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FIDUCIARY COPY

800-716-2558

December 12, 2023

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Re: JACK AND SUZAN ANDERSON TRUST

JACK ANDERSON:

We have prepared and enclosed your 2023 Trust Income Tax returns for the year ended December 31, 2023.

This return has qualified for electronic filing and the PIN program has been elected. After you have reviewed the return for completeness and accuracy, please sign and return Form 8879-F to our office. The return will be transmitted electronically to the IRS, and no further action is required.

Your check for \$11535, payable to the United States Treasury, must be paid by April 15, 2024. Be sure to include your payment with Form 1041-V, Form 1041 Payment Voucher. Include the name, address, and telephone number of the fiduciary, Employer ID Number, and the words "2023 Form 1041" on your check.

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0148

Your income tax return includes a penalty for underpayment of estimated tax from Form 2210 of \$509.

The federal estimated income tax due dates and required payments are as follows:

Installment No. 1 by 04/15/24\$5149

Installment No. 2 by 06/17/24\$5149

Installment No. 3 by 09/16/24\$5149

Installment No. 4 by 01/15/25\$5149

Separately mail the federal estimated payment vouchers to:

Internal Revenue Service Center
P.O. Box 932400
Louisville, KY 40293-2400

Enclose, but do not attach, your check or money order, payable to "United States Treasury". Include the Employer ID Number and the words "2024 Form 1041-ES" on the payment.

Attached are Schedules K-1 for each beneficiary indicating their share of income, deductions and credits to be reported on their respective tax returns. These schedules should be immediately forwarded to each of them.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Caroline Lynn

800-716-2558

December 12, 2023

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Re: JACK AND SUZAN ANDERSON TRUST

JACK ANDERSON:

Enclosed is your 2023 Form(s) 114, Report of Foreign Bank and Financial Accounts.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

Form 114 has been prepared for electronic filing. Please sign, date and return Form 114A to our office. We will then transmit your report to the FinCEN.

A copy of the form is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Caroline Lynn

800-716-2558

December 12, 2023

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Re: JACK AND SUZAN ANDERSON TRUST

JACK ANDERSON:

We have prepared and enclosed your Maryland Fiduciary Income Tax return for the year ended December 31, 2023.

The Maryland Form 504 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return MD EL101B to our office. We will then transmit your return electronically to the MDDOR, and no further action is required. Do not mail the paper copy of the return to the MDDOR.

Enclose a check or money order for \$32253, payable to Comptroller of Maryland. Separately mail Form EL 102B with payment on or before April 15, 2024 to:

Comptroller of Maryland
Revenue Administration Division
PO Box 2601
Annapolis, MD 21404-2601

The Maryland estimated income tax due dates and required payments are as follows:

Installment No. 1 by 04/15/24\$8870
Installment No. 2 by 06/17/24\$8870
Installment No. 3 by 09/16/24\$8870
Installment No. 4 by 01/15/25\$8870

Separately mail the state estimated tax payment vouchers to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

Enclose your check or money order, payable to "Comptroller of Maryland".

Write the employer identification number of the estate or trust and the words "2024 " on your check.

Attached are Schedules K-1 for each beneficiary indicating their share of income, deductions and credits to be reported on their respective tax returns. These schedules should be immediately forwarded to each of them.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Caroline Lynn

800-716-2558

December 12, 2023

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Re: JACK AND SUZAN ANDERSON TRUST

JACK ANDERSON:

Enclosed are your 2023 Trust Income Tax returns, as follows...

2023 U.S. Income Tax Return For Estates and Trusts

2024 U.S. Estate and Trust Income Tax Estimates

2023 Maryland Fiduciary Income Tax Return

2024 Maryland Fiduciary Income Tax Estimates

Form 114, Report of Foreign Bank and Financial Accounts.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your records.

Very truly yours,

Caroline Lynn

2023 TAX RETURN FILING INSTRUCTIONS

U.S. INCOME TAX RETURN FOR ESTATES AND TRUSTS

JACK AND SUZAN ANDERSON TRUST

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Prepared By:

HATFIELD & ASSOCIATES
8186 JACKSON RD., SUITE 100
ANN ARBOR, MI 48103

To Be Signed and Dated By:

The fiduciary

Amount of Tax:

Total tax	\$	95697
Less: payments and credits	\$	84671
Plus: interest and penalties	\$	509
Balance due	\$	11535

Overpayment:

Credited to your estimated tax	\$	0
Refunded to you	\$	0

Mail Tax Return To:

This return has qualified for electronic filing and the PIN program has been elected. After you have reviewed the return for accuracy, please return Form 8879-F to our office. The return will be transmitted electronically to the IRS.

Forms to be Distributed to Beneficiaries:

Enclosed are copies of Schedule K-1 to be distributed to the beneficiaries.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your check for \$11535, payable to the United States Treasury, must be paid by April 15, 2024. Be sure to include your payment with Form 1041-V, Form 1041 Payment Voucher. Include the name, address, and telephone number of the fiduciary, Employer ID Number, and the words "2023 Form 1041" on your check.

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0148

2024 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTATE AND TRUST ESTIMATED INCOME TAX

JACK AND SUZAN ANDERSON TRUST

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Prepared By:

HATFIELD & ASSOCIATES
8186 JACKSON RD., SUITE 100
ANN ARBOR, MI 48103

Amount of Tax:

Total Estimated Tax	\$	20596
Less credit from prior year	\$	0
Less amount paid on 2024 estimate	\$	0
Balance due	\$	20596

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 5149	April 15, 2024
No. 2	\$ 5149	June 17, 2024
No. 3	\$ 5149	September 16, 2024
No. 4	\$ 5149	January 15, 2025

Make Check Payable To:

United States Treasury

Mail Voucher and Check (if applicable) To:

Internal Revenue Service Center
P.O. Box 932400
Louisville, KY 40293-2400

Special Instructions:

Include the Employer ID number and the words "2024 Form 1041-ES" on your check.

TAX RETURN FILING INSTRUCTIONS
REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Prepared By:

HATFIELD & ASSOCIATES
8186 JACKSON RD., SUITE 100
ANN ARBOR, MI 48103

Form must be filed on or before:

Not applicable

Special Instructions:

Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN.

2023

Form 1041-V

Department of the Treasury
Internal Revenue Service

314081 05-01-23

LHA

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

Form **1041-V** (2023)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0092

2023

Form 1041-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1041
- ▶ Do not staple this voucher or your payment to Form 1041
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your employer identification number (EIN) on your check or money order.

Enter the amount
of your payment ▶

11535

1019

JACK AND SUZAN ANDERSON TRUST
1234 MAIN STREET
BEACH CANDY, CA 92660

Internal Revenue Service
Ogden, UT 84201-0148

987654321 AP 500 05 2 202312 610

**BSA E-Filing - Report of
Foreign Bank and Financial
Accounts (FBAR)**

FinCEN Form 114

JACKAND20230001

Filing Name JACK AND SUZAN ANDERSON TRUST

Submission Type NEW

PIN NOT REQUIRED

Check here ☒ if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2024. An automatic extension to October 16, 2024 is available.

This report filed late for the following reason (Check only one):

- a. ☐ Forgot to file
- b. ☐ Did not know that I had to file
- c. ☐ Thought account balance was below reporting threshold
- d. ☐ Did not know that my account qualified as foreign
- e. ☐ Account statement not received in time
- f. ☐ Account statement lost (Replacement requested)
- g. ☐ Late receiving missing required account information
- h. ☐ Unable to obtain joint spouse signature in time
- i. ☐ Unable to access BSA E-filing system
- z. ☐ Other (please provide explanation below)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar
year ended 12/31

2023

Amended ☐**Part I Filer information** JACKAND20230001

2 Type of filer

a ☐ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☒ Fiduciary or other - Enter type **TRUST**

3 U.S. Taxpayer Identification Number 987654321 <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name JACK AND SUZAN ANDERSON TRUST	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

1234 MAIN STREET

10 City BEACH CANDY	11 State CA	12 ZIP/Postal Code 92660	13 Country USA
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?
Yes ☐ Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No ☒
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
Yes ☐ Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
No ☒

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year 25000.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below
---	--	---

17 Name of financial institution in which account is held

HSBC

18 Account number or other designation 554127895	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
20 City	21 State, if known	22 Foreign postal code, if known	23 Country

Signature 44a Check here ☒ if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account				46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>			
Third Party Preparer Use Only	47 Preparer's last name LYNN	48 First name CAROLINE	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN P12345678	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign		
	52 Contact phone no. 800-716-2558	52a Ext.	53 Firm's name HATFIELD & ASSOCIATES		54 Firm's TIN 12-3456789	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign		
	55 Mailing address (number, street, apt. or suite no.) 8186 JACKSON RD., SUITE 100		56 City ANN ARBOR		57 State MI	58 ZIP/Postal Code 48103	59 Country US	

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-F**

IRS e-file Signature Authorization for Form 1041

OMB No. 1545-0967

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning JAN 1, 2023, ending DEC 31, 2023.

Don't send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879F for the latest information.

2023

Name of estate or trust **JACK AND SUZAN ANDERSON TRUST** Employer identification number **98-7654321**

Name and title of fiduciary
JACK ANDERSON

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	1725914.
2	Income distribution deduction (Form 1041, line 18)	2	1326482.
3	Taxable income (Form 1041, line 23)	3	378518.
4	Total tax (Form 1041, line 24)	4	95697.
5	Tax due or overpayment (Form 1041, line 28 or 29)	5	11535.

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2023 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize _____ to enter my PIN 12345
ERO firm name
as my signature on the estate's or trust's 2023 electronically filed income tax return. **Don't enter all zeros**

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2023 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ***** THIS IS NOT A FILEABLE COPY *****

Date 04/04/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

34567

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation; and Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters, Processing Year 2024.

ERO's signature _____ Date _____

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-F** (2023)

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="text-align: center;">Record of Authorization to Electronically File FBARs</h2> <p style="text-align: center;">(See instructions below for completion)</p> <p style="text-align: center;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="text-align: center;">The form 114a may be digitally signed</p>	JACKAND20230001
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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)			
1. Owner last name or entity's legal name JACK AND SUZAN ANDERSON TRUST		2. Owner first name	
4. Spouse last name (if jointly filing FBAR - see instructions below)		5. Spouse first name	
3. Owner M.I.		6. Spouse M.I.	
I/we declare that I/we have provided information concerning <u>1</u> (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2023 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.			
7. Owner signature (Authorized representative if entity) * THIS IS NOT A FILEABLE COPY *		8. Date MM DD YYYY	9. Owner or entity TIN 987654321
11. Spouse signature		12. Date MM DD YYYY	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
		13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.			
15. Preparer last name LYNN		16. Preparer first name CAROLINE	
17. Preparer M.I.		18. Preparer PTIN P12345678	
19. Address 8186 JACKSON RD., SUITE 100		20. City ANN ARBOR	
21. State MI		22. ZIP/postal code 48103	
23. Country code US	24. Preparer's (item 15) employer's (Entity) name HATFIELD & ASSOCIATES		25. Employer EIN 12-3456789
26. Preparer's signature			

Instructions for completing the FBAR Signature Authorization Record

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

Read and complete the account owner statement in Part I.

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

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

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

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

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

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

Interest and Dividend Summary

Name: JACK AND SUZAN ANDERSON TRUST

FEIN/SSN: 98-7654321

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	JILL ANDERSON TRUST:BANK OF AMERICA, N -	4459.							
B	ENERGY AUDITORS - Ordinary Interest	70000.							
C	MORGAN STANLEY & CO. INCORPORATED 45566	13.	108.	9316.	2000.				
D	MORGAN STANLEY & CO. INCORPORATED 45566		-36.	-1513.	-251.				
E	JILL ANDERSON TRUST:BANK OF AMERICA, N							60785.	18209.
F	ENERGY AUDITORS							67613.	66891.
G	MELLON							276.	276.
H	WELLS FARGO NA							27842.	15672.
I	EXXON MOBIL CORPORATION							270.	270.
J									
K									
Totals		74472.	72.	7803.	1749.	0.	0.	156786.	101318.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G							16.		
H	5140.				983.				773.
I	83.				252.				
J									
K									
Totals	5223.	0.	0.	0.	1235.	0.	16.	0.	773.

Form	1041	Department of the Treasury - Internal Revenue Service U.S. Income Tax Return for Estates and Trusts Go to www.irs.gov/Form1041 for instructions and the latest information.		2023	OMB No. 1545-0092
		For calendar year 2023 or fiscal year beginning January 1, 2023, and ending December 31, 2023			
A Check all that apply: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund		Name of estate or trust (If a grantor type trust, see the instructions.) JACK AND SUZAN ANDERSON TRUST Name and title of fiduciary JACK ANDERSON Number, street, and room or suite no. (If a P.O. box, see the instructions.) 1234 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code BEACH CANDY, CA 92660		C Employer identification number 98 7654321 D Date entity created E Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions. <input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation <input type="checkbox"/> <input type="checkbox"/> Described in sec. 4947(a)(2)	
B Number of Schedules K-1 attached 2		F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address		<input type="checkbox"/> Net operating loss carryback	
G Check here if the estate or filing trust made a section 645 election <input type="checkbox"/> Trust TIN					
Income	1	Interest income	See Statement 1	1	74522.
	2 a	Total ordinary dividends	See Statement 3	2a	156786.
	b	Qualified dividends allocable to: (1) Beneficiaries 101318. (2) Estate or trust 0.			
	3	Business income or (loss). Attach Schedule C (Form 1040)		3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)		4	378618.
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)		5	699283.
	6	Farm income or (loss). Attach Schedule F (Form 1040)		6	
	7	Ordinary gain or (loss). Attach Form 4797		7	
	8	Other income. List type and amount	See Statement 5	8	416705.
9	Total income. Combine lines 1, 2a, and 3 through 8		9	1725914.	
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	See Statement 6	10	10814.
	11	Taxes	See Statement 7	11	10000.
	12	Fiduciary fees. If only a portion is deductible under section 67(e), see instructions		12	
	13	Charitable deduction (from Schedule A, line 7)		13	
	14	Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions		14	
	15 a	Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)		15a	
	b	Net operating loss deduction. See instructions		15b	
	16	Add lines 10 through 15b		16	20814.
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17 1705100.		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)		18	1326482.
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)		19	
	20	Qualified business income deduction. Attach Form 8995 or 8995-A		20	
21	Exemption		21	100.	
22	Add lines 18 through 21		22	1326582.	
Tax and Payments	23	Taxable income. Subtract line 22 from line 17. If a loss, see instructions		23	378518.
	24	Total tax (from Schedule G, Part I, line 9)		24	95697.
	25	Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)		25	
	26	Total payments (from Schedule G, Part II, line 19)		26	84671.
	27	Estimated tax penalty. See instructions		27	509.
	28	Tax due. If line 26 is smaller than the total of lines 24, 25, and 27, enter amount owed		28	11535.
	29	Overpayment. If line 26 is larger than the total of lines 24, 25, and 27, enter amount overpaid		29	
	30	Amount of line 29 to be: a Credited to 2024 ; b Refunded		30	
	Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
		Signature of fiduciary or officer representing fiduciary		Date	EIN of fiduciary if a financial institution
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	
	Caroline Lynn			PTIN P12345678	
	Firm's name	HATFIELD & ASSOCIATES	Firm's EIN	12-3456789	
	Firm's address	8186 JACKSON RD., SUITE 100 ANN ARBOR, MI 48103		Phone no. 800-716-2558	

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	1705100.
2	Adjusted tax-exempt interest	2	7803.
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-378618.
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	1334285.
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	1287386.
9	Income required to be distributed currently	9	1334285.
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	1334285.
12	Enter the amount of tax-exempt income included on line 11	12	7803.
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	1326482.
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	1326482.
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	1326482.

Schedule G Tax Computation and Payments (see instructions)**Part I - Tax Computation**

1	Tax:		
a	Tax on taxable income. See instructions	1a	81310.
b	Tax on lump-sum distributions. Attach Form 4972	1b	
c	Alternative minimum tax (from Schedule I (Form 1041), line 54)	1c	
d	Total. Add lines 1a through 1c	1d	81310.
2a	Foreign tax credit. Attach Form 1116	2a	
b	General business credit. Attach Form 3800	2b	
c	Credit for prior year minimum tax. Attach Form 8801	2c	
d	Bond credits. Attach Form 8912	2d	
e	Total credits. Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1d. If zero or less, enter -0-	3	81310.
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions	4	
5	Net investment income tax from Form 8960, line 21	5	14387.
6a	Recapture tax from Form 4255	6a	
b	Recapture tax from Form 8611	6b	
c	Other recapture taxes:	6c	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Other taxes and amounts due	8	
9	Total tax. Add lines 3 through 8. Enter here and on page 1, line 24	9	95697.

Form 1041 (2023)

Schedule G Tax Computation and Payments (see instructions) (continued)**Part II - Payments**

10	Current year's estimated tax payments and amount applied from preceding year's return	10	
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11	
12	Subtract line 11 from line 10	12	
13	Tax paid with Form 7004. See instructions	13	
14	Federal income tax withheld. If any is from Form(s) 1099, check here <input checked="" type="checkbox"/> See Statement 8	14	84671.
15	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)	15	
16	Payments from Form 2439	16	
17	Payments from Form 4136	17	
18a	Elective payment election amount from Form 3800	18a	
b	Other credits or payments (see instructions)	18b	
19	Total payments. Add lines 12 through 18b. Enter here and on page 1, line 26	19	84671.

Other Information

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses	<input checked="" type="checkbox"/>	
Enter the amount of tax-exempt interest income and exempt-interest dividends \$ 7803.		
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		<input checked="" type="checkbox"/>
3 At any time during calendar year 2023, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		<input checked="" type="checkbox"/>
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for the required attachment		<input checked="" type="checkbox"/>
6 If this is an estate or a complex trust making the section 663(b) election, check here. See instructions <input type="checkbox"/>		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions <input type="checkbox"/>		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here <input type="checkbox"/>		
9 Are any present or future trust beneficiaries skip persons? See instructions		<input checked="" type="checkbox"/>
10 Was the trust a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		<input checked="" type="checkbox"/>
11a Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?		<input checked="" type="checkbox"/>
b If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions		
12 Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an eligible 965(j) transferee for S corporation stock held on the last day of the tax year? See instructions		<input checked="" type="checkbox"/>
13 At any time during the tax year, did the estate or trust (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		<input checked="" type="checkbox"/>
14 ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		
15 ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions		

Form **1041** (2023)

**SCHEDULE I
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2023

Name of estate or trust

JACK AND SUZAN ANDERSON TRUST

Employer identification number

98-7654321

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs , see instructions	1	1705100.
2	Interest	2	
3	Taxes	3	10000.
4	Refund of taxes	4	()
5	Depletion (difference between regular tax and AMT)	5	
6	Net operating loss deduction. Enter as a positive amount	6	
7	Interest from specified private activity bonds exempt from the regular tax	7	1749.
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss) See Statement 9	13	0.
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19	()
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	22	()
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	1716849.
Complete Part II below before going to line 24.			
24	Income distribution deduction from Part II, line 42	24	1328524.
25	Estate tax deduction (from Form 1041, line 19)	25	
26	Add lines 24 and 25	26	1328524.
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	388325.

If line 27 is:

- \$28,400 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$28,400, but less than \$208,200, go to line 43.
- \$208,200 or more, enter the amount from line 27 on line 49 and go to line 50.
- **ESBTs**, see instructions.

Part II Income Distribution Deduction on a Minimum Tax Basis

28	Adjusted alternative minimum taxable income (see instructions)	28	1716849.
29	Adjusted tax-exempt interest (other than amounts included on line 7) See Statement 10	29	5803.
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	(378618.)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-	35	1344034.
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	1334285.
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	0.
38	Total distributions. Add lines 36 and 37	38	1334285.
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	5761.
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	1328524.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) 2023

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

41 Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-	41	1338231.
42 Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24	42	1328524.

Part III Alternative Minimum Tax

43 Exemption amount	43	\$28,400
44 Enter the amount from line 27	44	
45 Phase-out of exemption amount	45	\$94,600
46 Subtract line 45 from line 44. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (0.25)	47	
48 Subtract line 47 from line 43. If zero or less, enter -0-	48	
49 Subtract line 48 from line 44	49	388325.
50 Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • \$220,700 or less, multiply line 49 by 26% (0.26). • Over \$220,700, multiply line 49 by 28% (0.28) and subtract \$4,414 from the result	50	80801.
51 Alternative minimum foreign tax credit (see instructions)	51	26.
52 Tentative minimum tax. Subtract line 51 from line 50	52	80775.
53 Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	53	81310.
54 Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c	54	0.

Part IV Line 50 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

55 Enter the amount from line 49	55	388325.
56 Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	56	336052.
57 Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57	
58 If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	58	336052.
59 Enter the smaller of line 55 or line 58	59	336052.
60 Subtract line 59 from line 55	60	52273.
61 If line 60 is \$220,700 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$4,414 from the result	61	13591.
62 Maximum amount subject to the 0% rate	62	\$3,000
63 Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	63	43201.
64 Subtract line 63 from line 62. If zero or less, enter -0-	64	0.
65 Enter the smaller of line 55 or line 56	65	336052.
66 Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66	
67 Subtract line 66 from line 65	67	336052.

Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)

68 Maximum amount subject to rates below 20%	68	\$14,650		
69 Enter the amount from line 64	69			
70 Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	70	43201.		
71 Add line 69 and line 70	71	43201.		
72 Subtract line 71 from line 68. If zero or less, enter -0-	72			
73 Enter the smaller of line 67 or line 72	73			
74 Multiply line 73 by 15% (0.15)	74			
75 Add lines 66 and 73	75			
If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.				
76 Subtract line 75 from line 65	76	336052.		
77 Multiply line 76 by 20% (0.20)	77			67210.
If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.				
78 Add lines 60, 75, and 76	78			
79 Subtract line 78 from line 55	79			
80 Multiply line 79 by 25% (0.25)	80			
81 Add lines 61, 74, 77, and 80	81			80801.
82 If line 55 is \$220,700 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$4,414 from the result	82			104317.
83 Enter the smaller of line 81 or line 82 here and on line 50	83			80801.

Schedule I (Form 1041) 2023

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2023

Name of estate or trust

JACK AND SUZAN ANDERSON TRUST

Employer identification number

98-7654321

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked	309617.	298638.		10979.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 11				5 32322.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7 43301.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked	171067.	70817.		100250.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 12				12 229844.
13 Capital gain distributions See Statement 13				13 5223.
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part II, line 18a, column (3)				16 335317.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2023

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries ¹	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17	43301.	43301.
18 Net long-term gain or (loss):			
a Total for year	18a	335317.	335317.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18a	19	378618.	378618.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:		
a The loss on line 19, column (3) or b \$3,000	20	()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the inst. if either line 18b, col (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21	378518.	
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero	22	335317.	
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24 Add lines 22 and 23	24	335317.	
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25	0.	
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	335317.	
27 Subtract line 26 from line 21. If zero or less, enter -0-	27	43201.	
28 Enter the smaller of the amount on line 21 or \$3,000	28	2800.	
29 Enter the smaller of the amount on line 27 or line 28	29	2800.	
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		0.
31 Enter the smaller of line 21 or line 26	31	335317.	
32 Subtract line 30 from line 26	32	335317.	
33 Enter the smaller of line 21 or \$14,650	33	13700.	
34 Add lines 27 and 30	34	43201.	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35	0.	
36 Enter the smaller of line 32 or line 35	36		
37 Multiply line 36 by 15% (0.15)	37		
38 Enter the amount from line 31	38	335317.	
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40	335317.	
41 Multiply line 40 by 20% (0.20)	41		67063.
42 Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42	14247.	
43 Add lines 37, 41, and 42	43	81310.	
44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44	138314.	
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		81310.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

98 7654321

JACK AND SUZAN ANDERSON TRUST

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	600.000 SH - ADIDAS AG	Various	12/31/23	25362.	27663.			<2301.>
	675.000 SH - ADVANCED MICRO DEVICES	Various	12/31/23	57570.	52349.			5221.
	1200.000 SH - ANGLO AMERN PLC SPONSORED ADR	Various	12/31/23	35400.	47356.			<11956.>
	150.000 SH - AKZO NOBELNVADR	Various	12/31/23	18859.	18123.			736.
	150.000 SH - BANCO BRADESCO S A NEW	Various	12/31/23	8731.	9228.			<497.>
	1200.000 SH - AMERICAN EXPRESS CO	Various	12/31/23	57890.	51585.			6305.
	500.000 SH - CARVANA CO CL A	Various	12/31/23	37243.	34085.			3158.
	100.000 SH - DOORDASH INCCLA	Various	12/31/23	33986.	25668.			8318.
	150.000 SH - FEDEX CORP	Various	12/31/23	22221.	20718.			1503.
	150.000 SH - SAFRAN SA	Various	12/31/23	12355.	11863.			492.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)			309617.	298638.			10979.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (a)* in the separate instructions for how to figure the amount of the adjustment.

98 7654321

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

**Alternative Minimum Tax
Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2023

Name of estate or trust

JACK AND SUZAN ANDERSON TRUST

Employer identification number

98-7654321

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked	309617.	298638.		10979.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 14				5 32322.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7 43301.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked	171067.	70817.		100250.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts See Statement 15				12 229844.
13 Capital gain distributions				13 5223.
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part II, line 18a, column (3)				16 335317.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2023

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries ¹	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17	43301.	43301.
18 Net long-term gain or (loss):			
a Total for year	18a	335317.	335317.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss). Combine lines 17 and 18a	19	378618.	378618.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:		
a The loss on line 19, column (3) or b \$3,000	20	()

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the inst. if either line 18b, col (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21	378518.	
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero	22	335317.	
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23	735.	
24 Add lines 22 and 23	24	336052.	
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25	0.	
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	336052.	
27 Subtract line 26 from line 21. If zero or less, enter -0-	27	42466.	
28 Enter the smaller of the amount on line 21 or \$3,000	28	2800.	
29 Enter the smaller of the amount on line 27 or line 28	29	2800.	
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		0.
31 Enter the smaller of line 21 or line 26	31	336052.	
32 Subtract line 30 from line 26	32	336052.	
33 Enter the smaller of line 21 or \$14,650	33	13700.	
34 Add lines 27 and 30	34	42466.	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35	0.	
36 Enter the smaller of line 32 or line 35	Remaining lines not applicable to AMT Calc.		
37 Multiply line 36 by 15% (0.15)	37		
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	40		
41 Multiply line 40 by 20% (0.20)	41		
42 Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

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

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.**2023**Attachment
Sequence No. **72**

Name(s) shown on your tax return

JACK AND SUZAN ANDERSON TRUST

Your social security number or EIN

98-7654321**Part I Investment Income**

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

1	Taxable interest (see instructions)	1	74522.
2	Ordinary dividends (see instructions)	2	156786.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	699283.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	699283.
5a	Net gain or loss from disposition of property (see instructions)	5a	378618.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	378618.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions) Stmt 16	7	20101.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1329310.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-	12	1329310.
13	Modified adjusted gross income (see instructions)	13	
14	Threshold based on filing status (see instructions)	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	
16	Enter the smaller of line 12 or line 15	16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	
18a	Net investment income (line 12 above)	18a	1329310.
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	950692.
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	378618.
19a	Adjusted gross income (see instructions)	19a	399332.
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	13450.
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	385882.
20	Enter the smaller of line 18c or line 19c	20	378618.
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	14387.

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

Form **8960** (2023)

Form 1041

Interest Income

Statement 1

Description	U.S. Interest	Other Taxable Interest
MORGAN STANLEY & CO. INCORPORATED 45566	108.	13.
MORGAN STANLEY & CO. INCORPORATED 45566 - Amortizable Bond Premium Adj.		-22.
MORGAN STANLEY & CO. INCORPORATED 45566 (Accrued Interest)	-36.	
JILL ANDERSON TRUST:BANK OF AMERICA, N - Ordinary Interest		4459.
ENERGY AUDITORS - Ordinary Interest		70000.
Subtotals	72.	74450.
Total to Form 1041, Line 1		74522.

Form 1041	Nontaxable Interest	Statement 2
Description	Principal	Income
MORGAN STANLEY & CO. INCORPORATED 45566		21731.
MORGAN STANLEY & CO. INCORPORATED 45566 (Accrued Interest)		-1513.
MORGAN STANLEY & CO. INCORPORATED 45566 - Amortizable Bond Premium Adj.		-12415.
Subtotals		7803.
Total Nontaxable Interest		7803.

Form 1041

Dividend Income

Statement 3

Description	U.S. Interest	Qualifying Dividends	Ordinary Dividends
JILL ANDERSON TRUST:BANK OF AMERICA, N		18209.	42576.
ENERGY AUDITORS		66891.	722.
MELLON		276.	
WELLS FARGO NA		15672.	12170.
EXXON MOBIL CORPORATION		270.	
Subtotals		101318.	55468.
Total to Form 1041, Line 2a			156786.

Form 1041

Qualifying Dividends

Statement 4

	Beneficiary	Fiduciary
1. Total Qualifying Dividends		101318.
2. Portion Specifically Allocated		
3. Qualified Dividends Subtotal		101318.
4. Multiplied by Ordinary Income Percentage		.0000000
5. Total Qualified Dividends Including Attributable Estate Tax	101318.	0.
6. Less Attributable Estate Tax (Fiduciary only)		
Total Qualifying Dividends	101318.	

Form 1041

Other Income

Statement 5

DescriptionAmount

US BANK NATIONAL ASSOC.

396604.

INTEGRA LIFESCIENCES CORP - from 1099-MISC

20101.

Total to Form 1041, Line 8

416705.

Form 1041

Interest Expense

Statement 6

Description	Amount
WELLS FARGO BANK N.A.	10814.
Total to Form 1041, Line 10	10814.

Form 1041		Taxes		Statement 7	
(a) Total Tax Subject to Limitation	(b) Tax	(c) (b) / (a) Proration	(d) Limit	(d) X (c) when tax is subject to limitation	
				Indirect	Direct
US BANK NATIONAL ASSOC. - California State					
Income Tax Withheld					
50817.	46211.	.909361	X 10,000		9094.
Real estate property tax					
50817.	4606.	.090639	X 10,000		906.
Taxes After Limitation					10000.

Form 1041

Federal Income Tax Withheld

Statement 8

DescriptionAmount

US BANK NATIONAL ASSOC.

84671.

MELLON

16.

Less Amount Allocable to Beneficiaries

-16.

Total to Form 1041, Schedule G, Line 14

84671.

Schedule I

Passive Activity Loss

Statement 9

Name of Activity	Form	Net Income (Loss)		Adjustment
		AMT	Regular	
ENERGY AUDITORS	Sch E	593203.	593203.	
RESIDENTAL RENTAL -	Sch E			
1234 MAIN STREET,				
IRVINE 00989-8		96280.	96280.	
Total to Schedule I, Line 13				0.

Schedule I	Adjusted Tax-Exempt Interest Alternative Minimum Tax	Statement 10
------------	---	--------------

Allocation of Indirect Expenses to AMT Tax-Exempt Interest

1. Total Tax-Exempt Interest (excluding Private Activity Bonds)	5803.
2. Gross Income (including Private Activity Bonds)	1353016.
3. Net Capital Gains	
4. Total Gross Income (Lines 1 and 2)	1358819.
5. Allocation Ratio (Line 1 / line 4)	.004270620

Total Indirect Section 212 Expenses	
Ratio attributable to Tax-Exempt	X .004270620

Indirect Section 212 Expenses allocable to Tax-Exempt

Adjusted AMT Tax-Exempt Interest

Total Tax-Exempt	7803.
Less: Private Activity Bonds	2000.
Charitable Contribution attributable to Tax-Exempt	
Expenses Directly attributable to Tax-Exempt	
Indirect Sec 212 Expenses attributable to Tax-Exempt	

Total to Schedule I, Line 29	5803.
------------------------------	-------

Schedule D	Net Short-Term Gain or Loss from Partnerships, S Corporations, and Fiduciaries	Statement 11
------------	---	--------------

Description of Activity	Gain or Loss
JILL ANDERSON TRUST:BANK OF AMERICA, N	40367.
ENERGY AUDITORS	-8045.
Total to Schedule D, Part I, line 5	32322.

Schedule D	Net Long-Term Gain or Loss from Partnerships, S Corporations, and Fiduciaries	Statement 12
------------	--	--------------

Description of Activity	Gain or Loss	28% Gain
JILL ANDERSON TRUST:BANK OF AMERICA, N ENERGY AUDITORS	233583. -3739.	
Total to Schedule D, Part II, line 12	229844.	

Form 1041	Capital Gain Distributions	Statement 13
Description	Gross Amount	28% Amount
WELLS FARGO NA	5140.	
EXXON MOBIL CORPORATION	83.	
Total to Form 1041, Sch. D, line 13	5223.	

Schedule D	Alternative Minimum Tax	Statement 14
	Net Short-Term Gain or Loss from	
	Partnerships, S Corporations, Estates and Trusts	

Description of Activity	Gain or Loss
JILL ANDERSON TRUST:BANK OF AMERICA, N	40367.
ENERGY AUDITORS	-8045.
Total to Schedule D AMT, Part I, line 5	32322.

Schedule D	Alternative Minimum Tax	Statement 15
	Net Long-Term Gain or Loss from	
	Partnerships, S Corporations, Estates and Trusts	

Description of Activity	Gain or Loss	28% Gain
JILL ANDERSON TRUST:BANK OF AMERICA, N ENERGY AUDITORS	233583. -3739.	
Total to Schedule D AMT, Part II, line 12	229844.	

Form 8960	Other Modifications to Investment Income	Statement 16
INTEGRA LIFESCIENCES CORP - from 1099-MISC		20101.
Amount to Form 8960, line 7		20101.

Schedule K-1
(Form 1041)

2023

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service
beginning January 1, 2020
ending December 31, 2023
For calendar year 2023, or tax year

Beneficiary's Share of Income, Deductions, Credits, etc. See page 2 and instructions.

Part I Information About the Estate or Trust	
A Estate's or trust's employer identification number 98-7654321	
B Estate's or trust's name JACK AND SUZAN ANDERSON TRUST	
C Fiduciary's name, address, city, state, and ZIP code JACK ANDERSON 1234 MAIN STREET BEACH CANDY, CA 92660	
D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____	
E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust	
Part II Information About the Beneficiary	
F Beneficiary's identifying number 111-11-1111	
G Beneficiary's name, address, city, state, and ZIP code JOHN SMITH , AL	
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary	

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income	11	Final year deductions
	36686.		
2a	Ordinary dividends		
	77182.		
2b	Qualified dividends		
	49876.		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative min tax adjustment
		A	1021.
4c	Unrecaptured section 1250 gain	B	13.
5	Other portfolio and nonbusiness income	J	1021.
	209958.		
6	Ordinary business income		
*	243349.		
7	Net rental real estate income		
*	96066.		
8	Other rental income	13	Credits and credit recapture
		B	8.
9	Directly apportioned deductions		
		14	Other information
		A	3901.
10	Estate tax deduction	*	
		B	1754.
		*	
		E	113868.
		H	-195238.
		*	
		I	STMT
		*	STMT
*See attached statement for additional information.			
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.			
For IRS Use Only			

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Components of Box 6 and Box 9**

Ordinary Business Income	Amount	Beneficiary Filing Instructions
Total Passive Income	243349	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Components of Box 7 and Box 9

Net Rental Real Estate Income	Amount	Beneficiary Filing Instructions
Total Passive Income	96066	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Characterization of Net Rental Real Estate

Passive Rental Real Estate:	
Single family residence	47396
Farm rentals, rentals from passthroughs, other rentals	48670

AMT Adjustment and Exclusion Calculation, Box 12, Codes A and J

Description	Amount
Beneficiary share of distributable AMT income	664262
Beneficiary share of regular distributable income	663241
Beneficiary adjustment for alternative minimum tax	1021
Total exclusion items	11749
Total Alternative Minimum Adjustments	11749
Percentage for exclusion items (Total exclusion items divided	

1 JOHN SMITH

Schedule K-1 Statements and Footnotes

by total alternative minimum tax adjustments)	1.0000000
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Beneficiary share of exclusion items (percentage X AMT adj)	1021
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AMT Adjustment for Qualified Dividends, Box 12, Code B

Description	Amount
Beneficiary share of AMT qualified dividends	49889
Beneficiary share of qualified dividends	49876
AMT Adjustment - Qualified Dividends	13

Foreign Taxes, Box 14, Code B

Income Category	Country	Taxes
Passive Income	Other Countries	1754
Total		1754

Investment Income, Box 14, Code E

Interest income	36686
Nonqualified dividends	27306
Qualified dividend income	49876
Total investment income	113868

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Foreign Gross Receipts and Expenses, Box 14, Code Z**

Income Category	Country	Gross Amount
Passive Income	Other Countries	36215
Less:		
Expenses	Other Countries	12037
Total		24178

AMT Foreign Taxes, Box 14, Code Z

Income Category	Country	Taxes
Passive Income	Other Countries	1741
Total		1741

AMT Foreign Gross Receipts and Expenses, Box 14, Code Z

Income Category	Country	Gross Amount
Passive Income	Other Countries	35952
Less:		
Expenses	Other Countries	11746
Total		24206

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Misc Qualified Business Income, Section 199A - Box 14, Code I**

Description	Amount
Beneficiary share of Sec 199A REIT Dividends See Beneficiary Instructions for Schedule K-1 (Form 1041)	712

SECTION 199A ADDITIONAL INFORMATION

The Section 199A amounts to be used in the calculation of qualified business income deduction on your 1040/1041 return are reported on line 13/20. Please consult your tax advisor regarding the calculation of qualified business income deduction, including the possible aggregations and limitations that may apply to the filing of 1.199A-4(C)(2)(I) annual disclosure statement.

Listing of All Other Information, Box 14, Code Z

Description	Amount	Beneficiary Filing Instructions
US Interest Included in Box 1	36	See Beneficiary Instructions for Schedule K-1 (Form 1041)

Other Information Overflow, Box 14

Code Description	Amount
Z * US Interest Included in Line 1	36
Z * Foreign Gross Receipts	24178
Z * AMT Foreign Taxes	1741
Z * AMT Foreign Gross Receipts	24206
* See attached statement for additional information	

Schedule K-1
(Form 1041)

2023

☐ Final K-1☐ Amended K-1

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

beginning January 1, 2020
ending December 31, 2023**Beneficiary's Share of Income, Deductions,
Credits, etc.** See page 2 and instructions.

Part I Information About the Estate or Trust	
A Estate's or trust's employer identification number 98-7654321	
B Estate's or trust's name JACK AND SUZAN ANDERSON TRUST	
C Fiduciary's name, address, city, state, and ZIP code JACK ANDERSON 1234 MAIN STREET BEACH CANDY, CA 92660	
D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____	
E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust	
Part II Information About the Beneficiary	
F Beneficiary's identifying number 222-22-2222	
G Beneficiary's name, address, city, state, and ZIP code ROBERT HALL , CA	
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary	

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income 36685.	11	Final year deductions
2a	Ordinary dividends 77182.		
2b	Qualified dividends 49877.		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative min tax adjustment 1021.
4c	Unrecaptured section 1250 gain	B	12.
5	Other portfolio and nonbusiness income 209958.	J	1021.
6*	Ordinary business income 243350.		
7*	Net rental real estate income 96066.		
8	Other rental income	13 B	Credits and credit recapture 8.
9	Directly apportioned deductions		
		14 A	Other information 3902.
10	Estate tax deduction	* B	1755.
		* E	113867.
		H *	-195239.
		I *	STMT
			STMT
*See attached statement for additional information.			
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.			
For IRS Use Only			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

www.irs.gov/Form1041

Schedule K-1 (Form 1041) 2023

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Schedule K-1 Statements and Footnotes**Components of Box 6 and Box 9**

Ordinary Business Income	Amount	Beneficiary Filing Instructions
Total Passive Income	243350	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Components of Box 7 and Box 9

Net Rental Real Estate Income	Amount	Beneficiary Filing Instructions
Total Passive Income	96066	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Characterization of Net Rental Real Estate

Passive Rental Real Estate:	
Single family residence	47396
Farm rentals, rentals from passthroughs, other rentals	48670

AMT Adjustment and Exclusion Calculation, Box 12, Codes A and J

Description	Amount
Beneficiary share of distributable AMT income	664262
Beneficiary share of regular distributable income	663241
Beneficiary adjustment for alternative minimum tax	1021
Total exclusion items	11749
Total Alternative Minimum Adjustments	11749
Percentage for exclusion items (Total exclusion items divided	

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Schedule K-1 Statements and Footnotes

by total alternative minimum tax adjustments)	1.0000000
---	-----------

Beneficiary share of exclusion items (percentage X AMT adj)	1021
---	------

AMT Adjustment for Qualified Dividends, Box 12, Code B

Description	Amount
Beneficiary share of AMT qualified dividends	49889
Beneficiary share of qualified dividends	49877
AMT Adjustment - Qualified Dividends	12

Foreign Taxes, Box 14, Code B

Income Category	Country	Taxes
Passive Income	Other Countries	1755
Total		1755

Investment Income, Box 14, Code E

Interest income	36685
Nonqualified dividends	27305
Qualified dividend income	49877
Total investment income	113867

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Schedule K-1 Statements and Footnotes**Foreign Gross Receipts and Expenses, Box 14, Code Z**

Income Category	Country	Gross Amount
Passive Income	Other Countries	36215
Less:		
Expenses	Other Countries	12038
Total		24177

AMT Foreign Taxes, Box 14, Code Z

Income Category	Country	Taxes
Passive Income	Other Countries	1742
Total		1742

AMT Foreign Gross Receipts and Expenses, Box 14, Code Z

Income Category	Country	Gross Amount
Passive Income	Other Countries	35953
Less:		
Expenses	Other Countries	11746
Total		24207

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Schedule K-1 Statements and Footnotes**Misc Qualified Business Income, Section 199A - Box 14, Code I**

Description	Amount
Beneficiary share of Sec 199A REIT Dividends See Beneficiary Instructions for Schedule K-1 (Form 1041)	712

SECTION 199A ADDITIONAL INFORMATION

The Section 199A amounts to be used in the calculation of qualified business income deduction on your 1040/1041 return are reported on line 13/20. Please consult your tax advisor regarding the calculation of qualified business income deduction, including the possible aggregations and limitations that may apply to the filing of 1.199A-4(C)(2)(I) annual disclosure statement.

Listing of All Other Information, Box 14, Code Z

Description	Amount	Beneficiary Filing Instructions
US Interest Included in Box 1	35	See Beneficiary Instructions for Schedule K-1 (Form 1041)

Other Information Overflow, Box 14

Code Description	Amount
Z * US Interest Included in Line 1	35
Z * Foreign Gross Receipts	24177
Z * AMT Foreign Taxes	1742
Z * AMT Foreign Gross Receipts	24207
* See attached statement for additional information	

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

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

Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

2023Attachment
Sequence No. **06**

Name(s) shown on tax return

JACK AND SUZAN ANDERSON TRUST

Identifying number

98-7654321

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.
	Yes	You must figure your penalty.

Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	81310.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	14387.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	95697.
5	Multiply line 4 by 90% (0.90)	5	86127.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	84671.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	11026.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	
9	Required annual payment. Enter the smaller of line 5 or line 8	9	86127.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2023)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	21532.	21532.	21532.	21531.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	21168.	21168.	21168.	21167.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13		21168.	21168.	21167.
14 Add the amounts on lines 16 and 17 in the previous column	14		364.	728.	1092.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	21168.	20804.	20440.	20075.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	364.	728.	1092.	1456.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column ...	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	509.
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See Attached Worksheet

Form 2210 (2023)

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

JACK AND SUZAN ANDERSON TRUST

98-7654321

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

A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)
A 1234 MAIN STREET, IRVINE 00989-8

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365		<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

		Properties		
		A	B	C
Income:				
3	Rents received	3 100000.		
4	Royalties received	4		
Expenses:				
5	Advertising	5 500.		
6	Auto and travel (see instructions)	6 250.		
7	Cleaning and maintenance	7 750.		
8	Commissions	8		
9	Insurance	9 500.		
10	Legal and other professional fees	10		
11	Management fees	11 650.		
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14 250.		
15	Supplies	15		
16	Taxes	16 600.		
17	Utilities	17 220.		
18	Depreciation expense or depletion	18		
19	Other (list)	19		
20	Total expenses. Add lines 5 through 19	20 3720.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 96280.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		
23a	Total of all amounts reported on line 3 for all rental properties	23a 100000.		
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e 3720.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		96280.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		96280.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

LHA 321491 11-07-23

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

Your social security number

JACK AND SUZAN ANDERSON TRUST

98-7654321

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	ENERGY AUDITORS	P		52-2291755		
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	593203.			9800.
B				
C				
D				
29a Totals	593203.			9800.
b Totals				
30 Add columns (h) and (k) of line 29a				30 603003.
31 Add columns (g), (i), and (j) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 603003.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	JILL ANDERSON TRUST: BANK OF AMERICA, N	61-6357851
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0.		
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	699283.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2023

SCHEDULE E

Name JACK AND SUZAN ANDERSON TRUST

SSN/EIN 98-7654321

Passthrough JILL ANDERSON TRUST:BANK OF AMERICA, N

ID 61-6357851

Estate or Trust

Other Passive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	40367.							40367.
Net long-term cap. gain (loss)	233583.							233583.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2023

SCHEDULE E

Name JACK AND SUZAN ANDERSON TRUST

SSN/EIN 98-7654321

Passthrough JILL ANDERSON TRUST:BANK OF AMERICA, N

ID 61-6357851

Estate or Trust

Other Passive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	4459.							4459.
Interest from U.S. bonds								
Ordinary dividends	60785.							60785.
Qualified dividends	18209.							18209.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2023

SCHEDULE E

Name JACK AND SUZAN ANDERSON TRUST

SSN/EIN 98-7654321

Passthrough ENERGY AUDITORS

ID 52-2291755

Partnership

Other Passive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	500000.							
Rental real estate income (loss)	100000.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	600000.							600000.
First passive other	-6797.							-6797.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	9800.							9800.
Total Schedule E (page 2)	603003.							603003.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	-8045.							-8045.
Net long-term cap. gain (loss)	-3739.							-3739.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income	-70000.							-70000.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2023

SCHEDULE E

Name JACK AND SUZAN ANDERSON TRUST

SSN/EIN 98-7654321

Passthrough ENERGY AUDITORS

ID 52-2291755

Partnership

Other Passive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	70000.							70000.
Interest from U.S. bonds								
Ordinary dividends	67613.							67613.
Qualified dividends	66891.							66891.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

Alt Min Tax
Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2023
Attachment
Sequence No. **19**

Name **JACK AND SUZAN ANDERSON TRUST** Identifying number as shown on page 1 of your tax return **98-7654321**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **United States**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession	Other Countries			
1a Gross income from sources within country shown above and of the type checked above: Preference/Excl. Adjust.	512. 512.			1a 512.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	172.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	526.			
e Gross income from all sources	1764718.			
f Divide line 3d by line 3e	.000298			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	172.			6 172.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 340.

Part II Foreign Taxes Paid or Accrued

See Statement 17

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:					
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest		
A						6.				20.	26.
B											
C											
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8	26.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2023)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	26.	
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/>	10		
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11 Add lines 9 and 10	11	26.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		26.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	340.	
16 Adjustments to line 15	16	0.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	340.	
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption See Statement 18	18	292315.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.001163
20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20		80801.
21 Multiply line 20 by line 19 (maximum amount of credit)	21		94.
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		94.
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24		26.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		
33 Enter the smaller of line 20 or line 32	33		26.
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		26.

Form 1116 (2023)

Passive Activity Loss Limitations

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

OMB No. 1545-1008

2023
Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number	
--------------------	--

JACK AND SUZAN ANDERSON TRUST

98-7654321

Part I	2023 Passive Activity Loss
---------------	-----------------------------------

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

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

1a Activities with net income (enter the amount from Part IV, column (a))	1a	96280.
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
d Combine lines 1a, 1b, and 1c	1d	96280.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	593203.
b Activities with net loss (enter the amount from Part V, column (b))	2b	()
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()
d Combine lines 2a, 2b, and 2c	2d	593203.

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	689483.
--	----------	----------------

If line 3 is a loss and:

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

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

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

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

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

Part III	Total Losses Allowed
----------	----------------------

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	See Attached Statement for Part IV				
Total. Enter on Part I, lines 1a, 1b, and 1c _____	96280.				

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
	See Attached Statement for Part V				
Total. Enter on Part I, lines 2a, 2b, and 2c	593203.				

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

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

Part VII. Form 1041-ES Instructions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

319762 11-29-23

2023 Expense Allocation by Income Type

Income Type	Income	Charity	Direct Expenses Specifically Allocated	Indirect and Direct Expenses not Specifically Allocated	Net Income
Other Taxable	426505.			6589.	419916.
<u>Non-Passive</u>					
Ordinary Business					
Net Rental Real Estate					
Other Rental					
Interest	74450.			1150.	73300.
Non-qualified Dividends	55468.			857.	54611.
<u>Passive</u>					
Ordinary Business	494336.			7637.	486699.
Net Rental Real Estate	195147.			3015.	192132.
Other Rental					
U.S. Interest	72.			1.	71.
U.S. Interest/Dividends					
Qualified Dividends	101318.			1565.	99753.
Short-term Capital Gains					
Long-term Capital Gains					
Tax-exempt Interest	7803.				7803.
Total	1355099.			20814.	1334285.

Alternative Minimum Tax
2023 Expense Allocation by Income Type

Income Type	Income	Charity	Direct Expenses Specifically Allocated	Indirect and Direct Expenses not Specifically Allocated	Net Income
Other Taxable	426505.			3419.	423086.
<u>Non-Passive</u>					
Ordinary Business					
Net Rental Real Estate					
Other Rental					
Interest	76199.			611.	75588.
Non-qualified Dividends	55468.			445.	55023.
<u>Passive</u>					
Ordinary Business	494336.			3963.	490373.
Net Rental Real Estate	195147.			1564.	193583.
Other Rental					
U.S. Interest	72.			1.	71.
U.S. Interest/Dividends					
Qualified Dividends	101318.			811.	100507.
Short-term Capital Gains					
Long-term Capital Gains					
Tax-exempt Interest	5803.				5803.
Total	1354848.			10814.	1344034.

JACK AND SUZAN ANDERSON TRUST

Schedule K-1 Distribution Worksheet 1 - Amount of Income

DNI 1334285. Accounting Income 1287386. Amount available to distribute 1326482.

Amount to be Distributed from Form 1041, Schedule B, line 15 1326482.
 Amount specifically allocated for ordinary income 0.
 Remaining amount for distributions 1326482.
 Beginning column is from: Expense Allocation Worksheet

Income Type	Net Income	Percentage of Sch B, line 15 to be Distributed	Amount to be Distributed
Other Taxable	419916.	.316563662	419916.
Non-passive			
Ordinary Business			
Net Rental Real Estate			
Other Rental			
Interest	73300.	.055258949	73300.
Non-qualified Dividends	54611.	.041169801	54611.
Passive			
Ordinary Business	486699.	.366909615	486699.
Net Rental Real Estate	192132.	.144843277	192132.
Other Rental			
U.S. Interest	71.	.000053525	71.
U.S. Interest/Dividends			
Qualified Dividends	99753.	.075201171	99753.
Subtotal	1326482.	1.000000000	1326482.
Short-term Capital Gains			
Long-term Capital Gains			
Total			
Tax-Exempt Interest	7803.		7803.

Amount required to be distributed (Tier I) 1334285.
 Discretionary amount to be distributed (Tier II) _____

Note: Tax exempt interest is assumed to be in the amounts entered to be distributed to beneficiaries.

Schedule K-1 Ordinary Income Reconciliation

<u>Income Category</u>	<u>Workpaper 1 Distribution</u>	<u>Workpaper 2 Distribution</u>	<u>Schedule K-1 Totals</u>	<u>Box</u>
Interest	<u>73300.</u>			1
US Interest	<u>71.</u>		<u>73371.</u>	
Non-Qualified Dividends	<u>54611.</u>			
Qualified Dividends	<u>99753.</u>		<u>99753.</u>	2b
US Interest/Dividends			<u>154364.</u>	2a
Other Taxable	<u>419916.</u>		<u>419916.</u>	5
Ordinary Business				
Nonpassive				
Passive	<u>486699.</u>		<u>486699.</u>	6
Net Rental Real Estate				
Nonpassive				
Passive	<u>192132.</u>		<u>192132.</u>	7
Other Rental				
Nonpassive				
Passive				8
Short Term Capital Gain				3
Long Term Capital Gain				4a

JACK AND SUZAN ANDERSON TRUST

Classification of Passthrough Income

98-7654321

Passthrough Name	Activity Number	Overall Nonpassive Income (Loss)	Overall Passive Income (Loss)	Other Portfolio and Nonpassive Nonportfolio Income	Passive Rental Real Estate	Passive Ordinary Income	Passive Rentals	Nonpassive Rental Real Estate	Nonpassive Ordinary Income	Nonpassive Rentals	Guaranteed Payments *
ENERGY											
AUDITORS	2	0.	593203.		Other 98867.	494336.					0.
Totals for all activities			593203.		98867.	494336.					

* Included in nonpassive ordinary income

JACK AND SUZAN ANDERSON TRUST

Classification of Passive Net Rental Real Estate

[illegible]

Beneficiary Allocations of Passive Net Rental Real Estate

	Total from Classification Worksheet	Expenses Allocated	Net Rental Real Estate	Prorated Specific Allocations	Prorated Distribution	Amount to be Distributed Based on 1041 Schedule B Line 15
Single Family Residence	96280.	1488.	94792.		94792.	94792.
Multi-Family Residence						0.
Vacation/Short Term Rental						0.
Commercial						0.
Land						0.
Royalty						0.
Self Rentals						0.
Other	98867.	1527.	97340.		97340.	97340.
Totals	195147.	3015.	192132.		192132.	192132.
					1.000000000	1.000000000

Beneficiary Name	Single Family Residence	Multi- Family Residence	Vacation Short-Term Rental	Commercial	Land	Royalty	Self Rentals	Other
JOHN SMITH	47396.	0.	0.	0.	0.	0.	0.	48670.
ROBERT HALL	47396.	0.	0.	0.	0.	0.	0.	48670.

K-1 Workpaper 8 - Section 1411 Adjustment

Net other portfolio income		-390477.
Form 8960, line 4b		0.
Form 8960, line 5b		0.
Form 8960, line 5c		0.
Form 8960, line 6		
Form 8960, line 7 less passive Sch F and expenses	20101.	0.
Total adjustments		-390477.

Total Ordinary Income Percentage Distribut	1.0000000	-390477.
Beneficiary Name	Percentage	Section 1411 Adjustment
JOHN SMITH	.5000000	-195238.
ROBERT HALL	.5000000	-195239.

Schedule K-1 Workpaper 11 - Net Investment Income

	(A) Expense Allocation Worksheet Gross Income	(B) Investment Income Included in Gross Income	(C) Expenses Allocated Against Gross Income	(D) Net Investment Income #
Other Income **	426505.		6589.	
<u>Non-Passive</u>				
Business				
Net Rental Real Estate				
Other Rental				
Interest *	74522.	74522.	1151.	73371.
Non-qualified Dividends *	55468.	55468.	857.	54611.
<u>Passive</u>				
Business ***	494336.		7637.	
Net Rental Real Estate	195147.		3015.	
Other Rental				
Qualified Dividends	101318.	101318.	1565.	99753.
Short-term Capital Gains		43301.		
Long-term Capital Gains		335317.		
Totals	1347296.	609926.	20814.	227735.

* Includes US interest

** Includes royalties and annuities

*** Includes Schedule C royalties

Column D = Column B - ((Column B/Column A) * Column C)

Beneficiary Name	J SMITH	R HALL	
Ordinary Income Percentage	.5000000	.5000000	
<u>Distributed / Calculated Amt</u>			
Interest - Distributed	36686.	36685.	
Interest - Calculated	36686.	36685.	
To Report (lesser of dist/calc)	36686.	36685.	
NonQualified Dividends - Distributed	27306.	27305.	
NonQualified Dividends - Calculated	27306.	27305.	
To Report (lesser of dist/calc)	27306.	27305.	
Schedule C - Distributed			
Schedule C - Calculated			
To Report (lesser of dist/calc)	0.	0.	
Other portfolio income - Dist			
Other portfolio income - Calc			
To Report (lesser of dist/calc)	0.	0.	
Royalty - Distributed			
Royalty - Calculated			
To Report (lesser of dist/calc)	0.	0.	
Rents - Distributed			
Rents - Calculated			
To Report (lesser of dist/calc)	0.	0.	
Annuities - Distributed			
Annuities - Calculated			
To Report (lesser of dist/calc)	0.	0.	
PTP income to Report	0.	0.	
Qualified Dividends - Distributed	49876.	49877.	
Qualified Dividends - Calculated	49876.	49877.	
To Report (lesser of dist/calc)	49876.	49877.	
Total to Report as Box 14, Code E	113868.	113867.	

Per research, capital gains are not included in the Schedule K-1, Box 14, Code E. Beneficiary has the option to include those items on his/her own return.

Form 1116 AMT Summary of Foreign Taxes Paid or Accrued Statement 17

Passive Income

Date Paid Accrued	Tax Stated in Foreign Currency	Tax Stated in U.S. Dollars			
		Dividend	Rent/Royalty	Interest	Other
Other Countries	0.				20.
Other Countries 12/31/20	0.	6.			
		6.			20.
Total to Form 1116 AMT, Part II, Line 8					26.

Form 1116 AMT Worksheet for Line 18 (Worldwide Capital Gains) Statement 18

1. Enter the taxable income before the exemption deduction	388325.
2. Enter your worldwide 25% gains	
3. Multiply line 2 by .1071	
4. Enter your worldwide 20% gains	336052.
5. Multiply line 4 by .2857	96010.
6. Enter your worldwide 15% gains	
7. Multiply line 6 by .4643	
8. Enter your worldwide 0% gains	
9. Add lines 3, 5, 7 and 8	96010.
10. Subtract line 9 from line 1. Enter the result here and on Form 1116 AMT, line 18	292315.

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
RESIDENTIAL RENTAL - 1234 MAIN STREET, IRVINE 00989-8	96280.	0.		96280.	
Totals	96280.	0.		96280.	

Form 8582

Other Passive Activities - Part V

Statement 20

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
ENERGY AUDITORS	593203.	0.		593203.	
Totals	593203.	0.		593203.	

Form 8582

Summary of Passive Activities

Statement 21

R R E A	Name	Form or Schedule	Gain/Loss	Prior Year C/O	Net Gain/Loss	Unallowed Loss	Allowed Loss
-	ENERGY AUDITORS	Sch E	593203.		593203.		
X	RESIDENTAL RENTALS	Sch E					
	- 1234 MAIN STREET, IRVINE 00989-8		96280.		96280.		
Totals			689483.		689483.		
Prior year carryovers allowed due to current year net activity income							
Total							

2023 TAX RETURN FILING INSTRUCTIONS

MARYLAND FIDUCIARY INCOME TAX RETURN

JACK AND SUZAN ANDERSON TRUST

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Prepared By:

HATFIELD & ASSOCIATES
8186 JACKSON RD., SUITE 100
ANN ARBOR, MI 48103

To Be Signed and Dated By:

The fiduciary

Amount of Tax:

Total tax	\$	32253
Less: payments and credits	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	32253

Overpayment:

Credited to your estimated tax	\$	0
Refunded to you	\$	0

Mail Tax Return To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the MDDOR, please sign, date and return MD EL101B to our office.

Forms to be Distributed to Beneficiaries:

Enclosed are copies of Schedule K-1 to be distributed to the beneficiaries.

Return Must be Mailed On or Before:

Not applicable.

Special Instructions:

We will then submit the electronic return to the MDDOR, and no further action is required.

Your payment should be made as instructed below by 04/15/24.

Enclose a check or money order for \$32253, payable to Comptroller of Maryland.
Separately mail Form EL 102B with payment to:

Comptroller of Maryland
Revenue Administration Division
PO Box 2601
Annapolis, MD 21404-2601

2024 ESTIMATED TAX FILING INSTRUCTIONS

MARYLAND ESTIMATES

JACK AND SUZAN ANDERSON TRUST

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

JACK ANDERSON
1234 MAIN STREET
BEACH CANDY, CA 92660

Prepared By:

HATFIELD & ASSOCIATES
8186 JACKSON RD., SUITE 100
ANN ARBOR, MI 48103

Amount of Tax:

Total Estimated Tax	\$	35480.00
Less credit from prior year	\$	0
Less amount paid on 2024 estimate	\$	0
Balance due	\$	35480.00

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 8870	April 15, 2024
No. 2	\$ 8870	June 17, 2024
No. 3	\$ 8870	September 16, 2024
No. 4	\$ 8870	January 15, 2025

Make Check Payable To:

Comptroller of Maryland

Mail Voucher and Check (if applicable) To:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

Special Instructions:

Write the employer tax identification number of the estate or trust and the words "2024 " on your check.



OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

JACK AND SUZAN ANDERSON TRUST

Name of corporation, pass-through entity, estate or trust

98-7654321

Federal Employer Identification Number

JACK ANDERSON

Name and Title of Fiduciary

1234 MAIN STREET

Street Address

BEACH CANDY

City or town

CA

State

92660

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- | | | | | | |
|----|---|---------------|--------------|-------|----|
| 1. | Amount of overpayment to be applied to 2024 estimated tax | 1. | _____ | 00 | |
| 2. | Amount of overpayment to be refunded | REFUND | 2. | _____ | 00 |
| 3. | Total amount due | 3. | 32253 | 00 | |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or prepared or prepared (the preparer), address and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

**APPROVAL PENDING
DO NOT FILE****PIN: Check one box only**

☒ I authorize _____ to enter or generate my PIN _____
ERO firm name as my signature on my tax year 2023 electronically filed income tax return.

12345Enter five digits.
Do not enter all
zeros.

☐ I will enter my PIN as my signature on the tax year 2023 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

040423

Date

PART III Certification and Authentication - Practitioner PIN Method Only**ERO's EFIN/PIN** Enter your six digit EFIN followed by your five-digit self-selected PIN**34567**Do not enter
all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2023 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

ERO's signature

Date

Maryland Record of Installment Payments

This is your record of the estimated tax paid, that is to be claimed as a credit on your 2024 Maryland fiduciary income tax return.

Date Due	Amount Due	Amount Paid	Date Paid
<u>04/15/24</u>	<u>8870.</u>	<u></u>	<u></u>
<u>06/17/24</u>	<u>8870.</u>	<u></u>	<u></u>
<u>09/16/24</u>	<u>8870.</u>	<u></u>	<u></u>
<u>01/15/25</u>	<u>8870.</u>	<u></u>	<u></u>

If you received the Declaration of Estimated Fiduciary Income Tax Packet which includes the four preprinted vouchers for submitting estimated payments, please provide your tax preparer with those vouchers.

OR FISCAL YEAR BEGINNING 0101 2023, ENDING _____

987654321

Federal Employer Identification Number (9 digits)

JACK AND SUZAN ANDERSON TRUST

Name of Estate or Trust

JACK ANDERSON

Name and Title of Fiduciary

1234 MAIN STREET

Current Mailing Address of Fiduciary - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)

BEACH CANDY

City or Town

CA

State

92660

ZIP Code

+4

Country Name

Foreign Province/State/County

Foreign postal code

TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Decedent's estate | 4. <input type="checkbox"/> Grantor trust | 7. <input type="checkbox"/> Electing Small Business Trust |
| 2. <input type="checkbox"/> Simple trust | 5. <input type="checkbox"/> Bankruptcy estate | 8. <input type="checkbox"/> Other |
| 3. <input checked="" type="checkbox"/> Complex trust | 6. <input type="checkbox"/> Qualified funeral trust | |

DECEDENT'S ESTATE INFORMATION

If Decedent's estate:

Date of death _____

Domicile of decedent _____

Decedent's Social Security Number _____

☐ Check here if final return.

(do not enter / or -)

RESIDENT STATUS

Check box if resident and complete the following ☒Subdivision Code ☐

County _____

City, town or taxing area _____

Check box if nonresident. See Form 504NR ☐

AMENDED RETURN

Check applicable box(es).

☐ This is an amended return. (Attach documentation)☐ Net operating loss is being carried back.☐ Name or address has changed.

1.	Federal taxable income of fiduciary (from line 23 of federal Form 1041) See Instructions	1.	378518	00
2.	Exemption claimed on federal return	2.	100	00
3.	Income from Electing Small Business Trust (ESBT). Do Not Prorate. See Instructions	3.		00
4.	Federal taxable income plus nonallocable additions (Enter the sum of line 1 through line 3.)	4.	378618	00
5.	Fiduciary's Share of Maryland Modifications (Enter the positive or negative number from Form 504 Schedule A line 8, 9d or 10f.)	5.		00
6.	Line 4 plus or minus line 5	6.	378618	00
7.	Nonresident beneficiary deduction from Form 504 Schedule A, line 13	7.		00
8.	Maryland adjusted gross income (Subtract line 7 from line 6.)	8.	378618	00
9.	Maryland exemption. See Instructions	9.	200	00
10.	Fiduciary's Maryland taxable net income. (Subtract line 9 from line 8.)	10.	378418	00
NOTE: Nonresident fiduciary - see instruction for Form 504NR.				
11.	Maryland tax (Use rate schedule in instructions or enter amount from Form 504NR, line 21.)	11.	20144	00



235040105

NAME JACK AND SUZAN

FEIN 987654321

12. Special nonresident tax Nonresidents: Enter the amount from Form 504NR, line 22. (See Instructions.) Residents: Enter zero	12.	<u>0</u>	<u>00</u>
13. Total Maryland tax (Add lines 11 and 12.)	13.	<u>20144</u>	<u>00</u>
14. Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements from Part AA, line 1 and Part AA, line 6 of Form 502CR (Attach Form 502CR.)	14.	<u>00</u>	<u>00</u>
15. Enter the Nonrefundable Business Tax Credits from Part AAA of Form 504CR	15.	<u>00</u>	<u>00</u>
16. Total credits (Add lines 14 and 15)	16.	<u>00</u>	<u>00</u>
17. Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero)	17.	<u>20144</u>	<u>00</u>
18. Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by <u>.0320</u>). See Instructions. Non-residents: enter zero	18.	<u>12109</u>	<u>00</u>
19. Local Credit for fiduciary income tax paid to another state from Part BB of Form 502CR	19.	<u>00</u>	<u>00</u>
20. Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero	20.	<u>12109</u>	<u>00</u>
21. Total Maryland and local tax. (Add lines 17 and 20.)	21.	<u>32253</u>	<u>00</u>
22. Contribution to Chesapeake Bay and Endangered Species Fund	22.	<u>00</u>	<u>00</u>
23. Contribution to Developmental Disabilities Services and Support Fund	23.	<u>00</u>	<u>00</u>
24. Contribution to Maryland Cancer Fund	24.	<u>00</u>	<u>00</u>
25. Contribution to Fair Campaign Financing Fund	25.	<u>00</u>	<u>00</u>
26. Total Maryland income tax, local income tax and contributions (Add lines 21 through 25.)	26.	<u>32253</u>	<u>00</u>
27. Maryland and local tax withheld. See Instructions	27.	<u>00</u>	<u>00</u>
28. Estimated tax payments and payments made with extension request and with Form MW506NRS	28.	<u>00</u>	<u>00</u>
29. Nonresident tax paid by pass-through entities. (Attach Maryland Schedule K-1 (510/511))	29.	<u>00</u>	<u>00</u>
30. Refundable Business and/or Heritage Structure Rehabilitation tax credits (Attach Form 504CR and/or Form 502S.)	30.	<u>00</u>	<u>00</u>
31. Total payments and credits (Add lines 27 through 30)	31.	<u>00</u>	<u>00</u>
32. Balance due (If line 26 is more than line 31, enter the difference.)	32.	<u>32253</u>	<u>00</u>
33. Overpayment (If line 26 is less than line 31, enter the difference.)	33.	<u>00</u>	<u>00</u>
34. Amount of overpayment to be applied to 2024 estimated tax	34.	<u>00</u>	<u>00</u>
35. Amount of overpayment to be refunded (Subtract line 34 from line 33.)	35.	<u>00</u>	<u>00</u>
36. Interest charges from Form 504UP or for late filing Total	36.	<u>00</u>	<u>00</u>
37. TOTAL AMOUNT DUE (Add lines 32 and 36.)	37.	<u>32253</u>	<u>00</u>

APPROVAL PENDING
DO NOT FILE

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any barcodes on page 1.
 Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.



235040205

NAME JACK AND SUZANFEIN 987654321**DIRECT DEPOSIT OF REFUND** (see Instructions)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

► ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

► ☐ Check here if this refund will go to an account outside of the United States.

38. For the direct deposit option, complete the following information clearly and legibly:

38a. Type of account: ► **38a.** ☐ Checking ☐ Savings

38b. Routing Number (9-digits): ► **38b.** _____

38c. Account number: ► **38c.** _____

38d. Name(s) as it appears on the bank account **38d.** _____

SIGNATURE AND VERIFICATION

Check here ► ☐ if you authorize your preparer to discuss this return with us.

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. I am a preparer of this return other than a preparer, the declaration is based on all information of which the preparer has any knowledge.

**APPROVAL PENDING
DO NOT FILE**

Signature of Fiduciary or Officer representing Fiduciary

Date

3185 JACKSON RD SUITE 100

Street address of Preparer or Firm's address

CAROLINE LYNN

Printed name of the Preparer / or Firm's name

ANN ARBOR MI 48103

City, State, ZIP Code + 4

Signature of preparer other than fiduciary (Required by Law)

Date

8007162558

Telephone number of preparer

► P12345678

Preparer's PTIN (Required by Law)

► _____
Daytime telephone number (Fiduciary)► _____
CODE NUMBERS (3 digits per line)**STOP Nonresidents must include Form 504NR.**

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001



OR FISCAL YEAR BEGINNING 0101 2023, ENDING _____

INFORMATION ABOUT THE ESTATE OR TRUST			
Name of estate or trust			FEIN
JACK AND SUZAN ANDERSON TRUST			987654321
Name and title of fiduciary		Fiduciary's address	
JACK ANDERSON		1234 MAIN STREET BEACH CANDY, CA 92660	
INFORMATION ABOUT THE BENEFICIARY			
A. Name of beneficiary		B. Beneficiary's identification number	
JOHN SMITH		111111111	
C. Address, city, state and ZIP code + 4			
, AL			
D. Beneficiary's percentage of distribution at the estate's or trust's year end: <u>50.0</u> %			
E. What type of entity is this beneficiary?			
(1) <input checked="" type="checkbox"/> Individual (2) <input type="checkbox"/> Fiduciary (trust or estate) (3) <input type="checkbox"/> Qualified federal tax-exempt organization (4) <input type="checkbox"/> Other			
F. Resident status of beneficiary, if beneficiary is an individual or fiduciary of another estate or trust.		G. State of domicile if nonresident.	
Check box if: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident			
APPROVAL PENDING DO NOT FILE			
DISTRIBUTED NET TAXABLE INCOME, MARYLAND MODIFICATIONS AND NONRESIDENT TAX PAID BY PASS-THROUGH ENTITY (PTE)			
1. Beneficiary's share of net taxable income distributed from estate or trust.		2. Beneficiary's share of Maryland-source income distributed from estate or trust. (Complete only if beneficiary is a nonresident. See page 2.)**	
\$ <u>663241</u> STATEMENT		\$ <u>447145</u> SEE STATEMENT	
3. Beneficiary's share of Maryland addition modification from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.)		4. Beneficiary's share of Maryland subtraction modifications from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.)	
SEE STATEMENT		SEE STATEMENT	
(a) _____ \$ _____		(a) _____ \$ _____	
(b) _____ \$ _____		(b) _____ \$ _____	
(c) _____ \$ _____		(c) _____ \$ _____	
5. Beneficiary's share of nonresident tax paid by PTE(s):		FEIN of PTE(s):	
(a) \$ _____		(a) _____	
(b) \$ _____		(b) _____	
(c) \$ _____		(c) _____	
		Name of PTE(s):	
6. Beneficiary's share of tax credits from Fiduciary Business Tax Credit Form 504CR or Heritage Structure Rehabilitation Tax Credit Form 502S. For a One Maryland Economic Development Tax Credit, go to box 7, page 2.			
Name of Tax Credit		Beneficiary's Share of Tax Credit	
(a) _____		(a) \$ _____	
(b) _____		(b) \$ _____	
(c) _____		(c) \$ _____	



NAME JACK AND SUZAN FEIN 987654321

7. One Maryland Economic Development Tax Credit **Certified After June 30, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? ☐ Yes ☐ No

Enter Member's Distributive or Pro Rata Share of the following:

2. Portion of PTE's income attributable to project 2. _____ 00
3. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 3. _____ 00
4. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) 4. _____ 00

One Maryland Economic Development Tax Credit **Certified Before July 1, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? ☐ Yes ☐ No

2. Tax year in which the project was put into service 2. _____

Enter Member's Distributive or Pro Rata Share of the following:

3. Portion of PTE's income attributable to project 3. _____ 00
4. Non-project taxable income from PTE 4. _____ 00
5. Number of "qualified employees" multiplied by \$10,000 5. _____ 00
6. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 6. _____ 00
7. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) 7. _____ 00
8. Total cumulative eligible start-up costs (\$500,000 PTE maximum) 8. _____ 00

8. Beneficiary's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from trust 8. \$ _____ 00

If additional space is needed for any item, attach a separate schedule.

Maryland Source Income for a Nonresident Beneficiary

** A nonresident is subject to tax on income from Maryland sources, which includes any income derived from real property or tangible personal property in Maryland; income derived from a business wholly or partially carried on in Maryland and in which the trust or estate is a member of a pass-through entity; income from an occupation, profession or trade carried on wholly or partially in Maryland; and income from wagering in Maryland.

MD K-1

Schedule K-1 Additions

Bene No.	Description	Amount
1	Income tax deducted on FD ret	4547.
		4547.

MD K-1 Schedule K-1 Subtractions

Bene No.	Description	Amount
1	Interest from U.S. obligations	35.
		35.

MD 504

Schedule K-1

Maryland Source Income Distributed

Description	Amount
JOHN SMITH	
INTEREST	36905.
DIVIDENDS	63640.
DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME	298873.
DISTRIBUTIVE SHARE OF S CORPORATION INCOME	0.
DISTRIBUTIVE SHARE OF ESTATE OR TRUST INCOME	0.
NET BUSINESS INCOME	0.
NET RENT AND ROYALTY INCOME	47727.
NET FARM INCOME	0.
NET OTHER INCOME	0.
NET ORDINARY INCOME	0.
SHORT-TERM CAPITAL GAIN OR LOSS	0.
LONG-TERM CAPITAL GAIN OR LOSS	0.
	447145.

MD 504 Sch K-1

K-1 Income Detail

Income	AMOUNT
Other Taxable Income	209958.
U.S. Interest Income	36.
Interest Income	36650.
Passive Ordinary Business Income	243349.
Passive Net Rental Real Estate Income	96066.
Non-Qualified Dividend Income	27306.
Qualified Dividend Income	49876.
Total to MD 504, Sch K-1, Line 1	663241.



23504K005

OR FISCAL YEAR BEGINNING 0101 2023, ENDING _____

INFORMATION ABOUT THE ESTATE OR TRUST					
Name of estate or trust JACK AND SUZAN ANDERSON TRUST					FEIN 987654321
Name and title of fiduciary JACK ANDERSON			Fiduciary's address 1234 MAIN STREET BEACH CANDY, CA 92660		
INFORMATION ABOUT THE BENEFICIARY					
A. Name of beneficiary ROBERT HALL			B. Beneficiary's identification number 22222222		
C. Address, city, state and ZIP code + 4 , CA					
D. Beneficiary's percentage of distribution at the estate's or trust's year end: 50.0 %					
E. What type of entity is this beneficiary?					
(1) <input checked="" type="checkbox"/> Individual (2) <input type="checkbox"/> Fiduciary (trust or estate)					
(3) <input type="checkbox"/> Qualified federal tax-exempt organization (4) <input type="checkbox"/> Other					
F. Resident status of beneficiary, if beneficiary is an individual or fiduciary of another estate or trust. Check box if: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident			G. State of domicile if nonresident.		
DISTRIBUTED NET TAXABLE INCOME, MARYLAND MODIFICATIONS AND NONRESIDENT TAX PAID BY PASS-THROUGH ENTITY (PTE)					
1. Beneficiary's share of net taxable income distributed from estate or trust. \$ 663241			2. Beneficiary's share of Maryland-source income distributed from estate or trust. (Complete only if beneficiary is a nonresident. See page 2.)** \$ 447147		
3. Beneficiary's share of Maryland addition modification from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.) SEE STATEMENT			4. Beneficiary's share of Maryland subtraction modifications from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.) SEE STATEMENT		
5. Beneficiary's share of nonresident tax paid by PTE(s): FEIN of PTE(s): Name of PTE(s):					
(a) \$ _____ (a) _____ (a) _____					
(b) \$ _____ (b) _____ (b) _____					
(c) \$ _____ (c) _____ (c) _____					
6. Beneficiary's share of tax credits from Fiduciary Business Tax Credit Form 504CR or Heritage Structure Rehabilitation Tax Credit Form 502S. For a One Maryland Economic Development Tax Credit, go to box 7, page 2.					
Name of Tax Credit			Beneficiary's Share of Tax Credit		
(a) _____			(a) \$ _____		
(b) _____			(b) \$ _____		
(c) _____			(c) \$ _____		



NAME JACK AND SUZAN FEIN 987654321

7. One Maryland Economic Development Tax Credit **Certified After June 30, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? ☐ Yes ☐ No

Enter Member's Distributive or Pro Rata Share of the following:

2. Portion of PTE's income attributable to project 2. _____ 00
3. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 3. _____ 00
4. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) 4. _____ 00

One Maryland Economic Development Tax Credit **Certified Before July 1, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? ☐ Yes ☐ No

2. Tax year in which the project was put into service 2. _____

Enter Member's Distributive or Pro Rata Share of the following:

3. Portion of PTE's income attributable to project 3. _____ 00
4. Non-project taxable income from PTE 4. _____ 00
5. Number of "qualified employees" multiplied by \$10,000 5. _____ 00
6. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 6. _____ 00
7. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) 7. _____ 00
8. Total cumulative eligible start-up costs (\$500,000 PTE maximum) 8. _____ 00

8. Beneficiary's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from trust 8. \$ _____ 00

If additional space is needed for any item, attach a separate schedule.

Maryland Source Income for a Nonresident Beneficiary

** A nonresident is subject to tax on income from Maryland sources, which includes any income derived from real property or tangible personal property in Maryland; income derived from a business wholly or partially carried on in Maryland and in which the trust or estate is a member of a pass-through entity; income from an occupation, profession or trade carried on wholly or partially in Maryland; and income from wagering in Maryland.

MD K-1 Schedule K-1 Additions

Bene No.	Description	Amount
2	Income tax deducted on FD ret	4547.
		4547.

MD K-1 Schedule K-1 Subtractions

Bene No.	Description	Amount
2	Interest from U.S. obligations	36.
		36.

MD 504

Schedule K-1

Maryland Source Income Distributed

Description	Amount
ROBERT HALL	
INTEREST	36906.
DIVIDENDS	63641.
DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME	298873.
DISTRIBUTIVE SHARE OF S CORPORATION INCOME	0.
DISTRIBUTIVE SHARE OF ESTATE OR TRUST INCOME	0.
NET BUSINESS INCOME	0.
NET RENT AND ROYALTY INCOME	47727.
NET FARM INCOME	0.
NET OTHER INCOME	0.
NET ORDINARY INCOME	0.
SHORT-TERM CAPITAL GAIN OR LOSS	0.
LONG-TERM CAPITAL GAIN OR LOSS	0.
	<u>447147.</u>

MD 504 Sch K-1

K-1 Income Detail

Income	AMOUNT
Other Taxable Income	209958.
U.S. Interest Income	35.
Interest Income	36650.
Passive Ordinary Business Income	243350.
Passive Net Rental Real Estate Income	96066.
Non-Qualified Dividend Income	27305.
Qualified Dividend Income	49877.
Total to MD 504, Sch K-1, Line 1	663241.

Form **8582**Department of the Treasury
Internal Revenue Service**Passive Activity Loss Limitations**See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.MD
OMB No. 1545-1008**2023**
Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

JACK AND SUZAN ANDERSON TRUST

987654321

Part I 2023 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	96280	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c		SEE STATEMENT 9	1d 96280

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	593203	
b Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c		SEE STATEMENT 10	2d 593203

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	689483
--	----------	--------

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

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

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

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	SEE STATEMENT 11

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

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

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Form 8582

Active Rental of Real Estate - Part IV

Statement 9

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
RESIDENTIAL RENTAL - 1234 MAIN STREET, IRVINE 00989-8	96280.			96280.	
Totals	96280.			96280.	

Form 8582

Other Passive Activities - Part V

Statement 10

Name of Activity	Current Year		Prior Year Unallowed Loss	Overall Gain or Loss	
	Net Income	Net Loss		Gain	Loss
ENERGY AUDITORS	593203.			593203.	
Totals	593203.			593203.	

Form 8582

Summary of Passive Activities

Statement 11

R R E A	Name	Form or Schedule	Gain/Loss	Prior Year C/O	Net Gain/Loss	Unallowed Loss	Allowed Loss
-	ENERGY AUDITORS	Sch E	593203.		593203.		
X	RESIDENTAL RENTALS	Sch E					
	- 1234 MAIN						
	STREET, IRVINE						
	00989-8		96280.		96280.		
Totals			689483.		689483.		
Prior year carryovers allowed due to current year net activity income							
Total							

BENEFICIARY COPY

Schedule K-1
(Form 1041)

2023

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service
beginning January 1, 2020
ending December 31, 2023
For calendar year 2023, or tax year

Beneficiary's Share of Income, Deductions, Credits, etc. See page 2 and instructions.

Part I Information About the Estate or Trust	
A Estate's or trust's employer identification number 98-7654321	
B Estate's or trust's name JACK AND SUZAN ANDERSON TRUST	
C Fiduciary's name, address, city, state, and ZIP code JACK ANDERSON 1234 MAIN STREET BEACH CANDY, CA 92660	
D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____	
E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust	
Part II Information About the Beneficiary	
F Beneficiary's identifying number 111-11-1111	
G Beneficiary's name, address, city, state, and ZIP code JOHN SMITH , AL	
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary	

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income 36686.	11	Final year deductions
2a	Ordinary dividends 77182.		
2b	Qualified dividends 49876.		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative min tax adjustment 1021.
4c	Unrecaptured section 1250 gain	B	13.
5	Other portfolio and nonbusiness income 209958.	J	1021.
6 *	Ordinary business income 243349.		
7 *	Net rental real estate income 96066.		
8	Other rental income	13 B	Credits and credit recapture 8.
9	Directly apportioned deductions		
		14 A	Other information 3901.
10	Estate tax deduction	* B	1754.
		* E	113868.
		H *	-195238.
		I *	STMT
			STMT
*See attached statement for additional information.			
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.			
For IRS Use Only			

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Components of Box 6 and Box 9**

Ordinary Business Income	Amount	Beneficiary Filing Instructions
Total Passive Income	243349	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Components of Box 7 and Box 9

Net Rental Real Estate Income	Amount	Beneficiary Filing Instructions
Total Passive Income	96066	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Characterization of Net Rental Real Estate

Passive Rental Real Estate:	
Single family residence	47396
Farm rentals, rentals from passthroughs, other rentals	48670

AMT Adjustment and Exclusion Calculation, Box 12, Codes A and J

Description	Amount
Beneficiary share of distributable AMT income	664262
Beneficiary share of regular distributable income	663241
Beneficiary adjustment for alternative minimum tax	1021
Total exclusion items	11749
Total Alternative Minimum Adjustments	11749
Percentage for exclusion items (Total exclusion items divided	

1 JOHN SMITH

Schedule K-1 Statements and Footnotes

by total alternative minimum tax adjustments)	1.0000000
---	-----------

Beneficiary share of exclusion items (percentage X AMT adj)	1021
---	------

AMT Adjustment for Qualified Dividends, Box 12, Code B

Description	Amount
Beneficiary share of AMT qualified dividends	49889
Beneficiary share of qualified dividends	49876
AMT Adjustment - Qualified Dividends	13

Foreign Taxes, Box 14, Code B

Income Category	Country	Taxes
Passive Income	Other Countries	1754
Total		1754

Investment Income, Box 14, Code E

Interest income	36686
Nonqualified dividends	27306
Qualified dividend income	49876
Total investment income	113868

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Foreign Gross Receipts and Expenses, Box 14, Code Z**

Income Category	Country	Gross Amount
Passive Income	Other Countries	36215
Less:		
Expenses	Other Countries	12037
Total		24178

AMT Foreign Taxes, Box 14, Code Z

Income Category	Country	Taxes
Passive Income	Other Countries	1741
Total		1741

AMT Foreign Gross Receipts and Expenses, Box 14, Code Z

Income Category	Country	Gross Amount
Passive Income	Other Countries	35952
Less:		
Expenses	Other Countries	11746
Total		24206

1 JOHN SMITH

Schedule K-1 Statements and Footnotes**Misc Qualified Business Income, Section 199A - Box 14, Code I**

Description	Amount
Beneficiary share of Sec 199A REIT Dividends See Beneficiary Instructions for Schedule K-1 (Form 1041)	712

SECTION 199A ADDITIONAL INFORMATION

The Section 199A amounts to be used in the calculation of qualified business income deduction on your 1040/1041 return are reported on line 13/20. Please consult your tax advisor regarding the calculation of qualified business income deduction, including the possible aggregations and limitations that may apply to the filing of 1.199A-4(C)(2)(I) annual disclosure statement.

Listing of All Other Information, Box 14, Code Z

Description	Amount	Beneficiary Filing Instructions
US Interest Included in Box 1	36	See Beneficiary Instructions for Schedule K-1 (Form 1041)

Other Information Overflow, Box 14

Code Description	Amount
Z * US Interest Included in Line 1	36
Z * Foreign Gross Receipts	24178
Z * AMT Foreign Taxes	1741
Z * AMT Foreign Gross Receipts	24206
* See attached statement for additional information	

This list identifies the codes used on Schedule K-1 for beneficiaries and provides summarized reporting information for beneficiaries who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the Instructions for Schedule K-1 (Form 1041) for a Beneficiary Filing Form 1040 or 1040-SR and the instructions for your income tax return.

	Report on		
1. Interest income	Form 1040 or 1040-SR, line 2b	13. Credits and credit recapture	
2a. Ordinary dividends	Form 1040 or 1040-SR, line 3b	Code	Report on
2b. Qualified dividends	Form 1040 or 1040-SR, line 3a	A Credit for estimated taxes	Form 1040 or 1040-SR, line 26
3. Net short-term capital gain	Schedule D, line 5	B Credit for backup withholding	Form 1040 or 1040-SR, line 25c
4a. Net long-term capital gain	Schedule D, line 12	C Low-income housing credit	
4b. 28% rate gain	28% Rate Gain Worksheet, line 4 (Schedule D Instructions)	D Advanced manufacturing production credit	
4c. Unrecaptured section 1250 gain	Unrecaptured Section 1250 Gain Worksheet, line 11 (Schedule D Instructions)	E Reserved for future use	
5. Other portfolio and nonbusiness income	Schedule E, line 33, column (f)	F Work opportunity credit	
6. Ordinary business income	Schedule E, line 33, column (d) or (f)	G Credit for small employer health insurance premiums	
7. Net rental real estate income	Schedule E, line 33, column (d) or (f)	H Biofuel producer credit	
8. Other rental income	Schedule E, line 33, column (d) or (f)	I Credit for increasing research activities	
9. Directly apportioned deductions		J Renewable electricity production credit	
Code		K Empowerment zone employment credit	
A Depreciation	Form 8582; or Schedule E, line 33, column (c) or (e)	L Reserved for future use	
B Depletion	Form 8582; or Schedule E, line 33, column (c) or (e)	M Orphan drug credit	
C Amortization	Form 8582; or Schedule E, line 33, column (c) or (e)	N Credit for employer-provided child care and facilities	
10. Estate tax deduction	Schedule A, line 16	O Biodiesel and renewable diesel fuels credit	
11. Final year deductions		P Credit to holders of tax credit bonds	
A Excess deductions - Section 67(e) expenses	Schedule 1 (Form 1040), line 24k (also see the beneficiary's instructions)	Q Credit for employer differential wage payments	
B Excess deductions - Non-miscellaneous itemized deductions	See the beneficiary's instructions	R Recapture of credits	
C Short-term capital loss carryover	Schedule D, line 5	ZZ Other credits	
D Long-term capital loss carryover	Schedule D, line 12; line 5 of the wksht. for Sch. D, line 18; and line 16 of the wksht. for Sch. D, line 19		
E Net operating loss carryover -- regular tax	Schedule 1 (Form 1040), line 8a	14. Other information	
F Net operating loss carryover -- minimum tax	Form 6251, line 2f	A Tax-exempt interest	Form 1040 or 1040-SR, line 2a
12. Alternative minimum tax (AMT) items		B Foreign taxes	Schedule 3 (Form 1040), line 1; or Schedule A, line 6
A Adjustment for minimum tax purposes	Form 6251, line 2j	C Qualified rehabilitation expenditures	See the beneficiary's instructions
B AMT adjustment attributable to qualified dividends		D Basis of energy property	See the beneficiary's instructions
C AMT adjustment attributable to net short-term capital gain		E Net investment income	Form 4952, line 4a
D AMT adjustment attributable to net long-term capital gain		F Gross farm and fishing income	Schedule E, line 42
E AMT adjustment attributable to unrecaptured section 1250 gain		G Foreign trading gross receipts (Section 942(a))	See the Instructions for Form 8873
F AMT adjustment attributable to 28% rate gain		H Adjustment for section 1411 net investment income or deductions	Form 8960, line 7 (also see the beneficiary's instructions)
G Accelerated depreciation		I Section 199A information	
H Depletion		J Qualifying advanced coal project property and qualifying gasification project property	
I Amortization		K Qualifying advanced energy project property	
J Exclusion items		L Advanced manufacturing investment property	
		M Reserved for future use	
		ZZ Other information	

Note: If you are a beneficiary who does not file a Form 1040 or 1040-SR, see instructions for the type of income tax return you are filing.



23504K005

OR FISCAL YEAR BEGINNING 0101 2023, ENDING _____

INFORMATION ABOUT THE ESTATE OR TRUST

Name of estate or trust		FEIN
JACK AND SUZAN ANDERSON TRUST		987654321
Name and title of fiduciary	Fiduciary's address	
JACK ANDERSON	1234 MAIN STREET BEACH CANDY, CA 92660	

INFORMATION ABOUT THE BENEFICIARY

A. Name of beneficiary	B. Beneficiary's identification number
JOHN SMITH	111111111

C. Address, city, state and ZIP code + 4

, AL

D. Beneficiary's percentage of distribution at the estate's or trust's year end: 50.0 %

E. What type of entity is this beneficiary?					
(1)	<input checked="checked" type="checkbox"/>	Individual	(2)	<input type="checkbox"/>	Fiduciary (trust or estate)
(3)	<input type="checkbox"/>	Qualified federal tax-exempt organization	(4)	<input type="checkbox"/>	Other

F. Resident status of beneficiary, if beneficiary is an individual or fiduciary of another estate or trust. Check box if: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident		G. State of domicile if nonresident.
--	--	--------------------------------------

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

1. Beneficiary's share of net taxable income distributed from estate or trust.		2. Beneficiary's share of Maryland-source income distributed from estate or trust. (Complete only if beneficiary is a nonresident. See page 2.)**	
\$	663241	\$	447145
STATEMENT		SEE STATEMENT	

<p>3. Beneficiary's share of Maryland addition modification from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.)</p> <p style="text-align: center;">SEE STATEMENT</p> <p>(a) _____ \$ _____</p> <p>(b) _____ \$ _____</p> <p>(c) _____ \$ _____</p>	<p>4. Beneficiary's share of Maryland subtraction modifications from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.)</p> <p style="text-align: center;">SEE STATEMENT</p> <p>(a) _____ \$ _____</p> <p>(b) _____ \$ _____</p> <p>(c) _____ \$ _____</p>
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5. Beneficiary's share of nonresident tax paid by PTE(s):	FEIN of PTE(s):	Name of PTE(s):
(a) \$ _____	(a) _____	(a) _____
(b) \$ _____	(b) _____	(b) _____
(c) \$ _____	(c) _____	(c) _____

<p>6. Beneficiary's share of tax credits from Fiduciary Business Tax Credit Form 504CR or Heritage Structure Rehabilitation Tax Credit Form 502S. For a One Maryland Economic Development Tax Credit, go to box 7, page 2.</p>	
<p>Name of Tax Credit</p>	<p>Beneficiary's Share of Tax Credit</p>
<p>(a) _____</p>	<p>(a) \$ _____</p>
<p>(b) _____</p>	<p>(b) \$ _____</p>
<p>(c) _____</p>	<p>(c) \$ _____</p>



NAME JACK AND SUZAN FEIN 987654321

7. One Maryland Economic Development Tax Credit **Certified After June 30, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? ☐ Yes ☐ No

Enter Member's Distributive or Pro Rata Share of the following:

2. Portion of PTE's income attributable to project 2. _____ 00
3. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 3. _____ 00
4. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) 4. _____ 00

One Maryland Economic Development Tax Credit **Certified Before July 1, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? ☐ Yes ☐ No

2. Tax year in which the project was put into service 2. _____

Enter Member's Distributive or Pro Rata Share of the following:

3. Portion of PTE's income attributable to project 3. _____ 00
4. Non-project taxable income from PTE 4. _____ 00
5. Number of "qualified employees" multiplied by \$10,000 5. _____ 00
6. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 6. _____ 00
7. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) 7. _____ 00
8. Total cumulative eligible start-up costs (\$500,000 PTE maximum) 8. _____ 00

8. Beneficiary's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from trust 8. \$ _____ 00

If additional space is needed for any item, attach a separate schedule.

Maryland Source Income for a Nonresident Beneficiary

** A nonresident is subject to tax on income from Maryland sources, which includes any income derived from real property or tangible personal property in Maryland; income derived from a business wholly or partially carried on in Maryland and in which the trust or estate is a member of a pass-through entity; income from an occupation, profession or trade carried on wholly or partially in Maryland; and income from wagering in Maryland.

MD K-1 Schedule K-1 Additions

Bene No.	Description	Amount
1	Income tax deducted on FD ret	4547.
		4547.

MD K-1 Schedule K-1 Subtractions

Bene No.	Description	Amount
1	Interest from U.S. obligations	35.
		35.

MD 504

Schedule K-1

Maryland Source Income Distributed

Description	Amount
JOHN SMITH	
INTEREST	36905.
DIVIDENDS	63640.
DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME	298873.
DISTRIBUTIVE SHARE OF S CORPORATION INCOME	0.
DISTRIBUTIVE SHARE OF ESTATE OR TRUST INCOME	0.
NET BUSINESS INCOME	0.
NET RENT AND ROYALTY INCOME	47727.
NET FARM INCOME	0.
NET OTHER INCOME	0.
NET ORDINARY INCOME	0.
SHORT-TERM CAPITAL GAIN OR LOSS	0.
LONG-TERM CAPITAL GAIN OR LOSS	0.
	447145.

MD 504 Sch K-1

K-1 Income Detail

Income	AMOUNT
Other Taxable Income	209958.
U.S. Interest Income	36.
Interest Income	36650.
Passive Ordinary Business Income	243349.
Passive Net Rental Real Estate Income	96066.
Non-Qualified Dividend Income	27306.
Qualified Dividend Income	49876.
Total to MD 504, Sch K-1, Line 1	663241.

Schedule K-1
(Form 1041)

2023

☐ Final K-1☐ Amended K-1

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

beginning January 1, 2020
ending December 31, 2023**Beneficiary's Share of Income, Deductions,
Credits, etc.** See page 2 and instructions.

Part I Information About the Estate or Trust	
A Estate's or trust's employer identification number 98-7654321	
B Estate's or trust's name JACK AND SUZAN ANDERSON TRUST	
C Fiduciary's name, address, city, state, and ZIP code JACK ANDERSON 1234 MAIN STREET BEACH CANDY, CA 92660	
D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____	
E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust	
Part II Information About the Beneficiary	
F Beneficiary's identifying number 222-22-2222	
G Beneficiary's name, address, city, state, and ZIP code ROBERT HALL , CA	
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary	

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income 36685.	11	Final year deductions
2a	Ordinary dividends 77182.		
2b	Qualified dividends 49877.		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative min tax adjustment 1021.
4c	Unrecaptured section 1250 gain	B	12.
5	Other portfolio and nonbusiness income 209958.	J	1021.
6 *	Ordinary business income 243350.		
7 *	Net rental real estate income 96066.		
8	Other rental income	13 B	Credits and credit recapture 8.
9	Directly apportioned deductions		
		14 A	Other information 3902.
10	Estate tax deduction	* B	1755.
		* E	113867.
		H *	-195239.
		I *	STMT
			STMT
*See attached statement for additional information.			
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.			
For IRS Use Only			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

www.irs.gov/Form1041

Schedule K-1 (Form 1041) 2023

2 ROBERT HALL

Schedule K-1 Statements and Footnotes**Components of Box 6 and Box 9**

Ordinary Business Income	Amount	Beneficiary Filing Instructions
Total Passive Income	243350	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Components of Box 7 and Box 9

Net Rental Real Estate Income	Amount	Beneficiary Filing Instructions
Total Passive Income	96066	Schedule E, line 33, column (d)
Total Apportioned Deductions	0	Form 8582 or Sch E, ln 33 col c
Total Non Passive Income	0	Schedule E, line 33, column (f)
Total Apportioned Deductions	0	Schedule E, line 33, column (e)

Characterization of Net Rental Real Estate

Passive Rental Real Estate:	
Single family residence	47396
Farm rentals, rentals from passthroughs, other rentals	48670

AMT Adjustment and Exclusion Calculation, Box 12, Codes A and J

Description	Amount
Beneficiary share of distributable AMT income	664262
Beneficiary share of regular distributable income	663241
Beneficiary adjustment for alternative minimum tax	1021
Total exclusion items	11749
Total Alternative Minimum Adjustments	11749
Percentage for exclusion items (Total exclusion items divided	

2 ROBERT HALL

Schedule K-1 Statements and Footnotes

by total alternative minimum tax adjustments)	1.0000000
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Beneficiary share of exclusion items (percentage X AMT adj)	1021
---	------

AMT Adjustment for Qualified Dividends, Box 12, Code B

Description	Amount
Beneficiary share of AMT qualified dividends	49889
Beneficiary share of qualified dividends	49877
AMT Adjustment - Qualified Dividends	12

Foreign Taxes, Box 14, Code B

Income Category	Country	Taxes
Passive Income	Other Countries	1755
Total		1755

Investment Income, Box 14, Code E

Interest income	36685
Nonqualified dividends	27305
Qualified dividend income	49877
Total investment income	113867

2 ROBERT HALL

Schedule K-1 Statements and Footnotes**Foreign Gross Receipts and Expenses, Box 14, Code Z**

Income Category	Country	Gross Amount
Passive Income	Other Countries	36215
Less:		
Expenses	Other Countries	12038
Total		24177

AMT Foreign Taxes, Box 14, Code Z

Income Category	Country	Taxes
Passive Income	Other Countries	1742
Total		1742

AMT Foreign Gross Receipts and Expenses, Box 14, Code Z

Income Category	Country	Gross Amount
Passive Income	Other Countries	35953
Less:		
Expenses	Other Countries	11746
Total		24207

2 ROBERT HALL

Schedule K-1 Statements and Footnotes**Misc Qualified Business Income, Section 199A - Box 14, Code I**

Description	Amount
Beneficiary share of Sec 199A REIT Dividends See Beneficiary Instructions for Schedule K-1 (Form 1041)	712

SECTION 199A ADDITIONAL INFORMATION

The Section 199A amounts to be used in the calculation of qualified business income deduction on your 1040/1041 return are reported on line 13/20. Please consult your tax advisor regarding the calculation of qualified business income deduction, including the possible aggregations and limitations that may apply to the filing of 1.199A-4(C)(2)(I) annual disclosure statement.

Listing of All Other Information, Box 14, Code Z

Description	Amount	Beneficiary Filing Instructions
US Interest Included in Box 1	35	See Beneficiary Instructions for Schedule K-1 (Form 1041)

Other Information Overflow, Box 14

Code Description	Amount
Z * US Interest Included in Line 1	35
Z * Foreign Gross Receipts	24177
Z * AMT Foreign Taxes	1742
Z * AMT Foreign Gross Receipts	24207
* See attached statement for additional information	

This list identifies the codes used on Schedule K-1 for beneficiaries and provides summarized reporting information for beneficiaries who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the Instructions for Schedule K-1 (Form 1041) for a Beneficiary Filing Form 1040 or 1040-SR and the instructions for your income tax return.

	<i>Report on</i>		<i>Report on</i>
1. Interest income	Form 1040 or 1040-SR, line 2b	13. Credits and credit recapture	
2a. Ordinary dividends	Form 1040 or 1040-SR, line 3b	<i>Code</i>	
2b. Qualified dividends	Form 1040 or 1040-SR, line 3a	A Credit for estimated taxes	Form 1040 or 1040-SR, line 26
3. Net short-term capital gain	Schedule D, line 5	B Credit for backup withholding	Form 1040 or 1040-SR, line 25c
4a. Net long-term capital gain	Schedule D, line 12	C Low-income housing credit	
4b. 28% rate gain	28% Rate Gain Worksheet, line 4 (Schedule D Instructions)	D Advanced manufacturing production credit	
4c. Unrecaptured section 1250 gain	Unrecaptured Section 1250 Gain Worksheet, line 11 (Schedule D Instructions)	E Reserved for future use	
5. Other portfolio and nonbusiness income	Schedule E, line 33, column (f)	F Work opportunity credit	
6. Ordinary business income	Schedule E, line 33, column (d) or (f)	G Credit for small employer health insurance premiums	
7. Net rental real estate income	Schedule E, line 33, column (d) or (f)	H Biofuel producer credit	
8. Other rental income	Schedule E, line 33, column (d) or (f)	I Credit for increasing research activities	
9. Directly apportioned deductions		J Renewable electricity production credit	
<i>Code</i>		K Empowerment zone employment credit	See the beneficiary's instructions
A Depreciation	Form 8582; or Schedule E, line 33, column (c) or (e)	L Reserved for future use	
B Depletion	Form 8582; or Schedule E, line 33, column (c) or (e)	M Orphan drug credit	
C Amortization	Form 8582; or Schedule E, line 33, column (c) or (e)	N Credit for employer-provided child care and facilities	
10. Estate tax deduction	Schedule A, line 16	O Biodiesel and renewable diesel fuels credit	
11. Final year deductions		P Credit to holders of tax credit bonds	
A Excess deductions - Section 67(e) expenses	Schedule 1 (Form 1040), line 24k (also see the beneficiary's instructions)	Q Credit for employer differential wage payments	
B Excess deductions - Non-miscellaneous itemized deductions	See the beneficiary's instructions	R Recapture of credits	
C Short-term capital loss carryover	Schedule D, line 5	ZZ Other credits	
D Long-term capital loss carryover	Schedule D, line 12; line 5 of the wksht. for Sch. D, line 18; and line 16 of the wksht. for Sch. D, line 19		
E Net operating loss carryover -- regular tax	Schedule 1 (Form 1040), line 8a	14. Other information	
F Net operating loss carryover -- minimum tax	Form 6251, line 2f	A Tax-exempt interest	Form 1040 or 1040-SR, line 2a
12. Alternative minimum tax (AMT) items		B Foreign taxes	Schedule 3 (Form 1040), line 1; or Schedule A, line 6
A Adjustment for minimum tax purposes	Form 6251, line 2j	C Qualified rehabilitation expenditures	See the beneficiary's instructions
B AMT adjustment attributable to qualified dividends		D Basis of energy property	See the beneficiary's instructions
C AMT adjustment attributable to net short-term capital gain		E Net investment income	Form 4952, line 4a
D AMT adjustment attributable to net long-term capital gain		F Gross farm and fishing income	Schedule E, line 42
E AMT adjustment attributable to unrecaptured section 1250 gain		G Foreign trading gross receipts (Section 942(a))	See the Instructions for Form 8873
F AMT adjustment attributable to 28% rate gain		H Adjustment for section 1411 net investment income or deductions	Form 8960, line 7 (also see the beneficiary's instructions)
G Accelerated depreciation		I Section 199A information	
H Depletion		J Qualifying advanced coal project property and qualifying gasification project property	
I Amortization		K Qualifying advanced energy project property	See the beneficiary's instructions
J Exclusion items		L Advanced manufacturing investment property	
		M Reserved for future use	
		ZZ Other information	

Note: If you are a beneficiary who does not file a Form 1040 or 1040-SR, see instructions for the type of income tax return you are filing.



23504K005

OR FISCAL YEAR BEGINNING 0101 2023, ENDING _____

INFORMATION ABOUT THE ESTATE OR TRUST					
Name of estate or trust JACK AND SUZAN ANDERSON TRUST					FEIN 987654321
Name and title of fiduciary JACK ANDERSON			Fiduciary's address 1234 MAIN STREET BEACH CANDY, CA 92660		
INFORMATION ABOUT THE BENEFICIARY					
A. Name of beneficiary ROBERT HALL			B. Beneficiary's identification number 22222222		
C. Address, city, state and ZIP code + 4 , CA					
D. Beneficiary's percentage of distribution at the estate's or trust's year end: 50.0 %					
E. What type of entity is this beneficiary?					
(1) <input checked="" type="checkbox"/> Individual (2) <input type="checkbox"/> Fiduciary (trust or estate)					
(3) <input type="checkbox"/> Qualified federal tax-exempt organization (4) <input type="checkbox"/> Other					
F. Resident status of beneficiary, if beneficiary is an individual or fiduciary of another estate or trust. Check box if: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Nonresident			G. State of domicile if nonresident.		
DISTRIBUTED NET TAXABLE INCOME, MARYLAND MODIFICATIONS AND NONRESIDENT TAX PAID BY PASS-THROUGH ENTITY (PTE)					
1. Beneficiary's share of net taxable income distributed from estate or trust. \$ 663241			2. Beneficiary's share of Maryland-source income distributed from estate or trust. (Complete only if beneficiary is a nonresident. See page 2.)** \$ 447147		
3. Beneficiary's share of Maryland addition modification from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.) SEE STATEMENT			4. Beneficiary's share of Maryland subtraction modifications from estate or trust. (Specify applicable modifications and amounts. See Instructions, Maryland Modifications in Fiduciary Instructions.) SEE STATEMENT		
5. Beneficiary's share of nonresident tax paid by PTE(s): (a) \$ _____ (b) \$ _____ (c) \$ _____			FEIN of PTE(s): (a) _____ (b) _____ (c) _____		
			Name of PTE(s): (a) _____ (b) _____ (c) _____		
6. Beneficiary's share of tax credits from Fiduciary Business Tax Credit Form 504CR or Heritage Structure Rehabilitation Tax Credit Form 502S. For a One Maryland Economic Development Tax Credit, go to box 7, page 2.					
Name of Tax Credit (a) _____ (b) _____ (c) _____			Beneficiary's Share of Tax Credit (a) \$ _____ (b) \$ _____ (c) \$ _____		



NAME JACK AND SUZAN FEIN 987654321

7. One Maryland Economic Development Tax Credit **Certified After June 30, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? ☐ Yes ☐ No

Enter Member's Distributive or Pro Rata Share of the following:

2. Portion of PTE's income attributable to project 2. _____ 00
3. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 3. _____ 00
4. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) 4. _____ 00

One Maryland Economic Development Tax Credit **Certified Before July 1, 2018** from Business Tax Credit Form 504CR.

☐ Refundable ☐ Nonrefundable

1a. Total number of "qualified employees" 1a. _____

1b. If the amount on line 1a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years? ☐ Yes ☐ No

2. Tax year in which the project was put into service 2. _____

Enter Member's Distributive or Pro Rata Share of the following:

3. Portion of PTE's income attributable to project 3. _____ 00
4. Non-project taxable income from PTE 4. _____ 00
5. Number of "qualified employees" multiplied by \$10,000 5. _____ 00
6. Amount of Maryland income tax required to be withheld from employees reported on line 1a of this form 6. _____ 00
7. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum) 7. _____ 00
8. Total cumulative eligible start-up costs (\$500,000 PTE maximum) 8. _____ 00

8. Beneficiary's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from trust 8. \$ _____ 00

If additional space is needed for any item, attach a separate schedule.

Maryland Source Income for a Nonresident Beneficiary

** A nonresident is subject to tax on income from Maryland sources, which includes any income derived from real property or tangible personal property in Maryland; income derived from a business wholly or partially carried on in Maryland and in which the trust or estate is a member of a pass-through entity; income from an occupation, profession or trade carried on wholly or partially in Maryland; and income from wagering in Maryland.

MD K-1 Schedule K-1 Additions

Bene No.	Description	Amount
2	Income tax deducted on FD ret	4547.
		4547.

MD K-1 Schedule K-1 Subtractions

Bene No.	Description	Amount
2	Interest from U.S. obligations	36.
		36.

MD 504
Schedule K-1 Maryland Source Income Distributed

Description	Amount
ROBERT HALL	
INTEREST	36906.
DIVIDENDS	63641.
DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME	298873.
DISTRIBUTIVE SHARE OF S CORPORATION INCOME	0.
DISTRIBUTIVE SHARE OF ESTATE OR TRUST INCOME	0.
NET BUSINESS INCOME	0.
NET RENT AND ROYALTY INCOME	47727.
NET FARM INCOME	0.
NET OTHER INCOME	0.
NET ORDINARY INCOME	0.
SHORT-TERM CAPITAL GAIN OR LOSS	0.
LONG-TERM CAPITAL GAIN OR LOSS	0.
	447147.

MD 504 Sch K-1

K-1 Income Detail

Income	AMOUNT
Other Taxable Income	209958.
U.S. Interest Income	35.
Interest Income	36650.
Passive Ordinary Business Income	243350.
Passive Net Rental Real Estate Income	96066.
Non-Qualified Dividend Income	27305.
Qualified Dividend Income	49877.
Total to MD 504, Sch K-1, Line 1	663241.