type of partner	INDIVIDUAL	LLC	
6. Additions to income (loss)	0	0	0
7. Deductions from income (loss)	2594	0	0
8. Share of Tax Credits	0	0	0
	<input checked="" type="checkbox"/> NC Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> NC Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Guaranteed payments to nonresident partners	0	0	0
10. Percentage from Line 4 times amount on Part 1, Line 9	0	0	0
11. Add Lines 9 and 10	0	0	0
12. Apportionment percentage from Part 2	%	%	%
13. Multiply Line 11 by Line 12	0	0	0
14. Guaranteed payments to nonresident partners	0	0	0
15. Percentage from Line 4 times amount on Part 1, Line 10	0	0	0
16. Separately stated items of income of nonresident partners	0	0	0
17. N.C. taxable income	0	0	0

18. Tax Due	0	0	0
19. Tax credits allocated to nonresident partners	0	0	0
20. Net Tax Due	0	0	0
	NC-NPA <input type="checkbox"/> Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	NC-NPA <input type="checkbox"/> Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	NC-NPA <input type="checkbox"/> Form attached <input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Partners' Share of Taxed Partnership's Tax Credits and Other Items**

	Partner 6	Partner 7	Partner 8
21. Identifying Number			
22. Name			
23. Partners' share of Taxed Partnership's tax credits	0	0	0
	<input type="checkbox"/> NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NC Resident <input type="checkbox"/> Yes <input type="checkbox"/> No

**E. Taxed Partnership's North Carolina Taxable Income for Nonresident Partners**

	Partner 6	Partner 7	Partner 8
24. North Carolina taxable income for nonresident partners	0	0	0

**F. Taxed Partnership's North Carolina Taxable Income for Resident Partners**

	Partner 6	Partner 7	Partner 8
25. Guaranteed payments to resident partners	0	0	0
26. Partners' share of the amount from Part 1, Line 7	0	0	0
27. Separately stated items of income attributable to resident partners	0	0	0
28. North Carolina taxable income for resident partners	0	0	0

**G. Taxed Partnership's Net Tax Due**

	Partner 6	Partner 7	Partner 8
29. Add Line 24 and 28			0
30. Tax Due			0
31. Partners' share of tax credits			0
32. Net Tax Due			0

# 2022 N.C. Additions and Deductions for Pass-Through Entities, Estates, and Trusts

North Carolina Department of Revenue

DOR  
Use  
Only

A pass-through entity, estate, or trust is required to attach Form NC-PE to the applicable N.C. tax return if the entity is required to add certain items to federal income, or if the entity is allowed to deduct certain items from federal income. If the form is not attached to the applicable tax return, the Department may be unable to process the tax return.

Form NC-PE is identical to Form D-400, Schedule S and includes all N.C. adjustments applicable to individuals. The adjustments listed MAY NOT be applicable to every entity. For additional information, see the instructions for the specific entity.

Entity's Legal Name		<b>EASIHORSE LLC</b>		Federal Employer ID Number		<b>208364567</b>	
<b>Part A. Additions to Income</b>							
1.	Interest Income From Obligations of States Other Than N.C.					1.	0
2.	Deferred Gains Reinvested Into an Opportunity Fund					2.	0
3.	Bonus Depreciation					3.	0
4.	IRC Section 179 Expense					4.	0
5.	S-Corporation Shareholder Built-in Gains Tax					5.	0
6.	Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2022					6.	0
7.	Federal Net Operating Loss Deduction					7.	0
8.	State, Local, or Foreign Income Tax Deducted by an S Corporation, Partnership, or Estate and Trust					8.	0
9.	Withdrawal of 529 Plan Contributions Not Used for Permissible Purpose					9.	0
10.	Discharge of Qualified Principal Residence Indebtedness					10.	0
11.	Qualified Education Loan Payments Paid by Employer					11.	0
12.	Business Meal Deduction in Excess of 50%					12.	0
13.	Discharge of Certain Student Loan Debt					13.	0
14.	Taxed Pass-Through Entity Loss (New for 2022)					14.	0
15.	Reserved for Future Use					15.	0
16.	Total Additions - Add Lines 1 through 15					16.	0
<b>Part B. Deductions From Income</b>							
17.	State or Local Income Tax Refund					17.	0
18.	Interest Income From Obligations of the United States or United States' Possessions					18.	0
19.	Taxable Portion of Social Security and Railroad Retirement Benefits					19.	0
20.	Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement					20.	0
21.	Certain Retirement Benefits Received by a Retired Member of the United States Uniformed Services Not Deducted on Line 20					21.	0
22.	Bonus Asset Basis					22.	0
23.	Bonus Depreciation	a. 2017	0	b. 2018	0	c. 2019	716
		d. 2020	3383	e. 2021	1666	23f. Total	5765
24.	IRC Section 179 Expense	a. 2017	0	b. 2018	0	c. 2019	0
		d. 2020	0	e. 2021	0	24f. Total	0
25.	Recognized IRC Section 1400Z-2 Gain					25.	0
26.	Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995					26.	0
27.	Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe					27.	0
28.	Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2022					28.	0
29.	Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction					29.	0
30.	Personal Education Student Account Deposits					30.	0
31.	Certain State Emergency Response and Disaster Relief Reserve Fund Payments					31.	0
32.	Certain Economic Incentive Payments					32.	0
33.	Certain N.C. Grant Payments					33.	0
34.	Certain Net Operating Loss Carrybacks					34.	0
35.	Excess Net Operating Loss Carryforward					35.	0
36.	Excess Business Loss					36.	0
37.	Business Interest Limitation					37.	0
38.	Taxed Pass-Through Entity Income (New for 2022)					38.	0
39.	N.C. Net Operating Loss (New for 2022)					39.	0
40.	Reserved for Future Use					40.	0
41.	Total Deductions - Add Lines 17 through 22, 23f, 24f, and 25 through 40					41.	5765

Form <b>1065</b> Department of the Treasury Internal Revenue Service		<b>U.S. Return of Partnership Income</b> For calendar year 2022, or tax year beginning _____, ending _____ Go to <a href="http://www.irs.gov/Form1065">www.irs.gov/Form1065</a> for instructions and the latest information.		OMB No. 1545-0123 <b>2022</b>																					
<b>A</b> Principal business activity Farm		<b>Type or Print</b>	Name of partnership EasiHorse LLC		<b>D</b> Employer identification number 20-8364567																				
<b>B</b> Principal product or service  Ungulates & Avians			Number, street, and room or suite no. If a P.O. box, see instructions. 2303 Easy Horse Trail		<b>E</b> Date business started  11/17/2000																				
<b>C</b> Business code number  112900			City or town State ZIP code Wake Forest NC 27587		<b>F</b> Total assets (see instructions) \$ 0																				
			Foreign country name Foreign province/state/county Foreign postal code																						
<b>G</b> Check applicable boxes: (1) <input 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 <b>H</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify): _____ <b>I</b> Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ 7 <b>J</b> Check if Schedules C and M-3 are attached. <input type="checkbox"/> <b>K</b> 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																									
<b>Caution:</b> Include <b>only</b> trade or business income and expenses on lines 1a through 22 below. See instructions for more information.																									
<b>Income</b>	<b>1a</b> Gross receipts or sales		<b>1a</b>																						
	<b>b</b> Returns and allowances		<b>1b</b>																						
	<b>c</b> Balance. Subtract line 1b from line 1a		<b>1c</b>		0																				
	<b>2</b> Cost of goods sold (attach Form 1125-A)		<b>2</b>																						
	<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		0																				
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		<b>4</b>																						
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))		<b>5</b>		63,952																				
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>6</b>																						
<b>Deductions</b> <small>(see instructions for limitations)</small>	<b>7</b> Other income (loss) (attach statement)		<b>7</b>																						
	<b>8 Total income (loss).</b> Combine lines 3 through 7		<b>8</b>		63,952																				
	<b>9</b> Salaries and wages (other than to partners) (less employment credits)		<b>9</b>																						
	<b>10</b> Guaranteed payments to partners		<b>10</b>																						
	<b>11</b> Repairs and maintenance		<b>11</b>																						
	<b>12</b> Bad debts		<b>12</b>																						
	<b>13</b> Rent		<b>13</b>																						
	<b>14</b> Taxes and licenses		<b>14</b>																						
	<b>15</b> Interest (see instructions)		<b>15</b>																						
	<b>16a</b> Depreciation (if required, attach Form 4562)		<b>16a</b>																						
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return		<b>16b</b>		0																				
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )		<b>17</b>																						
<b>Tax and Payment</b>	<b>18</b> Retirement plans, etc.		<b>18</b>																						
	<b>19</b> Employee benefit programs		<b>19</b>																						
	<b>20</b> Other deductions (attach statement)		<b>20</b>																						
	<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20		<b>21</b>		0																				
	<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 8		<b>22</b>		63,952																				
	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)		<b>23</b>																						
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8866)		<b>24</b>																						
	<b>25</b> BBA AAR imputed underpayment (see instructions)		<b>25</b>																						
	<b>26</b> Other taxes (see instructions)		<b>26</b>																						
	<b>27 Total balance due.</b> Add lines 23 through 26		<b>27</b>		0																				
<b>28</b> Payment (see instructions)		<b>28</b>																							
<b>29 Amount owed.</b> If line 28 is smaller than line 27, enter amount owed		<b>29</b>																							
<b>30 Overpayment.</b> If line 28 is larger than line 27, enter overpayment		<b>30</b>																							
<b>Sign Here</b>  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 3/5/2023		<div>May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</div>																							
<b>Paid Preparer Use Only</b>		<table><tr><td>Print/Type preparer's name</td><td>Preparer's signature</td><td>Date</td><td>Check <input type="checkbox"/> if self-employed</td><td>PTIN</td></tr><tr><td>Firm's name</td><td colspan="2"></td><td colspan="2">Firm's EIN</td></tr><tr><td>Firm's address</td><td colspan="2"></td><td colspan="2">Phone no.</td></tr><tr><td>City</td><td>State</td><td>ZIP code</td><td colspan="2"></td></tr></table>				Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	Firm's name			Firm's EIN		Firm's address			Phone no.		City	State	ZIP code		
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN																					
Firm's name			Firm's EIN																						
Firm's address			Phone no.																						
City	State	ZIP code																							

For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2022)

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:				<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership	<b>b</b> <input type="checkbox"/> Domestic limited partnership				
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company	<b>d</b> <input type="checkbox"/> Domestic limited liability partnership				
<b>e</b> <input type="checkbox"/> Foreign partnership	<b>f</b> <input type="checkbox"/> Other: _____				
<b>2</b> At the end of the tax year:					
<b>a</b> 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>b</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
<b>3</b> At the end of the tax year, did the partnership:					
<b>a</b> 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>b</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 . . . . .					X
(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	
<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?				<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.					
<b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million.					
<b>c</b> 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.					
<b>d</b> 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	
<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? . . . . .					X
<b>6</b> 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
<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .					X
<b>8</b> At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over 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
<b>9</b> 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
<b>10a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.					X
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .					X
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(d) or 734(d) 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," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .					X

**Schedule B Other Information** (continued)

	Yes	No
<b>11</b> 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"/>		
<b>12</b> 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
<b>13</b> 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 . . . . .		
<b>14</b> 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. . . . . 0		X
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. . . . . 0		
<b>16a</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .	X	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099? . . . . .	X	
<b>17</b> Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return. . . . . 0		
<b>18</b> Enter the number of partners that are foreign governments under section 892. . . . . 0		
<b>19</b> 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
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 . . . . .		X
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . .		X
<b>22</b> 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 . . . . . If "Yes," enter the total amount of the disallowed deductions . . . . . \$		
<b>23</b> 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 . . . . .		
<b>24</b> Does the partnership satisfy one or more of the following? See instructions . . . . . <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</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 \$27 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 . . . . . \$		X
<b>26</b> 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 . . . . . 0 Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> 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
<b>28</b> 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
<b>29</b> Reserved for future use . . . . .		
<b>30</b> 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 Dave J Pullin

U.S. address of PR 2309 Easy Horse Trl  
Wake Forest NC 27587

U.S. phone number of PR (919) 528-7737

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



<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22) . . . . .	<b>1</b>	63,952
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		0
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> 0 <b>b</b> Capital <b>4b</b> 0		
	<b>c</b> Total. Add lines 4a and 4b . . . . . <b>4c</b>		
	<b>5</b> Interest income . . . . . <b>5</b>		
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . . <b>6a</b>		
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>		
	<b>7</b> Royalties . . . . . <b>7</b>		
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . . <b>8</b>			
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . . <b>9a</b>			
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>9b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>9c</b>			
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>10</b>			
<b>11</b> Other income (loss) (see instructions) Type: . . . . . <b>11</b>			
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . . <b>12</b>		
	<b>13a</b> Contributions . . . . . <b>13a</b>		
	<b>b</b> Investment interest expense . . . . . <b>13b</b>		
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: <b>(2)</b> Amount: <b>13c(2)</b>		
<b>d</b> Other deductions (see instructions) Type: . . . . . <b>13d</b>			
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment . . . . . <b>14a</b>		
	<b>b</b> Gross farming or fishing income . . . . . <b>14b</b>		
	<b>c</b> Gross nonfarm income . . . . . <b>14c</b>		
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>15a</b>		
	<b>b</b> Low-income housing credit (other) . . . . . <b>15b</b>		
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>15c</b>		
	<b>d</b> Other rental real estate credits (see instructions) Type: . . . . . <b>15d</b>		
	<b>e</b> Other rental credits (see instructions) Type: . . . . . <b>15e</b>		
	<b>f</b> Other credits (see instructions) Type: . . . . . <b>15f</b>		
<b>Inter-national</b>	<b>16</b> 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"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment . . . . . <b>17a</b>		
	<b>b</b> Adjusted gain or loss . . . . . <b>17b</b>		
	<b>c</b> Depletion (other than oil and gas) . . . . . <b>17c</b>		
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . . <b>17d</b>		
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . . <b>17e</b>		
	<b>f</b> Other AMT items (attach statement) . . . . . <b>17f</b>		
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . . <b>18a</b>		
	<b>b</b> Other tax-exempt income . . . . . <b>18b</b>		
	<b>c</b> Nondeductible expenses . . . . . <b>18c</b>		
	<b>19a</b> Distributions of cash and marketable securities . . . . . <b>19a</b>		
	<b>b</b> Distributions of other property . . . . . <b>19b</b>		
	<b>20a</b> Investment income . . . . . <b>20a</b>		
	<b>b</b> Investment expenses . . . . . <b>20b</b>		
	<b>c</b> Other items and amounts (attach statement) . . . . .		
<b>21</b> Total foreign taxes paid or accrued . . . . . <b>21</b>			

**Analysis of Net Income (Loss) per Return**

<b>1</b> Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21						<b>1</b>	63,952
<b>2</b> Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
<b>a</b> General partners							
<b>b</b> Limited partners		63,952					

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
<b>1</b> Cash					
<b>2a</b> Trade notes and accounts receivable					
<b>b</b> Less allowance for bad debts			0		0
<b>3</b> Inventories					
<b>4</b> U.S. Government obligations					
<b>5</b> Tax-exempt securities					
<b>6</b> Other current assets (attach statement)					
<b>7a</b> Loans to partners (or persons related to partners)					
<b>b</b> Mortgage and real estate loans					
<b>8</b> Other investments (attach statement)					
<b>9a</b> Buildings and other depreciable assets					
<b>b</b> Less accumulated depreciation			0		0
<b>10a</b> Depletable assets					
<b>b</b> Less accumulated depletion			0		0
<b>11</b> Land (net of any amortization)					
<b>12a</b> Intangible assets (amortizable only)					
<b>b</b> Less accumulated amortization			0		0
<b>13</b> Other assets (attach statement)					
<b>14</b> Total assets			0		0
<b>Liabilities and Capital</b>					
<b>15</b> Accounts payable					
<b>16</b> Mortgages, notes, bonds payable in less than 1 year					
<b>17</b> Other current liabilities (attach statement)					
<b>18</b> All nonrecourse loans					
<b>19a</b> Loans from partners (or persons related to partners)					
<b>b</b> Mortgages, notes, bonds payable in 1 year or more					
<b>20</b> Other liabilities (attach statement)					
<b>21</b> Partners' capital accounts					
<b>22</b> Total liabilities and capital			0		0

**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.

<b>1</b> Net income (loss) per books		<b>6</b> Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	<b>a</b> Tax-exempt interest \$	0
<b>3</b> Guaranteed payments (other than health insurance)	0	<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
<b>4</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		<b>a</b> Depreciation \$	0
<b>a</b> Depreciation \$		<b>8</b> Add lines 6 and 7	0
<b>b</b> Travel and entertainment \$	0	<b>9</b> Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0
<b>5</b> Add lines 1 through 4	0		

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b> Balance at beginning of year		<b>6</b> Distributions: <b>a</b> Cash	
<b>2</b> Capital contributed: <b>a</b> Cash		<b>b</b> Property	
<b>b</b> Property		<b>7</b> Other decreases (itemize):	
<b>3</b> Net income (loss) (see instructions)		<b>8</b> Add lines 6 and 7	0
<b>4</b> Other increases (itemize):	0	<b>9</b> Balance at end of year. Subtract line 8 from line 5	0
<b>5</b> Add lines 1 through 4	0		

Form **8453-PE****E-file Declaration for Form 1065**

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

File electronically with the partnership's return or administrative adjustment request .

(Don't file paper copies.)

Go to [www.irs.gov/Form8453PE](http://www.irs.gov/Form8453PE) for the latest information.**2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year beginning , 2022, and ending , 20 .

Name of partnership

EasiHorse LLC

Employer identification number

20-8364567

**Part I Form 1065 Information (whole dollars only)**

<b>1</b>	Gross receipts or sales less returns and allowances (Form 1065, line 1c) . . . . .	<b>1</b>	
<b>2</b>	Gross profit (Form 1065, line 3) . . . . .	<b>2</b>	
<b>3</b>	Ordinary business income (loss) (Form 1065, line 22) . . . . .	<b>3</b>	63,952
<b>4</b>	Net rental real estate income (loss) (Form 1065, Schedule K, line 2) . . . . .	<b>4</b>	
<b>5</b>	Other net rental income (loss) (Form 1065, Schedule K, line 3c) . . . . .	<b>5</b>	

**Part II Declaration of Partner or Member or Partnership Representative (see instructions)**  
**Be sure to keep a copy of the partnership's Return of Partnership Income or AAR.**

I declare under penalties of perjury:

1a. If this Form 1065 is transmitted as part of a return of partnership income, I'm a partner or member of the above partnership.

b. If this Form 1065 is transmitted as part of an administrative adjustment request (AAR), I'm the partnership representative (PR).

2. The information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's Form 1065.

3. To the best of my knowledge and belief, the partnership's corresponding return or AAR is true, correct, and complete.

4. I consent to my ERO, transmitter, and/or ISP sending the partnership's return or AAR, this declaration, and accompanying forms, schedules and statements to the IRS.

5. I consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return or AAR is accepted and, if rejected, the reason(s) for the rejection.

6. If the processing of the partnership's return or AAR is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay.

**Sign  
Here**

Signature of partner or member or PR

Date

Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I've reviewed the above partnership's return or AAR and that the entries on Form 8453-PE are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return or AAR and only declare that this form accurately reflects the data on the return or AAR. The partner or member or PR will have signed this form before I submit the return or AAR. I'll give the partner or member or PR a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in **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. If I'm also the Paid Preparer, under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge.

**ERO's  
Use  
Only**ERO's  
signature

Date

Check if  
also paid  
preparer ☐Check if  
self-  
employed ☐

ERO's SSN or PTIN

Firm's name (or yours  
if self-employed),  
address, and ZIP code

EIN

Phone no.

Under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge.

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if  
self-  
employed ☐

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

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

Form **8453-PE** (2022)

HTA

**SCHEDULE F**

(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Farming**

Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.  
Go to [www.irs.gov/ScheduleF](http://www.irs.gov/ScheduleF) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **14**

Name of proprietor **EasiHorse LLC** Social security number (SSN)

**A** Principal crop or activity **B** Enter code from Part IV **C** Accounting method: **D** Employer ID number (EIN) (see instr.)  
Ungulates & Avians 112900 ☒ Cash ☐ Accrual 20-8364567

**E** Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on passive losses ☒ Yes ☐ No  
**F** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☒ Yes ☐ No  
**G** If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No

**Part I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

<b>1a</b>	Sales of purchased livestock and other resale items (see instructions)	<b>1a</b>	10,733	
<b>b</b>	Cost or other basis of purchased livestock or other items reported on line 1a	<b>1b</b>		
<b>c</b>	Subtract line 1b from line 1a	<b>1c</b>		10,733
<b>2</b>	Sales of livestock, produce, grains, and other products you raised	<b>2</b>		6,571
<b>3a</b>	Cooperative distributions (Form(s) 1099-PATR)	<b>3a</b>		
<b>3b</b>	Taxable amount	<b>3b</b>		
<b>4a</b>	Agricultural program payments (see instructions)	<b>4a</b>		
<b>4b</b>	Taxable amount	<b>4b</b>		
<b>5a</b>	Commodity Credit Corporation (CCC) loans reported under election	<b>5a</b>		
<b>b</b>	CCC loans forfeited	<b>5b</b>		
<b>5c</b>	Taxable amount	<b>5c</b>		
<b>6</b>	Crop insurance proceeds and federal crop disaster payments (see instructions):			
<b>a</b>	Amount received in 2022	<b>6a</b>		
<b>b</b>	Taxable amount	<b>6b</b>		
<b>c</b>	If election to defer to 2023 is attached, check here <input type="checkbox"/>	<b>6d</b>	Amount deferred from 2021	
<b>7</b>	Custom hire (machine work) income	<b>7</b>		227,535
<b>8</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>8</b>		54,696
<b>9</b>	<b>Gross income.</b> Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	<b>9</b>		299,535

**Part II Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses. See instructions.

<b>10</b>	Car and truck expenses (see instructions). Also attach <b>Form 4562</b>	<b>10</b>			<b>23</b>	Pension and profit-sharing plans	<b>23</b>	
<b>11</b>	Chemicals	<b>11</b>			<b>24</b>	Rent or lease (see instructions):		
<b>12</b>	Conservation expenses (see instructions)	<b>12</b>			<b>a</b>	Vehicles, machinery, equipment	<b>24a</b>	
<b>13</b>	Custom hire (machine work)	<b>13</b>			<b>b</b>	Other (land, animals, etc.)	<b>24b</b>	
<b>14</b>	Depreciation and section 179 expense (see instructions)	<b>14</b>	4,355		<b>25</b>	Repairs and maintenance	<b>25</b>	1,419
<b>15</b>	Employee benefit programs other than on line 23	<b>15</b>			<b>26</b>	Seeds and plants	<b>26</b>	
<b>16</b>	Feed	<b>16</b>	63,186		<b>27</b>	Storage and warehousing	<b>27</b>	
<b>17</b>	Fertilizers and lime	<b>17</b>			<b>28</b>	Supplies	<b>28</b>	27,370
<b>18</b>	Freight and trucking	<b>18</b>			<b>29</b>	Taxes	<b>29</b>	2,431
<b>19</b>	Gasoline, fuel, and oil	<b>19</b>	3,752		<b>30</b>	Utilities	<b>30</b>	3,246
<b>20</b>	Insurance (other than health)	<b>20</b>	1,852		<b>31</b>	Veterinary, breeding, and medicine	<b>31</b>	50,356
<b>21</b>	Interest (see instructions):				<b>32</b>	Other expenses (specify):		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>21a</b>			<b>a</b>	advertising, Returns	<b>32a</b>	1,518
<b>b</b>	Other	<b>21b</b>			<b>b</b>	legal and prof	<b>32b</b>	73,594
<b>22</b>	Labor hired (less employment credits)	<b>22</b>	2,504		<b>c</b>		<b>32c</b>	
					<b>d</b>		<b>32d</b>	
					<b>e</b>		<b>32e</b>	
					<b>f</b>		<b>32f</b>	
<b>33</b>	<b>Total expenses.</b> Add lines 10 through 32f. If line 32f is negative, see instructions	<b>33</b>			<b>33</b>			235,583
<b>34</b>	<b>Net farm profit or (loss).</b> Subtract line 33 from line 9. If a profit, stop here and see instructions for where to report. If a loss, complete line 36.	<b>34</b>			<b>34</b>			63,952

**35** Reserved for future use.  
**36** Check the box that describes your investment in this activity and see instructions for where to report your loss.  
**a** ☐ All investment is at risk. **b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule F (Form 1040) 2022

**Part III Farm Income—Accrual Method** (see instructions).

<b>37</b>	Sales of livestock, produce, grains, and other products (see instructions) . . . . .	<b>37</b>	
<b>38a</b>	Cooperative distributions (Form(s) 1099-PATR) . . . . .	<b>38a</b>	
<b>38b</b>	Taxable amount . . . . .	<b>38b</b>	
<b>39a</b>	Agricultural program payments . . . . .	<b>39a</b>	
<b>39b</b>	Taxable amount . . . . .	<b>39b</b>	
<b>40</b>	Commodity Credit Corporation (CCC) loans:		
<b>a</b>	CCC loans reported under election . . . . .	<b>40a</b>	
<b>b</b>	CCC loans forfeited . . . . .	<b>40b</b>	
<b>40c</b>	Taxable amount . . . . .	<b>40c</b>	
<b>41</b>	Crop insurance proceeds . . . . .	<b>41</b>	
<b>42</b>	Custom hire (machine work) income . . . . .	<b>42</b>	
<b>43</b>	Other income (see instructions) . . . . .	<b>43</b>	
<b>44</b>	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43) . . . . .	<b>44</b>	0
<b>45</b>	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797 . . . . .	<b>45</b>	
<b>46</b>	Cost of livestock, produce, grains, and other products purchased during the year . . . . .	<b>46</b>	
<b>47</b>	Add lines 45 and 46 . . . . .	<b>47</b>	0
<b>48</b>	Inventory of livestock, produce, grains, and other products at end of year . . . . .	<b>48</b>	
<b>49</b>	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47* . . . . .	<b>49</b>	0
<b>50</b>	<b>Gross income.</b> Subtract line 49 from line 44. Enter the result here and on Part I, line 9 . . . . .	<b>50</b>	0

\*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

**Part IV Principal Agricultural Activity Codes**

Do not file Schedule F (Form 1040) to report the following.

- Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural services if your principal source of income is from providing such services. Instead, see instructions for Schedule C (Form 1040).
- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, see instructions for Schedule C (Form 1040).
- Income from managing a farm for a fee or on a contract basis. Instead, see instructions for Schedule C (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, see instructions for Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

**Crop Production**

- 111100 Oilseed and grain farming  
111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming  
111400 Greenhouse, nursery, and floriculture production  
111900 Other crop farming

**Animal Production**

- 112111 Beef cattle ranching and farming  
112112 Cattle feedlots  
112120 Dairy cattle and milk production  
112210 Hog and pig farming  
112300 Poultry and egg production  
112400 Sheep and goat farming  
112510 Aquaculture  
112900 Other animal production

**Forestry and Logging**

- 113000 Forestry and logging (including forest nurseries and timber tracts)  
113110 Timber tract operations  
113210 Forest nurseries and gathering of forest products  
113310 Logging

**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](http://www.irs.gov/Form1065) for the latest information.**

OMB No. 1545-0123

Name of partnership

EasiHorse LLC

Employer identification number (EIN)

20-8364567

**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

**For Paperwork Reduction Act Notice, see the Instructions for Form 1065.****Schedule B-1 (Form 1065) (Rev. 8-2019)**

HTA



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 1

047-74-5300

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Dave J Pullin  
2309 Easy Horse Trl  
Wake Forest, NC 27587**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)	<b>Z*</b>	See Attached Stmt
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 2

131-74-0635

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Alethea G Pullin  
10100 Wilkins Rd  
Bahama, NC 27503**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 16.000000% 16.000000%

Loss 16.000000% 16.000000%

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	10,232		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only





Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 3

131-74-2090

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Daniela M Pullin  
2309 Easy Horse Trl  
Wake Forest, NC 27587**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 39.000000% 39.000000%

Loss 39.000000% 39.000000%

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	24,941		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 4

131-74-1158

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Robyn L Pullin  
324 Westgrove Court  
Durham, NC 27703**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

For IRS Use Only

\*See attached statement for additional information.



Final K-1



Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 5

083-78-4110

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.Brittany J Pullin  
3610 44th Street  
SAN DIEGO, CA 92105**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 % %

Loss % %

Capital 16.000000% 16.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Service

2022

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

☐ Final K-1☐ Amended K-1

651121

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)
	28,778		
2	Net rental real estate income (loss)		
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 <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
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
10	Net section 1231 gain (loss)	Z*	See Attached Stmt
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

For IRS Use Only

\*See attached statement for additional information.

## Part I Information About the Partnership

A	Partnership's employer identification number
	20-8364567
B	Partnership's name, address, city, state, and ZIP code
	EasiHorse LLC 2303 Easy Horse Trail Wake Forest, NC 27587
C	IRS center where partnership filed return: e-file
D	<input type="checkbox"/> 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.)	Partner: 6
	241-81-5044	
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions.	
	Cassandra K Pullin 2309 Easy Horse Trail Wake Forest, NC 27587	
G	<input type="checkbox"/> General partner or LLC member-manager	<input checked="" type="checkbox"/> Limited partner or other LLC member
H1	<input checked="" type="checkbox"/> Domestic partner	<input type="checkbox"/> Foreign partner
H2	<input type="checkbox"/> 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 <input type="checkbox"/>	
J	Partner's share of profit, loss, and capital (see instructions):	
	Beginning Ending	
	Profit 45.000000% 45.000000%	
	Loss 45.000000% 45.000000%	
	Capital 16.000000% 16.000000%	
	Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K	Partner's share of liabilities:	
	Beginning Ending	
	Nonrecourse \$ \$	
	Qualified nonrecourse	
	financing \$ \$	
	Recourse \$ \$	
	Check this box if item K includes liability amounts from lower-tier partnerships <input type="checkbox"/>	

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

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1065)****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

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

See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number

20-8364567

**B** Partnership's name, address, city, state, and ZIP codeEasiHorse LLC  
2303 Easy Horse Trail  
Wake Forest, NC 27587**C** IRS center where partnership filed return: **e-file****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.)

Partner: 7

85-1054970

**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.EasiHorse Farms LLC  
2303 Easy Horse Trl  
Wake Forest, NC 27587**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? **Corporation****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 \_\_\_\_\_ % \_\_\_\_\_ %

Loss \_\_\_\_\_ % \_\_\_\_\_ %

Capital 4.000000% 4.000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:**Beginning****Ending**

Nonrecourse \$ \$

Qualified nonrecourse \_\_\_\_\_

financing \$ \$

Recourse \$ \$

Check this box if item K includes liability amounts from lower-tier partnerships ☐**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 \$ \_\_\_\_\_

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

<b>1</b>	Ordinary business income (loss)	<b>14</b>	Self-employment earnings (loss)
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>15</b>	Credits
<b>4a</b>	Guaranteed payments for services		
<b>4b</b>	Guaranteed payments for capital	<b>16</b>	Schedule K-3 is attached if checked <input type="checkbox"/>
<b>4c</b>	Total guaranteed payments	<b>17</b>	Alternative minimum tax (AMT) items
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>6c</b>	Dividend equivalents		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>19</b>	Distributions
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain	<b>20</b>	Other information
<b>10</b>	Net section 1231 gain (loss)		
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>21</b>	Foreign taxes paid or accrued
<b>13</b>	Other deductions		
<b>22</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>23</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

**2022**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.Attachment  
Sequence No. **179**

Name(s) shown on return EasiHorse LLC	Business or activity to which this form relates Sch F: 01 - Ungulates & Avians	Identifying number 20-8364567
--	---	----------------------------------

**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	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	29,883
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
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	0
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	0
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. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	0

**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	
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	47
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
19 a 3-year property						
b 5-year property		14,697	5	HY	200DB	2,939
c 7-year property		1,810	7	HY	200DB	259
d 10-year property		8,821	10	HY	200DB	882
e 15-year property		4,555	15	HY	150DB	228
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			39 yrs.	MM	S/L	
				MM	S/L	

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

20 a 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	4,355
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2022)

**Annual Return To Report Transactions With  
Foreign Trusts and Receipt of Certain Foreign Gifts**Go to [www.irs.gov/Form3520](http://www.irs.gov/Form3520) for instructions and the latest information.

OMB No. 1545-0159

**2022****Note:** All information must be in English. Show all amounts in U.S. dollars. File a **separate** Form 3520 for **each** foreign trust.

For calendar year 2022, or tax year beginning , 2022, ending , 20

**A** Check appropriate boxes: ☐ Initial return ☐ Final return ☐ Amended return**B** Check box that applies to person filing return: ☐ Individual ☒ Partnership ☐ Corporation ☐ Trust ☐ Executor**C** Check if any excepted specified foreign financial assets are reported on this form. See instructions . . . . . ☐**Check all applicable boxes.** See applicable instructions.☐ You are **(a)** a U.S. transferor who, directly or indirectly, transferred money or other property during the current tax year to a foreign trust; **(b)** a U.S. person who (1) during the current tax year, transferred property (including cash) to a related foreign trust (or a person related to the trust) in exchange for an obligation, or (2) holds a qualified obligation from the trust that is currently outstanding; or **(c)** the executor of the estate of a U.S. decedent and (1) the decedent made a transfer to a foreign trust by reason of death, (2) the decedent was treated as the owner of any portion of a foreign trust immediately prior to death, or (3) the decedent's estate included any portion of the assets of a foreign trust. **Complete all applicable identifying information requested below and Part I of the form.**☐ You are a U.S. owner of all or any portion of a foreign trust at any time during the tax year. **Complete all applicable identifying information requested below and Part II of the form.**☐ You are **(a)** a U.S. person (including a U.S. owner) or an executor of the estate of a U.S. person who, during the current tax year, received, directly or indirectly, a distribution from a foreign trust; **(b)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year, you or a U.S. person related to you received (1) a loan of cash or marketable securities, directly or indirectly, from such foreign trust, or (2) the uncompensated use of trust property; or **(c)** a U.S. person who is a U.S. owner or beneficiary of a foreign trust and in the current tax year such foreign trust holds an outstanding qualified obligation of yours or a U.S. person related to you. **Complete all applicable identifying information requested below and Part III of the form.**☐ You are a U.S. person who, during the current tax year, received certain gifts or bequests from a foreign person. **Complete all applicable identifying information requested below and Part IV of the form.****1a** Name of U.S. person(s) with respect to whom this Form 3520 is being filed (see instructions) **b** Taxpayer identification number (TIN)  
EasiHorse LLC 20-8364567**c** Number, street, and room or suite no. If a P.O. box, see instructions. **d** Spouse's TIN  
2303 Easy Horse Trail**e** City or town **f** State or province **g** ZIP or foreign postal code **h** Country  
Wake Forest NC 27587**i** If you are filing with your spouse a current-year joint income tax return and a joint Form 3520, check this box . . . . . ☐**j** If an automatic 2-month extension applies for the U.S. person's tax return, check this box and attach statement. See instructions . . . . . ☐**k** If an extension was requested for the tax return, check this box ☐ and enter the form number of the tax return to be filed:**2a** Name of foreign trust (if applicable) **b** Employer identification number (EIN), if any**c** Number, street, and room or suite no. If a P.O. box, see instructions. **d** Date foreign trust was created**e** City or town **f** State or province **g** ZIP or foreign postal code **h** Country**3** Did the foreign trust appoint a U.S. agent (defined in the instructions) who can provide the IRS with all relevant trust information? ☐ Yes ☐ No  
If "Yes," complete lines 3a through 3g. If "No," and you are required to complete Part I, complete lines 15 through 18.**3a** Name of U.S. agent **b** TIN, if any**c** Number, street, and room or suite no. If a P.O. box, see instructions.**d** City or town **e** State or province **f** ZIP or postal code **g** Country**4a** Name of U.S. decedent (see instructions) **b** Address **c** TIN of decedent**d** Date of death **e** EIN of estate**f** Check applicable box.

- ☐
- U.S. decedent made transfer to a foreign trust by reason of death.
- 
- ☐
- U.S. decedent treated as owner of foreign trust immediately prior to death.
- 
- ☐
- Assets of foreign trust were included in estate of U.S. decedent.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **3520** (2022)

**Part I Transfers by U.S. Persons to a Foreign Trust During the Current Tax Year**(see instructions)

<b>5a</b> Name of trust creator	<b>b</b> Address	<b>c</b> TIN, if any
<b>6a</b> Country code of country where trust was created	<b>b</b> Country code of country whose law governs the trust	<b>c</b> Date trust was created
<b>7a</b> Will any person (other than the foreign trust) be treated as the owner of the transferred assets after the transfer? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

<b>b</b> (i) Name of foreign trust owner	<b>(ii)</b> Address	<b>(iii)</b> Country of residence	<b>(iv)</b> TIN, if any	<b>(v)</b> Relevant Code section

<b>8</b> Was the transfer a completed gift or bequest? If "Yes," see instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9a</b> Now or at any time in the future, can any part of the income or corpus of the trust benefit any U.S. beneficiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If "No," could the trust be revised or amended to benefit a U.S. beneficiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10</b> Reserved for future use	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Schedule A—Obligations of a Related Trust** (see instructions)

<b>11a</b> During the current tax year, did you transfer property (including cash) to a related foreign trust in exchange for an obligation of the trust or an obligation of a person related to the trust? See instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete the rest of Schedule A, as applicable. If "No," go to Schedule B.		
<b>b</b> Were any of the obligations you received (with respect to a transfer described in line 11a above) qualified obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete the rest of Schedule A and attach a copy of each loan document entered into with respect to each qualified obligation reported on line 11b. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.		
If "No," go to Schedule B.		

<b>(i)</b> Date of transfer giving rise to obligation	<b>(ii)</b> Maximum term	<b>(iii)</b> Yield to maturity	<b>(iv)</b> FMV of obligation

<b>12</b> With respect to each qualified obligation you reported on line 11b, do you agree to extend the period of assessment of any income or transfer tax attributable to the transfer, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Note:</b> You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Generally, if you refuse to extend the period of limitations with respect to each qualified obligation you reported on line 11b, then such obligation is not a qualified obligation and you cannot check "Yes" to the question on line 11b.		

**Schedule B—Gratuitous Transfers** (see instructions)

<b>13</b> During the current tax year, did you make any transfers (directly or indirectly) to the trust and receive less than FMV, or no consideration at all, for the property transferred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete columns (a) through (i) below and the rest of Schedule B, as applicable. When completing columns (a) through (i) with respect to each nonqualified obligation, enter -0- in column (h).		
If "No," go to Schedule C.		

(a) Date of transfer	(b) Description of property transferred	(c) FMV of property transferred	(d) U.S. adjusted basis of property transferred	(e) Gain recognized at time of transfer, if any	(f) Excess, if any, of column (c) over the sum of columns (d) and (e)	(g) Description of property received, if any	(h) FMV of property received	(i) Excess of column (c) over column (h)
					0			0
					0			0
					0			0
<b>Totals</b>					\$ 0			\$ 0

<b>14</b> If you have a sale or loan document in connection with a transfer reported on line 13, complete 14a through 14c and attach the relevant document(s). If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.				
Are you attaching a copy of any of the following?	<b>Yes</b>	<b>No</b>	<b>Attached Previously</b>	<b>Year Attached</b>
<b>a</b> Sale document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Loan document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Subsequent variances to original sale or loan documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Note:** Complete lines 15 through 18 only if you are required to complete Part I and answered "No" to line 3, acknowledging that the foreign trust did not appoint a U.S. agent to provide the IRS with all relevant trust information.

15	(a) Name of beneficiary	(b) Address of beneficiary	(c) U.S. beneficiary?		(d) TIN, if any
			Yes	No	
16	(a) Name of trustee	(b) Address of trustee			(c) TIN, if any
17	(a) Name of other person with trust powers	(b) Address of other person with trust powers	(c) Description of powers		(d) TIN, if any

**18** If you checked "No" on line 3, you are required to attach a copy of all trust documents as indicated below. If these documents have been attached to a Form 3520-A or Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of any of the following?		Yes	No	Attached Previously	Year Attached
<b>a</b>	Summary of all written and oral agreements and understandings relating to the trust. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>b</b>	Trust instrument. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>c</b>	Memoranda or letters of wishes. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>d</b>	Subsequent variances to original trust documents. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>e</b>	Trust financial statements. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>f</b>	Organizational chart and other trust documents. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Schedule C—Qualified Obligations Outstanding in the Current Tax Year** (see instructions)

**19** Did you, at any time during your tax year, hold an outstanding obligation of a related foreign trust (or a person related to the trust) that you reported as a qualified obligation in the current tax year? ☐ Yes ☐ No

If "Yes," complete columns (a) through (f) below for each obligation.

(a) Date of original obligation	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during your tax year	(d) Amount of interest payments made during your tax year	(e) Balance of the outstanding obligation at the end of the tax year	(f) Does the obligation still meet the criteria for a qualified obligation?	
					Yes	No



**Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (continued)**

- 29** Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A  
If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution.  
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.
- 30** Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? ☐ Yes ☐ No ☐ N/A  
If "Yes," attach the statement and complete either Schedule A or Schedule B below. See instructions. Also, complete Schedule C if you enter an amount greater than zero on line 37 or line 41a.  
If "No," complete Schedule A with respect to that distribution. Also, complete Schedule C if you enter an amount greater than zero on line 37.

**Schedule A—Default Calculation of Trust Distributions (see instructions)**

<b>31</b> Enter amount from line 27		<b>31</b>	
<b>32</b> Number of years the trust has been a foreign trust, including the current tax year (see instructions)	<b>32</b>		
<b>33</b> Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of years the trust has been a foreign trust, if fewer than 3 years, but excluding the current tax year)		<b>33</b>	
<b>34</b> Multiply line 33 by 1.25		<b>34</b>	0
<b>35</b> Average distribution. Divide line 34 by 3.0 (or the number of years the trust has been a foreign trust, if fewer than 3 years, but excluding the current tax year) and enter the result		<b>35</b>	0
<b>36</b> Amount treated as ordinary income earned in the current tax year. Enter the smaller of line 31 or line 35		<b>36</b>	
<b>37</b> Amount treated as accumulation distribution. Subtract line 36 from line 31. If zero, do not complete the rest of Part III		<b>37</b>	0
<b>38</b> Applicable number of years of trust. Divide line 32 by 2.0 and enter the result here	<b>38</b>		0.0

**Schedule B—Actual Calculation of Trust Distributions (see instructions)**

<b>39</b> Enter amount from line 27		<b>39</b>	
<b>40a</b> Amount treated as ordinary income in the current tax year		<b>40a</b>	
<b>b</b> Qualified dividends	<b>40b</b>		
<b>41a</b> Amount treated as accumulation distribution. If zero, do not complete Schedule C below		<b>41a</b>	
<b>b</b> Amount of line 41a that is tax exempt	<b>41b</b>		
<b>42a</b> Amount treated as net short-term capital gain in the current tax year		<b>42a</b>	
<b>b</b> Amount treated as net long-term capital gain in the current tax year		<b>42b</b>	
<b>c</b> 28% rate gain	<b>42c</b>		
<b>d</b> Unrecaptured section 1250 gain	<b>42d</b>		
<b>43</b> Amount treated as distribution from trust corpus		<b>43</b>	
<b>44</b> Enter any other distributed amount received from the foreign trust not included on lines 40a, 41a, 42a, 42b, and 43. (Attach explanation.)		<b>44</b>	
<b>45</b> Amount of foreign trust's aggregate undistributed net income		<b>45</b>	
<b>46</b> Amount of foreign trust's weighted undistributed net income		<b>46</b>	
<b>47</b> Applicable number of years of trust. Divide line 46 by line 45 and enter the result here	<b>47</b>		0.0

**Schedule C—Calculation of Interest Charge (see instructions)**

<b>48</b> Enter accumulation distribution from line 37 or line 41a, as applicable		<b>48</b>	
<b>49</b> Enter tax on total accumulation distribution from line 28 of Form 4970. (Attach Form 4970—see instructions.)		<b>49</b>	
<b>50</b> Enter applicable number of years of foreign trust from line 38 or line 47, as applicable (round to nearest half year)	<b>50</b>		0.0
<b>51</b> Combined interest rate imposed on the total accumulation distribution (see instructions)		<b>51</b>	
<b>52</b> Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51		<b>52</b>	0
<b>53</b> Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your income tax return		<b>53</b>	0

**Part IV U.S. Recipients of Gifts or Bequests Received During the Current Tax Year From Foreign Persons** (see instructions)

- 54** During your current tax year, did you receive more than \$100,000 that you treated as gifts or bequests from a nonresident alien (including a distribution received from a domestic trust treated as owned by a foreign person) or a foreign estate? See instructions for special rules regarding related donors. . . . ☐ **Yes** ☐ **No**
- If "Yes," complete columns (a) through (c) with respect to each such gift or bequest in excess of \$5,000. If more space is needed, attach a statement.

(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
<b>Total</b>		\$ 0

- 55** During your current tax year, did you receive amounts from a foreign corporation or a foreign partnership that you treated as gifts in excess of the amount provided in the instructions? See instructions regarding related donors. . . . ☐ **Yes** ☐ **No**
- If "Yes," complete columns (a) through (g) with respect to each such gift. If more space is needed, attach a statement.

(a) Date of gift	(b) Name of foreign donor	(c) Address of foreign donor	(d) TIN, if any
(e) Check the box that applies to the foreign donor		(f) Description of property received	(g) FMV of property received
Corporation	Partnership		

- 56** Do you have any reason to believe that the foreign donor, in making any gift or bequest described in lines 54 and 55, was acting as a nominee or intermediary for any other person? If "Yes," see instructions. . . . ☐ **Yes** ☐ **No**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature \_\_\_\_\_ Title member Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	