

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20_____			See separate instructions.
Your first name and middle initial KALEY M		Last name TYLER	Your social security number 515 88 2624
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 20355 CHESTNUT GROVE DR			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. TAMPA		State FL	ZIP code 33647
Foreign country name		Foreign province/state/county	Foreign postal code
			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

☒ Single☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

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

Age/Blindness

You: ☐ Were born before January 2, 1959☐ Are blindSpouse: ☐ Was born before January 2, 1959☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	138042
b	Household employee wages not reported on Form(s) W-2	1b	0
c	Tip income not reported on line 1a (see instructions)	1c	0
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
e	Taxable dependent care benefits from Form 2441, line 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 29	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions)	1h	0
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	138042
2a	Tax-exempt interest	2a	0
3a	Qualified dividends	3a	0
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	0
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0
8	Additional income from Schedule 1, line 10	8	-14608
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	152749
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	152749
12	Standard deduction or itemized deductions (from Schedule A)	12	13850
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0
14	Add lines 12 and 13	14	13850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	138899

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

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

Form 1040 (2023)

Paid Preparer Use Only	Phone no. 813-451-7871		Email address kaleytyler@outlook.com		
	Preparer's name	Preparer's signature		Date	PTIN
	Check if: <input type="checkbox"/> Self-employed				
	Firm's name				Phone no.
Firm's address					Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

KALEY M TYLER

Your social security number

515 - 88 - 2624

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0
2a	Alimony received	2a	0
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-14608
4	Other gains or (losses). Attach Form 4797	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	0
8	Other income:		
a	Net operating loss	8a	(0)
b	Gambling	8b	0
c	Cancellation of debt	8c	0
d	Foreign earned income exclusion from Form 2555	8d	(0)
e	Income from Form 8853	8e	0
f	Income from Form 8889	8f	0
g	Alaska Permanent Fund dividends	8g	0
h	Jury duty pay	8h	0
i	Prizes and awards	8i	0
j	Activity not engaged in for profit income	8j	0
k	Stock options	8k	0
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	0
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	0
n	Section 951(a) inclusion (see instructions)	8n	0
o	Section 951A(a) inclusion (see instructions)	8o	0
p	Section 461(l) excess business loss adjustment	8p	0
q	Taxable distributions from an ABLE account (see instructions)	8q	0
r	Scholarship and fellowship grants not reported on Form W-2	8r	0
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	(0)
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	0
u	Wages earned while incarcerated	8u	0
z	Other income. List type and amount: _____	8z	0
9	Total other income. Add lines 8a through 8z	9	0
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-14608

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

KALEY M TYLER

Your social security number

515 - 88 - 2624

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	0
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	0
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	2932
9	Household employment taxes. Attach Schedule H	9	0
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	0
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	0
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	0
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	0
16	Recapture of low-income housing credit. Attach Form 8611	16	0

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:			
		17a	0	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	0	
c	Additional tax on HSA distributions. Attach Form 8889	17c	0	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	0	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	0	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	0	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	0	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	0	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	0	
j	Section 72(m)(5) excess benefits tax	17j	0	
k	Golden parachute payments	17k	0	
l	Tax on accumulation distribution of trusts	17l	0	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	0	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	0	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	0	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	0	
q	Any interest from Form 8621, line 24	17q	0	
z	Any other taxes. List type and amount: _____	17z	0	
18	Total additional taxes. Add lines 17a through 17z	18		0
19	Reserved for future use	19		
20	Section 965 net tax liability installment from Form 965-A	20	0	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		2932

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

Name of proprietor KALEY M TYLER		Social security number (SSN) 515 88 2624
A Principal business or profession, including product or service (see instructions) CONSULTANT,	B Enter code from instructions 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 20355 CHESTNUT GROVE DR City, town or post office, state, and ZIP code TAMPA FL 33647		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

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

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

8	Advertising	8	1038	18	Office expense (see instructions)	18	1735
9	Car and truck expenses (see instructions)	9	0	19	Pension and profit-sharing plans	19	0
10	Commissions and fees	10	0	20	Rent or lease (see instructions):	20a	3725
11	Contract labor (see instructions)	11	0	a	Vehicles, machinery, and equipment	20b	0
12	Depletion	12	0	b	Other business property	21	0
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	Repairs and maintenance	22	3746
14	Employee benefit programs (other than on line 19)	14	0	22	Supplies (not included in Part III)	23	788
15	Insurance (other than health)	15	0	23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	24a	2189
a	Mortgage (paid to banks, etc.)	16a	0	a	Travel	24b	0
b	Other	16b	0	b	Deductible meals (see instructions)	25	1387
17	Legal and professional services	17	0	25	Utilities	26	0
18				26	Wages (less employment credits)	27a	0
19				27a	Other expenses (from line 48)	27b	0
20				b	Energy efficient commercial bldgs deduction (attach Form 7205)	28	14608
21						29	-14608
22	Total expenses before expenses for business use of home. Add lines 8 through 27b					30	0
23	Tentative profit or (loss). Subtract line 28 from line 7					31	-14608
24	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.						
25	Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
26	Net profit or (loss). Subtract line 30 from line 29.						
27	<ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 						
28	If you have a loss, check the box that describes your investment in this activity. See instructions.						
29	<ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 						

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

Part III	Cost of Goods Sold (see instructions)
-----------------	----------------------------------------------

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

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

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

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

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

b If “Yes,” is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

48 Total other expenses. Enter here and on line 27a	48 0

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

OMB No. 1545-0172

2023Attachment
Sequence No. **179**Name(s) shown on return
KALEY M TYLERBusiness or activity to which this form relates
CONSULTANT[13111 RED VULCAN COURT]Identifying number
515882624**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. 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	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

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 2023	17	0
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 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
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	0
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	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%							
		%							
		%							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29		

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2023**Attachment
Sequence No. **55**

Name(s) shown on return

KALEY M TYLER

Your taxpayer identification number

515 - 88 - 2624

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CONSULTANT	515882624	-14608
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-14608
3	Qualified business net (loss) carryforward from the prior year	3	(20767)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0)
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction (see instructions)	11	138899
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	138899
14	Income limitation. Multiply line 13 by 20% (0.20)	14	27780
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(35375)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

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

Form **8995** (2023)

QBI CALCULATION

[illegible]

Form **5329**Department of the Treasury
Internal Revenue Service**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

KALEY M TYLER

Your social security number

515 88 2624

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	29315
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).		
	Enter the appropriate exception number from the instructions: 08	2	0
3	Amount subject to additional tax. Subtract line 2 from line 1	3	29315
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	2932
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.			

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	0
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	0
7	Amount subject to additional tax. Subtract line 6 from line 5	7	0
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	0

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

9	Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15	9	0
10	If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	0
11	2023 traditional IRA distributions included in income (see instructions)	11	0
12	2023 distributions of prior year excess contributions (see instructions)	12	0
13	Add lines 10, 11, and 12	13	0
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	0
15	Excess contributions for 2023 (see instructions)	15	0
16	Total excess contributions. Add lines 14 and 15	16	0
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	17	0

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

18	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23	18	0
19	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	0
20	2023 distributions from your Roth IRAs (see instructions)	20	0
21	Add lines 19 and 20	21	0
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Excess contributions for 2023 (see instructions)	23	0
24	Total excess contributions. Add lines 22 and 23	24	0
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	25	0

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

Form **5329** (2023)

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2023 were more than is allowable or you had an amount on line 33 of your 2022 Form 5329.

26	Enter the excess contributions from line 32 of your 2022 Form 5329. See instructions. If zero, go to line 31	26	0
27	If the contributions to your Coverdell ESAs for 2023 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	0
28	2023 distributions from your Coverdell ESAs (see instructions)	28	0
29	Add lines 27 and 28	29	0
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	0
31	Excess contributions for 2023 (see instructions)	31	0
32	Total excess contributions. Add lines 30 and 31	32	0
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	33	0

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.

34	Enter the excess contributions from line 40 of your 2022 Form 5329. See instructions. If zero, go to line 39	34	0
35	If the contributions to your Archer MSAs for 2023 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	0
36	2023 distributions from your Archer MSAs from Form 8853, line 8	36	0
37	Add lines 35 and 36	37	0
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	0
39	Excess contributions for 2023 (see instructions)	39	0
40	Total excess contributions. Add lines 38 and 39	40	0
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	41	0

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2023 than is allowable or you had an amount on line 49 of your 2022 Form 5329.

42	Enter the excess contributions from line 48 of your 2022 Form 5329. If zero, go to line 47	42	0
43	If the contributions to your HSAs for 2023 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	0
44	2023 distributions from your HSAs from Form 8889, line 16	44	0
45	Add lines 43 and 44	45	0
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	0
47	Excess contributions for 2023 (see instructions)	47	0
48	Total excess contributions. Add lines 46 and 47	48	0
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	49	0

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2023 were more than is allowable.

50	Excess contributions for 2023 (see instructions)	50	0
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2023. Include this amount on Schedule 2 (Form 1040), line 8	51	0

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2023 (see instructions)	52	0
53	Amount actually distributed to you in 2023 (see instructions)	53	0
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	0
55	Additional tax. See instructions for how to calculate the additional tax. If you qualify for the 10% tax rate on excess accumulations in at least one qualified retirement plan, check this box. <input type="checkbox"/> Include this amount on Schedule 2 (Form 1040), line 8 or Form 1041, Schedule G, line 8	55	0

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

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.

▼ Detach Here and Mail With Your Payment and Return. ▼

Department of the Treasury
Internal Revenue Service

2023

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

3440.00

1211

KALEY M TYLER
20355 CHESTNUT GROVE DR
TAMPA, FL 33647

INTERNAL REVENUE SERVICE
P.O. Box 1214,
CHARLOTTE, NC 28201-1214

515882624 DO TYLE 30 0 202312 610

How To Prepare Your Payment

- Make your check or money order payable to “**United States Treasury.**” Don’t send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter “2023 Form 1040,” “2023 Form 1040-SR,” or “2023 Form 1040-NR,” whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don’t use dashes or lines (for example, don’t enter “\$ XXX—” or “\$ XXX ^{xx}/₁₀₀”).

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

Taxpayer name KALEY M TYLER

Taxpayer address (optional)

20355 CHESTNUT GROVE DR

TAMPA FL 33647

1. ☒ Your federal income tax return for 2023 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by _____.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Instructions for Electronic Return Originators

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

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

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

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

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

LIST OF ITEMS TO BE REPORTED ON NEXT YEAR'S TAX RETURN

(KEEP FOR YOUR RECORDS)

DESCRIPTION	AMOUNT
ITEMIZED DEDUCTIONS	
Contributions subject to AGI limitations	\$ 0
QUALIFIED BUSINESS INCOME DEDUCTION	
Qualified business loss carry-forward	\$ 35,375
Qualified REIT dividend and PTP loss carry-forward	\$ 0
EXPENSES	
Home office operating expenses	\$ 0
Home office excess casualty losses and depreciation	\$ 0
Disallowed investment interest expense	\$ 0
Section 179 expense	\$ 0
Operating expense from PUB 527 Worksheet 5-1 - Schedule E	\$ 0
Excess casualty and theft losses and depreciation from PUB 527 Worksheet 5-1 - Schedule E	\$ 0
LOSSES	
Short-term capital loss	\$ 0
Long-term capital loss	\$ 0
Net operating loss	\$ 0
Non recaptured net section 1231 losses	\$ 0
Losses and Deduction form Schedule K1	\$ 0
CREDITS	
Mortgage interest credit	\$ 0
General business credit (Should be carried back before being carried forward)	\$ 0
Credit for prior year minimum tax	\$ 0
Adoption credit	\$ 0
District of Columbia first time home buyer credit	\$ 0
Residential Energy Credit	\$ 0
Foreign Tax credit	
Section 951A category income	\$ 0
Foreign branch category income	\$ 0
Passive category income	\$ 0
General category income	\$ 0
Section 901(j) income	\$ 0
Certain income re-sourced by treaty	\$ 0
Lump-sum distributions	\$ 0
OTHERS	
Overpayment applied to next year's Estimates	\$ 0

[illegible][illegible]

D-400 (58) 8-16-23 Individual Income Tax Return 2023

< Staple All Pages of Your
Return and W-2s Here

North Carolina Department of Revenue

☐ Amended ReturnDOR
Use
Only

For calendar year 2023, or fiscal year beginning 23 and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
KALEY M TYLER		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20355 CHESTNUT GROVE DR		Your SSN: 515882624	
TAMPA FL 33647 MECKLENBURG		Spouse's SSN:	
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Year spouse died:	
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. Date of death:	
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:	
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0 To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)			
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.			
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.			

FS 1 PP N DT N OC N TPRES N SPRES N VT N SVT N

TYLE 2035 33647 DS N EA N TD SD FDEXT N

KALEY M TYLER 515882624 MECKL

FL 33647

20355 CHESTNUT GROVE DR TAMPA

06 152749 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 2524 EU

10A 0 20B 0 27 2

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 12750 21C 0 31 0

13 03799 21D 0 32 0

14 53186 26A 2 34 0

15 2526 26B 0

TN 8134517871 PN PP



7020158025

Sign Return Below <input type="checkbox"/> Refund Due 0 <input checked="" type="checkbox"/> Payment Due 2	
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.	
<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
08-04-2024 813-451-7871	
Your Signature	Date
Spouse's Signature (If filing joint return, both must sign.)	
Date	
Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
Paid Preparer's Signature	
Date	
Preparer's Contact Phone Number (Include area code)	
Preparer's FEIN, SSN, or PTIN	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001	
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

Last Name (First 10 Characters) TYLER

Your Social Security Number

515882624

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	152749
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	152749
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	139999
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3799
14.	N.C. Taxable Income	14.	53186
15.	N.C. Income Tax	15.	2526
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2526
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2526

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2524
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	2524
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2524
26a.	Tax Due	26a.	2
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	2
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400 Sch PN (58)

8-16-23

**2023 Part-Year Resident and
Nonresident Schedule**

North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) TYLER

Your Social Security Number 515882624

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	01	01	23	05	26	23	22	58034
NRS	N	PYS	N							23	152749

Part A. Residency Status

Taxpayer is: (Select applicable box)
☐ Full-Year Resident ☐ Nonresident ☒ Part-Year Resident
Date N.C. residency began 01 01 23 Date N.C. residency ended 05 26 23

Spouse is: (Select applicable box)
☐ Full-Year Resident ☐ Nonresident ☐ Part-Year Resident
Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1.	Wages, Salaries, Tips, Etc.	1. 138042	58034
2.	Taxable Interest	2. 0	0
3.	Taxable Dividends	3. 0	0
4.	Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5.	Alimony Received	5. 0	0
6.	Business Income or (Loss)	6. -14608	0
7.	Capital Gain or (Loss)	7. 0	0
8.	Other Gains or (Losses)	8. 0	0
9.	Taxable Amount of IRA Distributions	9. 0	0
10.	Taxable Amount of Pensions and Annuities	10. 29315	0
11.	Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. 0	0
12.	Farm Income or (Loss)	12. 0	0
13.	Unemployment Compensation	13. 0	0
14.	Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15.	Other Income	15. 0	0
16.	Total Income	16. 152749	58034

7020958025

North Carolina Adjustments

North Carolina Adjustments		COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
17.	Additions		
a.	Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b.	Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c.	Bonus Depreciation	17c. 0	0
d.	IRC Section 179 Expense	17d. 0	0
e.	Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18.	Total Additions	18. 0	0

Last Name (First 10 Characters) TYLER

Your Social Security Number

515882624

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

		COLUMN A	COLUMN B
		Amount from Form	Amount of Column A
		D-400 Schedule S	Attributable to N.C.
19.	Deductions		
a.	State or Local Income Tax Refund	19a.	0
b.	Interest Income From Obligations of the United States or United States' Possessions	19b.	0
c.	Taxable Portion of Social Security and Railroad Retirement Benefits	19c.	0
d.	Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d.	0
e.	Bonus Asset Basis	19e.	0
f.	Bonus Depreciation	19f.	0
g.	IRC Section 179 Expense	19g.	0
h.	Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.	0
20.	Total Deductions	20.	0
21.	Total Income Modified by N.C. Adjustments	21.	152749

58034

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22.	Enter the Amount From Column B, Line 21	22.	58034
23.	Enter the Amount From Column A, Line 21	23.	152749
24.	Part-Year Residents and Nonresident Taxable Percentage	24.	0.3799

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov and select file and pay or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue. Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

Important Reminders

- **Do not** submit this voucher if you submitted an electronic payment.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold this voucher or check.
- **Do not** use a photocopy of this voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.
- **Do not** make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Cut Here

D-400V (58)

9-16-08

Individual Income Payment Voucher

North Carolina Department of Revenue

515882624 TYLE 2035 33647

KALEY M TYLER

20355 CHESTNUT GROVE DR

For Calendar Year 2023

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

TAMPA FL 33647

\$

2.00

Taxpayer/Paid Preparer:

Date: Phone: ()

7270158006



Mail to:

NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

20231 5158826242 0000000 06408

State : NC

ELECTRONIC FUNDS WITHDRAWAL REQUEST

Tax payer(s) information

Primary taxpayer's Name:

KALEY M TYLER

Primary taxpayer's SSN:

515 88 2624

Spouse's Name:

Spouse's SSN:

Account information:

Account Type:

☒

Checking

☐

Savings

Routing Number:

256074974

Account Number:

7177710949

Bank:

Payment information:

Amount You Owe:

\$

2

Amount of debit:

\$

2

Electronic Funds Withdrawal date:

08/04/2024

Tax payer(s) signature: _____(Primary)

_____(Spouse)

YEAR OVER YEAR COMPARISON	2022 - 2023
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INCOME	Form	Tax year - 2022	Tax year- 2023	Difference +/-
Wages, Salaries, Tips	W-2	117431	138042	20611
Taxable Interest	1099-INT	0	0	0
Ordinary Dividends	1099-DIV	0	0	0
Taxable IRA distributions, Pensions and annuities	1099-R	1712	29315	27603
Social Security benefits	1099-SSA	0	0	0
Capital Gains/(Losses), Schedule D	1099-B	0	0	0
Taxable refunds, credits, or offsets of state and local income taxes	1099-G	0	0	0
Alimony income	-	0	0	0
Business income/(loss)	Sch C	-8746	-14608	-5862
Other gains/(loss)	4797	0	0	0
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	Sch E	0	0	0
Farm income/(loss)	Sch F	0	0	0
Unemployment compensation	1099-G	0	0	0
Other income	Multiple	0	0	0
TOTAL INCOME		110397	152749	42352

ADJUSTMENTS TO INCOME				
Educator expenses	-	0	0	0
Certain business expenses of reservists, performing artists, and fee-basis government officials	2106	0	0	0
Health savings account deduction	8889	0	0	0
Moving expenses for members of Armed Services	3903	0	0	0
Self-employment tax	Sch SE	0	0	0
Self-employed SEP, SIMPLE, and qualified plans	-	0	0	0
Self-employed health insurance deduction	-	0	0	0
Penalty on early withdrawal of savings	1099-INT	0	0	0
Alimony paid	-	0	0	0
IRA deduction	-	0	0	0
Student loan interest deduction	1098-E	0	0	0
Archer MSA deduction	8889	0	0	0
Other Adjustments	Multiple	0	0	0
TOTAL ADJUSTMENTS TO INCOME		0	0	0

DEDUCTIONS				
Standard Deduction	-	12950	13850	900
Charitable contributions if you take the standard deduction	-	0	0	0
Medical and dental expenses	Sch A	0	0	0
Taxes you paid	Sch A	5394	2524	-2870
Interest you paid	Sch A	0	2088	2088
Gifts to Charity	Sch A	8791	9136	345
Casualty and theft losses	Sch A	0	0	0
Other itemized deductions	Sch A	0	0	0
Total Itemized Deductions		14185	13748	-437
Deduction claimed on return		14185	13850	-335
Qualified business income deduction	8995/8995A	0	0	0
TOTAL DEDUCTIONS		14185	13850	-335

TAXABLE INCOME	96212	138899	42687
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TAX	Form	Tax year - 2022	Tax year- 2023	Difference +/-
Tax	Multiple	16930	26736	9806
Alternative Minimum Tax	6251	0	0	0
Excess advance premium tax credit repayment	8962	0	0	0
Other (forms 8814, 4972, etc.)	Multiple	0	0	0
TOTAL TAX		16930	26736	9806

NONREFUNDABLE CREDITS				
Child tax credit or credit for other dependents	-	0	0	0
Foreign tax credit	1116	0	0	0
Credit for child and dependent care expenses	2441	0	0	0
Education credits	8863	0	0	0
Retirement savings contributions credit	8880	0	0	0
Residential energy credit	5695	0	0	0
Other credits (forms 3800, 8801, etc.)	Multiple	0	0	0
TOTAL NONREFUNDABLE CREDITS		0	0	0

OTHER TAXES				
Self-employment tax	Sch SE	0	0	0
Unreported social security and Medicare tax	4137/8919	0	0	0
Additional tax on IRAs, other qualified retirement plans, and other taxes	5329	0	2932	2932
Household employment taxes	Sch H	0	0	0
Repayment of first-time homebuyer credit	5405	0	0	0
Additional Medicare Tax	8959	0	0	0
Net investment income tax	8960	0	0	0
Uncollected social security and Medicare	W2	0	0	0
Interest on tax due on installment income	-	0	0	0
Interest on the deferred tax on gain	-	0	0	0
Recapture of low-income housing credit	8611	0	0	0
Other additional taxes	Multiple	0	0	0
Additional tax from Schedule 8812	8812	0	0	0
Section 965 net tax liability installment	965-A	0	0	0
TOTAL OTHER TAXES		0	2932	2932

TOTAL TAX	16930	29668	12738
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OTHER PAYMENTS AND REFUNDABLE CREDITS				
Federal income tax withheld	Multiple	16819	26228	9409
Estimated tax payments and amount applied from prior year	-	0	0	0
Net premium tax credit	8962	0	0	0
Amount paid with request for extension	-	0	0	0
Excess social security and tier 1 RRTA tax withheld	-	0	0	0
Credit for federal tax on fuels	4136	0	0	0
Other credits	-	0	0	0
Earned income tax credit	EIC	0	0	0
Additional child tax credit	8812	0	0	0
American opportunity credit	8863	0	0	0
Recovery rebate credit	-	0	0	0
TOTAL PAYMENTS AND REFUNDABLE CREDITS		16819	26228	9409

TAX (OVERPAID) OR TAX DUE	111	3440	3329
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