

Corrigan Krause

Certified Public Accountants

July 1, 2020

Ben D. & Lauren Carpenter
206 Allynd Blvd
Chardon, OH 44024

Dear Mr. and Mrs. Carpenter:

Your second quarter federal estimate payment of \$60,000 is due and payable. Enclose voucher 2 and your check for \$60,000 payable to the United States Treasury. Include your social security number and the words "2020 Form 1040-ES" on your check. Mail by July 15, 2020.

Mail to - Internal Revenue Service Center
P.O. Box 802502
Cincinnati, OH 45280-2502

Vouchers 3 and 4 will be due by September 15, 2020 and January 15, 2021 with payments of \$30,000 and \$30,000.

Please call if you have any questions regarding the above or if changing circumstances require a review of your estimated tax calculation.

Sincerely,

Henry F Gingerich, CPA

Corrigan Krause

Certified Public Accountants

September 1, 2020

Ben D. & Lauren Carpenter
206 Allynd Blvd
Chardon, OH 44024

Dear Mr. and Mrs. Carpenter:

Your third quarter federal estimate payment of \$30,000 is due and payable. Enclose voucher 3 and your check for \$30,000 payable to the United States Treasury. Include your social security number and the words "2020 Form 1040-ES" on your check. Mail by September 15, 2020.

Mail to - Internal Revenue Service Center
P.O. Box 802502
Cincinnati, OH 45280-2502

Voucher 4 will be due by January 15, 2021 with a payment of \$30,000.

2020 OHIO ESTIMATED TAX VOUCHER:

Your third quarter state estimate payment of \$5,000 is due and payable. Enclose voucher 3 and your check for \$5,000 payable to Ohio Treasurer of State. Include your social security number on your check. Mail by September 15, 2020.

Mail to - Ohio Department of Taxation
P.O. Box 1460
Columbus, OH 43216

Voucher 4 will be due by January 15, 2021 with a payment of \$5,000.

Please call if you have any questions regarding the above or if changing circumstances require a review of your estimated tax calculation.

Sincerely,

Henry F Gingerich, CPA

Corrigan Krause

Certified Public Accountants

January 1, 2021

Ben D. & Lauren Carpenter
206 Allynd Blvd
Chardon, OH 44024

Dear Mr. and Mrs. Carpenter:

Your fourth quarter federal estimate payment of \$30,000 is due and payable. Enclose voucher 4 and your check for \$30,000 payable to the United States Treasury. Include your social security number and the words "2020 Form 1040-ES" on your check. Mail by January 15, 2021.

Mail to - Internal Revenue Service Center
P.O. Box 802502
Cincinnati, OH 45280-2502

2020 OHIO ESTIMATED TAX VOUCHER:

Your fourth quarter state estimate payment of \$5,000 is due and payable. Enclose voucher 4 and your check for \$5,000 payable to Ohio Treasurer of State. Include your social security number on your check. Mail by January 15, 2021.

Mail to - Ohio Department of Taxation
P.O. Box 1460
Columbus, OH 43216

Please call if you have any questions regarding the above or if changing circumstances require a review of your estimated tax calculation.

Sincerely,

Henry F Gingerich, CPA

Corrigan Krause

Certified Public Accountants

May 19, 2020

Ben D. & Lauren Carpenter
206 Allynd Blvd
Chardon, OH 44024

Dear Mr. and Mrs. Carpenter:

Enclosed are your 2019 income tax returns and 2020 estimated tax vouchers, as follows...

2019 U.S. Individual Income Tax Return

2020 Federal Estimated Tax Vouchers

2019 Ohio Individual Income Tax Return

2020 Ohio Estimated Tax Vouchers

2019 Regional Income Tax Agency Return

This letter is to confirm and specify the terms of our engagement and to clarify the nature and extent of the tax, accounting, and other services we have provided or will provide.

Tax Engagement and Related Responsibilities

Our engagement is limited to performing the following services:

- Prepared the income tax returns listed above.
- Prepared any bookkeeping entries that we find necessary in connection with preparation of the income tax returns.

This engagement does not cover the preparation of any tax returns not listed above. This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you

should review them carefully before you sign them.

We may provide you with a questionnaire or other document requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without any verification by us.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation, and we will discuss those tax positions that may increase the risk of exposure to penalties

and any recommended disclosures before completing the preparation of the return.

If we conclude that we are obligated to disclose a position and you refuse to permit disclosure, we reserve the right to withdraw from the tax services portion of the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of the withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

It is our policy to keep records related to this engagement for 7 years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination,

we will be available, upon request, to represent you. However, such additional services are not included in our fees for preparation of the tax return(s).

Standard Terms and Conditions

Definition

As used in this engagement letter, the term "Corrigan Krause" means CORRIGAN, KRAUSE, HARRISON, LONG, HARSAR, CPA'S LLC, an Ohio limited liability company.

Fees

Except as specifically described in the engagement letter, the fees for the services of Corrigan Krause will be based on the time spent and calculated at its standard hourly rates, plus direct expenses. Rates vary according to the degree of responsibility involved and skill required. Bills for services are due when rendered. Interim bills may be submitted at periodic dates to cover charges and expenses incurred.

Any fees paid after seventy-five (75) days may be charged interest at 1% per month. This finance charge is not compounding and is based on the invoice date. If Corrigan Krause elects to terminate its services for nonpayment, its engagement will be deemed to have been completed upon written notification of termination, even if it has not completed the engagement. In such event, the client will be obligated to compensate Corrigan Krause for all time expended and to reimburse Corrigan Krause for all out-of-pocket expenditures through the date of termination.

The rates of Corrigan Krause are periodically reviewed and adjusted. Its schedule of hourly rates for its professionals and members of its staff is based on years of experience and specialization in training and practice. The standard hourly rates of Corrigan Krause are reviewed annually and, if necessary, are adjusted as of July 1 of each calendar year, in which case the applicable hourly rates applicable to services for this engagement will likewise be adjusted.

The person or entity signing the tax returns (the "Primary Engagement Client") shall be responsible to pay all fees for the services of Corrigan Krause rendered in delivering the tax returns. In the event the Primary Engagement Client does not pay for the fees for services described in this engagement letter, then such person or entity shall be liable for the payment of all fees for the services of Corrigan Krause rendered to such person or entity.

Record Retention

It is the policy of Corrigan Krause to retain records for eight (8) years. However, Corrigan Krause does not keep any of the client's original records, and such original records will be returned to the client upon completion of the

engagement. When records are returned to a client, it is the client's responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing your returns, the client acknowledges and agrees that upon expiration of the eight (8) year period, Corrigan Krause may destroy records in its possession.

Governing Law

This Agreement shall be construed and enforced according to the substantive laws of the State of Ohio without giving effect to any choice or conflict of laws provision or rule that would cause the application of the substantive laws of any state or jurisdiction other than the State of Ohio.

Dispute Resolution

If any dispute, controversy or claim ("Dispute") arises in connection with the performance of services by Corrigan Krause or breach of this Agreement by either party, including disputes regarding the validity or enforceability of this Agreement, either party may, upon written notice to the other party, request the initiation of dispute resolution procedures as follows:

a) The party giving the notice for the initiation of dispute resolution procedures shall specify in writing the nature of such Dispute. During the thirty (30) days following the receipt of such notice, senior management representatives of both parties shall meet in a good faith effort to resolve the Dispute. The negotiation shall take place between executives or managers who have authority to settle the Dispute. If despite such good faith efforts, the parties are unable to resolve the Dispute, the Dispute shall be referred to non-binding mediation as described in subsection (b) below.

(b) In the event that the parties have not resolved a Dispute pursuant to subsection (a) above, the parties agree to submit such Dispute to nonbinding mediation, which mediation shall be conducted in Cleveland, Ohio in accordance with the mediation rules and procedures of JAMS (alternative dispute resolution services) (the "Mediator"). The parties may enter into an agreement for the resolution of the Dispute upon terms and conditions mutually agreed to by the parties; provided, however, each of the parties may accept, or reject, the terms and conditions of any proposed resolution in each party's discretion. Each party shall equally share the fees and expenses of the Mediator, and each party shall be responsible for the fees and expenses of its respective attorneys and experts.

(c) In the event that a Dispute has not been resolved pursuant to the terms of subsection (b) within forty-five (45) days after the referral of such Dispute to mediation, then either party may commence legal proceedings with respect to such Dispute in a federal court or state court which has

jurisdiction over Cuyahoga County, Ohio.

Jurisdiction

Each of the parties consents to the exclusive jurisdiction of, and venue in, any federal or state court of competent jurisdiction located in Cuyahoga County, Ohio for the purposes of adjudicating any matter arising out of or relating to this agreement, including without limitation any and all Disputes. Each of the parties waives any defense of inconvenient forum to the maintenance of any action so brought and waives any bond, surety or other security that might be required of any other party with respect thereto.

Period of Limitations

Any legal proceedings pertaining to the performance of services under this Agreement, including any Disputes, must be filed in a court of competent jurisdiction within two (2) years after the performance of services. The failure to commence such legal proceedings within such time period shall then constitute a waiver of a party's right to commence legal proceedings, and any and all causes of action, with respect to such services.

Withdrawal

Corrigan Krause has the right to withdraw from this engagement if the client does not provide Corrigan Krause with any information it requests in a timely manner, refuses to cooperate with the reasonable requests of Corrigan Krause, misrepresents any facts or breaches, or fails to perform, including a failure to pay fees when due, the terms and conditions of this agreement. A withdrawal from this engagement by Corrigan Krause will release it from any obligations to complete the engagement. In the event of a withdrawal from the engagement, the client agrees to compensate Corrigan Krause for all time expended through the date of termination and for out-of-pocket expenses through the date of withdrawal.

Authority

The person(s) signing the tax returns represent and warrant to Corrigan Krause that (i) he/she is a duly authorized officer and/or agent of each entity and person described in the engagement letter for or to which Corrigan Krause will provide services hereunder, and (ii) he/she has authority to execute the engagement terms on behalf of each such entity and person, and to legally bind each such entity and person to the terms of this engagement.

When you sign your returns you acknowledge and agree to the terms and conditions outlined above.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let

us know.
Sincerely,

Henry F Gingerich, CPA

2019 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2019

| | |
|--|--|
| Prepared for | Ben D. & Lauren Carpenter 206 Allynd Blvd Chardon, OH 44024 |
| Prepared by | Corrigan Krause 2055 Crocker Rd., Suite 300 Westlake, OH 44145-1964 |
| Amount of tax | Total tax \$ 201,888 Less: payments and credits \$ 20,154 Plus: interest and penalties \$ 0 Balance due \$ 181,734 |
| Overpayment | Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0 |
| Make check payable to | United States Treasury |
| Mail tax return and check (if applicable) to | This return has qualified for electronic filing and the practitioner PIN program has been elected. After reviewing the return, please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. |
| Return must be mailed on or before | Return federal Form 8879 to us by July 15, 2020. |
| Special Instructions | Do not mail the paper copy of the return to the IRS. Your check for \$181,734, payable to the United States Treasury, must be paid by July 15, 2020. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2019 Form 1040" on your check. Mail to - Internal Revenue Service Center P.O. Box 802501 Cincinnati, OH 45280-2501 |

2020 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTIMATED INDIVIDUAL INCOME TAX

FOR THE YEAR ENDING

December 31, 2020

| Prepared for | Ben D. & Lauren Carpenter 206 Allynd Blvd Chardon, OH 44024 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|----|---------|-----------------------------|----|---|---|----|---|-------------|----|---------|-------------|--------|----------|-------|------|---------------|-------|-----------|---------------|-------|-----------|--------------------|-------|-----------|------------------|
| Prepared by | Corrigan Krause 2055 Crocker Rd., Suite 300 Westlake, OH 44145-1964 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total Estimated Tax</td><td>\$</td><td>120,000</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2020 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>120,000</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 0</td><td>July 15, 2020</td></tr><tr><td>No. 2</td><td>\$ 60,000</td><td>July 15, 2020</td></tr><tr><td>No. 3</td><td>\$ 30,000</td><td>September 15, 2020</td></tr><tr><td>No. 4</td><td>\$ 30,000</td><td>January 15, 2021</td></tr></tbody></table> | Total Estimated Tax | \$ | 120,000 | Less credit from prior year | \$ | 0 | Less amount already paid on 2020 estimate | \$ | 0 | Balance due | \$ | 120,000 | Installment | Amount | Due Date | No. 1 | \$ 0 | July 15, 2020 | No. 2 | \$ 60,000 | July 15, 2020 | No. 3 | \$ 30,000 | September 15, 2020 | No. 4 | \$ 30,000 | January 15, 2021 |
| Total Estimated Tax | \$ | 120,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less credit from prior year | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less amount already paid on 2020 estimate | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance due | \$ | 120,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installment | Amount | Due Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 1 | \$ 0 | July 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 2 | \$ 60,000 | July 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 3 | \$ 30,000 | September 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 4 | \$ 30,000 | January 15, 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | United States Treasury | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail voucher and check (if applicable) to | Internal Revenue Service Center P.O. Box 802502 Cincinnati, OH 45280-2502 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions | Include your social security number and the words "2020 Form 1040-ES" on your check. Vouchers need not be signed. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

| | |
|--|---|
| Taxpayer's name BEN D. CARPENTER | Social security number 284 84 7831 |
| Spouse's name LAUREN CARPENTER | Spouse's social security number 270 92 4724 |

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)

| | | |
|---|---|-------------------|
| 1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) | 1 | 1,042,052. |
| 2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) | 2 | 201,888. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) | 3 | 11,605. |
| 4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) | 4 | |
| 5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) | 5 | 181,734. |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **CORRIGAN KRAUSE** to enter or generate my PIN **27831**
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed 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.

Your signature ► _____ Date ► **05/19/2020**

Spouse's PIN: check one box only

- ☒ I authorize **CORRIGAN KRAUSE** to enter or generate my PIN **14724**
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2019 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2019 electronically filed 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.

Spouse's signature ► _____ Date ► **05/19/2020**

Practitioner PIN Method Returns Only - continue below

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. **34445102055**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **CORRIGAN KRAUSE** Date ► **05/19/2020**

2019

Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

910681 06-10-19

LHA

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

▼ DETACH HERE ▼

Form **1040-V** (2019)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2019

Form 1040-V Payment Voucher

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

Enter the amount
of your payment ▶

Dollars

181,734

Cents

1019

BEN D. & LAUREN CARPENTER
206 ALLYND BLVD
CHARDON, OH 44024

P.O. BOX 802501
CINCINNATI, OH 45280-2501

284847831 A0 CARP 30 0 201912 610

2020 Estimated Tax Worksheet

Keep for Your Records

| | | | |
|------------|--|------------|---------|
| 1 | Adjusted gross income you expect in 2020 (see instructions) | 1 | |
| 2a | Deductions | 2a | |
| | <ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. | | |
| b | If you can take the qualified business income deduction, enter the estimated amount of the deduction | 2b | |
| c | Add lines 2a and 2b ► | 2c | |
| 3 | Subtract line 2c from line 1 | 3 | |
| 4 | Tax. Figure your tax on the amount on line 3 by using the 2020 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax | 4 | |
| 5 | Alternative minimum tax from Form 6251 | 5 | |
| 6 | Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040, line 11 | 6 | |
| 7 | Credits (see instructions). Do not include any income tax withholding on this line | 7 | |
| 8 | Subtract line 7 from line 6. If zero or less, enter -0- | 8 | |
| 9 | Self-employment tax (see instructions) | 9 | |
| 10 | Other taxes (see instructions) | 10 | |
| 11a | Add lines 8 through 10 | 11a | |
| b | Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885 | 11b | |
| c | Total 2020 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0- ► | 11c | |
| 12a | Multiply line 11c by 90% (66 2/3% for farmers and fishermen) 12a | | |
| b | Required annual payment based on prior year's tax (see instructions) 12b | | |
| c | Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b ► Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505. | 12c | |
| 13 | Income tax withheld and estimated to be withheld during 2020 (including income tax withholding on pensions, annuities, certain deferred income, etc.) | 13 | |
| 14a | Subtract line 13 from line 12c 14a 120,000. | | |
| | Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 14b. | | |
| b | Subtract line 13 from line 11c 14b | | |
| | Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 15 to figure your required payment. | | |
| 15 | If the first payment you are required to make is due April 15, 2020, enter 1/4 of line 14a (minus any 2019 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order | 15 | 30,000. |

2020 Estimated TaxPayment
Voucher **1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "**United States Treasury**." Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due **April 15, 2020**Amount of estimated tax you are paying
by check or
money order.

\$

Pay online at
www.irs.gov/etpay**Simple.
Fast.
Secure.**

| | | | |
|--|--|-------------------------|---------------------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number |
| | BEN D. | CARPENTER | 284-84-7831 |
| | If joint payment, complete for spouse | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number |
| | LAUREN | CARPENTER | 270-92-4724 |
| | Address (number, street, and apt. no.) | | |
| 206 ALLYND BLVD | | | |
| City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) | | | |
| CHARDON, OH 44024 | | | |
| Foreign country name | | Foreign province/county | Foreign postal code |

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

Form 1040-ES (2020)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802502
CINCINNATI, OH 45280-2502

2020 Estimated TaxPayment
Voucher **2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2020

Amount of estimated tax you are paying
by check or
money order.\$ **60,000.**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

| | | | |
|--|--|-------------------------|---------------------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number |
| | BEN D. | CARPENTER | 284-84-7831 |
| | If joint payment, complete for spouse | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number |
| | LAUREN | CARPENTER | 270-92-4724 |
| | Address (number, street, and apt. no.) | | |
| 206 ALLYND BLVD | | | |
| City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) | | | |
| CHARDON, OH 44024 | | | |
| Foreign country name | | Foreign province/county | Foreign postal code |

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

Form 1040-ES (2020)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802502
CINCINNATI, OH 45280-2502

2020 Estimated TaxPayment
Voucher **3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "**United States Treasury**." Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2020

Amount of estimated tax you are paying
by check or
money order.\$ **30,000.**Pay online at
www.irs.gov/etpay**Simple.
Fast.
Secure.**

| | | | |
|--|--|-------------------------|---------------------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number |
| | BEN D. | CARPENTER | 284-84-7831 |
| | If joint payment, complete for spouse | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number |
| | LAUREN | CARPENTER | 270-92-4724 |
| | Address (number, street, and apt. no.) | | |
| 206 ALLYND BLVD | | | |
| City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) | | | |
| CHARDON, OH 44024 | | | |
| Foreign country name | | Foreign province/county | Foreign postal code |

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

Form 1040-ES (2020)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802502
CINCINNATI, OH 45280-2502

2020 Estimated TaxPayment
Voucher **4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "**United States Treasury**." Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 2021

Amount of estimated tax you are paying
by check or
money order.\$ **30,000.**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

| | | | |
|--|--|-------------------------|---------------------------------|
| Print or type | Your first name and middle initial | Your last name | Your social security number |
| | BEN D. | CARPENTER | 284-84-7831 |
| | If joint payment, complete for spouse | | |
| | Spouse's first name and middle initial | Spouse's last name | Spouse's social security number |
| | LAUREN | CARPENTER | 270-92-4724 |
| | Address (number, street, and apt. no.) | | |
| 206 ALLYND BLVD | | | |
| City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) | | | |
| CHARDON, OH 44024 | | | |
| Foreign country name | | Foreign province/county | Foreign postal code |

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

Form 1040-ES (2020)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | | |
|---|--|-------------------------------|--|
| Your first name and middle initial BEN D. | | Last name CARPENTER | Your social security number 284 84 7831 |
| If joint return, spouse's first name and middle initial LAUREN | | Last name CARPENTER | Spouse's social security number 270 92 4724 |
| Home address (number and street). If you have a P.O. box, see instructions. 206 ALLYND BLVD | | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHARDON, OH 44024 | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | | Foreign province/state/county | Foreign postal code |
| | | | If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/> |

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

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| JUNIPER L | CARPENTER | 689-89-1007 | DAUGHTER | <input checked="" type="checkbox"/> | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|---|-------------|--|-------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2. STMT 1 | | 1 | 115,398. |
| 2a Tax-exempt interest | 2a | 2b Taxable interest. Attach Sch. B if required | 2b |
| 3a Qualified dividends | 3a 342,614. | 3b Ordinary dividends. Attach Sch. B if required | 3b 342,614. |
| 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| 4c Pensions and annuities | 4c | 4d Taxable amount | 4d |
| 5a Social security benefits | 5a | 5b Taxable amount | 5b |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 6 | |
| 7a Other income from Schedule 1, line 9 | | 7a | 584,040. |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | 7b | 1,042,052. |
| 8a Adjustments to income from Schedule 1, line 22 | | 8a | |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | 8b | 1,042,052. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 40,403. | | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 116,808. | | |
| 11a Add lines 9 and 10 | | 11a | 157,211. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | 11b | 884,841. |

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

Form 1040 (2019)

| | | | |
|---|------------------|--|----------|
| 12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | | 12a | 208,689. |
| b Add Schedule 2, line 3, and line 12a and enter the total | | 12b | 208,689. |
| 13a Child tax credit or credit for other dependents | | 13a | |
| b Add Schedule 3, line 7, and line 13a and enter the total | | 13b | 19,773. |
| 14 Subtract line 13b from line 12b. If zero or less, enter -0- | | 14 | 188,916. |
| 15 Other taxes, including self-employment tax, from Schedule 2, line 10 | | 15 | 12,972. |
| 16 Add lines 14 and 15. This is your total tax | | 16 | 201,888. |
| 17 Federal income tax withheld from Forms W-2 and 1099 | | 17 | 11,605. |
| 18 Other payments and refundable credits: | | | |
| a Earned income credit (EIC) | 18a | | |
| b Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c American opportunity credit from Form 8863, line 8 | 18c | | |
| d Schedule 3, line 14 | 18d | 8,549. | |
| e Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | 8,549. | |
| 19 Add lines 17 and 18e. These are your total payments | 19 | 20,154. | |
| Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | | 20 | |
| 21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | 21a | |
| Direct deposit? See instructions. | b Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d Account number | | | |
| 22 Amount of line 20 you want applied to your 2020 estimated tax | 22 | | |
| Amount You Owe 23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions | | 23 | 181,734. |
| 24 Estimated tax penalty (see instructions) | | 24 | |

| | | | | |
|--|---------------|---|---|----------------------|
| Third Party Designee (Other than paid preparer) | | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions | | Yes. Complete below. |
| Designee's name | Phone no. | Personal identification number (PIN) | No | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | |
| | | GRAPHIC ARTS | | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | |
| | | NURSE | | |
| Phone no. | Email address | | | |

| | | | | | |
|-------------------------------|---|------------------------|----------|---------------------------|---|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | PTIN | Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| | HENRY F GINGERICH, CPA | HENRY F GINGERICH, CPA | 05/19/20 | P00227826 | |
| Firm's name | CORRIGAN KRAUSE 2055 CROCKER RD., SUITE 300 WESTLAKE, OH 44145-1964 | | | Phone no. 440-471-0800 | Firm's EIN 37-1574855 |

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

Form 1040 (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

| | | | |
|-----------|---|-----------|-----------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | 584,040. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | 584,040. |

Part II Adjustments to Income

| | | | |
|------------|--|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | |

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Tax

| | | | |
|----------|---|----------|-----------|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | 0. |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b | 3 | 0. |

Part II Other Taxes

| | | | |
|-----------|---|-----------|----------------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | 12,972. |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15 | 10 | 12,972. |

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Nonrefundable Credits

| | | | |
|----------|---|----------|----------------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 6 | 19,773. |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b | 7 | 19,773. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|-----------|---------------|
| 8 | 2019 estimated tax payments and amount applied from 2018 return STMT 4 | 8 | 8,549. |
| 9 | Net premium tax credit. Attach Form 8962 | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | 12 | |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 13 | |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d | 14 | 8,549. |

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

BEN D. & LAUREN CARPENTER**284 84 7831****Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.**1** Medical and dental expenses (see instructions)**1****2** Enter amount from Form 1040 or 1040-SR, line 8b **2****3** Multiply line 2 by 7.5% (0.075)**3****4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**4****Taxes You
Paid****5** State and local taxes.**a** State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ ☐**5a****5,707.****b** State and local real estate taxes (see instructions)**5b****2,120.****c** State and local personal property taxes**5c****d** Add lines 5a through 5c**5d****7,827.****e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)**5e****7,827.****6** Other taxes. List type and amount ▶**6****7** Add lines 5e and 6**7****7,827.****Interest You
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).**8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐**a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited**8a****7,507.****b** Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶**8b****c** Points not reported to you on Form 1098. See instructions for special rules**8c****d** Mortgage insurance premiums (see instructions)**8d****e** Add lines 8a through 8d**8e****7,507.****9** Investment interest. Attach Form 4952 if required. See instructions**9****10** Add lines 8e and 9**10****7,507.****Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.**11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions**11****25,069.****STMT 5****12** Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500**12****13** Carryover from prior year**13****14** Add lines 11 through 13**14****25,069.****Casualty and
Theft Losses****15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions**15****Other
Itemized
Deductions****16** Other - from list in instructions. List type and amount ▶**16****Total****Itemized
Deductions****17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9**17****40,403.****18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ ☐

SCHEDULE B

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Interest and Ordinary Dividends**▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019Attachment
Sequence No. **08****BEN D. & LAUREN CARPENTER**Your social security number
284 84 7831**Part I****Interest**

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

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

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

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****1****2****3****4****Amount****Part II****Ordinary Dividends**

- 5 List name of payer ▶ **FROM K-1 - OHIO ORDNANCE WORKS, INC.**

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

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

Note: If line 6 is over \$1,500, you must complete Part III.**342,614.****5****6****342,614.****Part III****Foreign Accounts and Trusts**

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
927501 11-19-19

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

- 7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

| Yes | No |
|-----|----------|
| | X |
| | |
| | |
| | |
| | X |

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

Your social security number

BEN D. & LAUREN CARPENTER**284-84-7831****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 | OHIO ORDNANCE WORKS, INC. | S | | 34-1721701 | | |
| 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 |
| A | | | 584,040. |
| B | | | |
| C | | | |
| D | | | |
| 29a Totals | | | 584,040. |
| b Totals | | | |
| 30 Add columns (h) and (k) of line 29a | | 30 | 584,040. |
| 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 | 584,040. |

Part III **Income or Loss From Estates and Trusts**

| 33 | (a) Name | (b) Employer identification number |
|-----------|-----------------|---|
| A | | |
| 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 | | | |
| 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 or 1040-SR), line 5, or Form 1040-NR, line 18 | 41 | 584,040. |
| 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 AC; 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 | |

2019 Income from Passthroughs

OHIO ORDNANCE WORKS, INC.
I.D. NUMBER: 34-1721701
TYPE: S CORPORATION

ACTIVITY INFORMATION:

OHIO ORDNANCE WORKS, INC.

TRADE OR BUSINESS - MATERIAL PARTICIPATION

| | |
|--------------------------------|-----------------|
| ORDINARY INCOME (LOSS) | 584,040. |
| TOTAL NONPASSIVE INCOME (LOSS) | <u>584,040.</u> |

OTHER K-1 INFORMATION:

| | |
|-------------------------------|----------|
| ORDINARY DIVIDENDS | 342,614. |
| QUALIFIED DIVIDENDS | 342,614. |
| CHARITABLE CONTRIBUTIONS | 18,734. |
| CREDITS | 9,164. |
| INVESTMENT INCOME | 342,614. |
| NONDEDUCTIBLE EXPENSES | 7,281. |
| QUALIFIED BUSINESS INCOME | 584,040. |
| SECTION 199A W-2 WAGES | 613,404. |
| SECTION 199A UNADJUSTED BASIS | 528,668. |

| Schedule E | | | | PASSTHROUGH RECAP - BASIC INFORMATION | | | | | | | | | | 2019 | |
|---------------------------|--|----------|---------------------------|---------------------------------------|--------------------------------|-----------------------------|---------------------------|-------------------------------|--------------------|---------------------------|--------------------|--------------------|--------------------------------|-----------------------------------|--------------------------------|
| BEN D. & LAUREN CARPENTER | | | | 284-84-7831 | | | | | | | | | | | |
| T Y P E | Schedule K-1 Line Reference: (1065/1120S/1041) | | | 1/1/6 | 2/2/7 | 3/3/8 | * | * | 5/4/1 | * | 6a/5a/2a | 7/6/* | 8/7/3 | 9a/8a/4a | 4/*/* |
| | Entity No. | Act. No. | Name | Ordinary Income (Loss) | Rental Real Estate Inc. (Loss) | Other Rental Income (Loss) | Passive Activity Loss C/O | AMT Passive Activity Loss C/O | Interest | US Treasury Bond Interest | Dividends | Royalties | Short-Term Capital Gain (Loss) | Net Long-Term Capital Gain (Loss) | Guaranteed Payments to Partner |
| S | 1 | 1 | OHIO ORDNANCE WORKS, INC. | 584,040. | | | | | | | 342,614. | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Totals | | | | 584,040. | | | | | | | 342,614. | | | | |
| Component of: | | | | Schedule E, Page 2, Various | Schedule E, Page 2, Various | Schedule E, Page 2, Various | Form 8582 Line 3c | Form 8582 AMT, Line 3c | Schedule B, Line 1 | Schedule B, Line 1 | Schedule B, Line 5 | Schedule E, Line 4 | Schedule D, Line 5 | Schedule D, Line 12 | Schedule E, Page 2, Various |

| | | | | | | | | | | | | | | | | | |
|--|----------|--------------------------|--------------------------------|-----------------------------|------------------------------|---------------------|---|-----------------------------|--------------------------------------|--------------------------------------|--------------------|--------------------------------|-------------------------------------|---------------------|-----------------------------------|------------------------|-----------------|
| Schedule K-1 Line Reference: (1065/1120S/1041) | | 10/9/* | * | 11/10/* | 13/12/* | 12/11/* | 13/12/* | 13/12/* | 13/12/* | */* | 20/17/14 | 13/*/* | * | 14/*/* | 17/15/12 | */*/12 | */*/12 |
| Entity No. | Act. No. | Section 1231 Gain (Loss) | Ordinary Gain (Loss) Form 4797 | Other Income | Charitable Contributions 50% | Section 179 Expense | Deductions Related to Portfolio Income (2%) | Other Deductions | Investment Int. Expense (Schedule A) | Investment Int. Expense (Schedule E) | Investment Income | SE Health Insurance Premium | Wages for More Than 2% Shareholders | Net SE Earnings | AMT Depr Adj on Post '86 Property | Minimum Tax Adjustment | Exclusion Items |
| 1 | 1 | | | | 18,734. | | | | | | 342,614. | | | | | | |
| | | | | | | | | | | | | | | | | | |
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| Totals | | | | | 18,734. | | | | | | 342,614. | | | | | | |
| Component of: | | Form 4797, Line 2 | Form 4797, Line 10 | Schedule E, Page 2, Various | Schedule A, Lines 11 & 12 | Form 4562, Line 6 | Schedule A, Line 16 | Schedule E, Page 2, Various | Schedule A, Line 9 | Schedule E, Page 2, Various | Form 4952, Line 4a | Form 1040, Schedule 1, Line 16 | Form 1040, Line 1 | Schedule SE, Line 2 | Form 6251, Line 19 | Form 6251, Line 16 | 2019 Form 8801 |

* - No specific Schedule K-1 line reference for these amounts.

| Schedule E PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS | | | | | | | | | | | | | | | | 2019 |
|---|----------|---------------------|---------------------------------|-------------------------|--------------------------------|-------------------------|---|--------------------|--------------------------------|--|----------------------------|-------------------------------|---------------------------|--------------------------|---------------------|----------------------------|
| BEN D. & LAUREN CARPENTER | | | | | | | | | | | | | | | | 284-84-7831 |
| Schedule K-1 Line Reference: (1065/1120S/1041) | | | | | | | | | | | | | | | | |
| | | 6b/5b/2b | 11/10/* | 13/*/* | 15/13/* | 15/13/13 | 15/13/13 | 15/13/* | 15/13/* | 20/17/13 | *//*/* | 13/12/* | 20/17/14 | 20/17/14 | 20/17/14 | 20/17/14 |
| Entity No. | Act. No. | Qualified Dividends | Sec. 1256 Contracts & Straddles | Dependent Care Benefits | Undistributed Capital Gains | Empowerment Zone Credit | Credit for Increasing Research Activities | New Markets Credit | Credit for SS & Medicare Taxes | Recapture of Low-income Housing Credit | Royalty/Depletion Expenses | Charitable Contributions 100% | Qualified Business Income | Qualified Service Income | Sec. 199A W-2 Wages | Sec. 199A Unadjusted Basis |
| 1 | 1 | 342,614. | | | | | 9,164. | | | | | | 584,040. | | 613,404. | 528,668. |
| | | | | | | | | | | | | | | | | |
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| Totals | | 342,614. | | | | | 9,164. | | | | | | 584,040. | | 613,404. | 528,668. |
| Component of: | | Form 1040, Line 3a | Form 6781, Line 1 | Form 2441 Line 12 | Form 1040, Schedule 3, Line 13 | Form 8844, Line 3 | Form 6765, Line 37 | Form 8874, Line 2 | Form 8846, Line 5 | Form 8611, Line 8 | Schedule E, Page 1 or 2 | Schedule A, Lines 11 & 12 | Form 8995 | Form 8995 | Form 8995-A Line 4 | Form 8995-A Line 7 |

| Schedule K-1 Line Reference: (1065/1120S/1041) | | | | | | | | | | | | | | | | |
|--|----------|----------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|---|---|--|
| | | * | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Entity No. | Act. No. | Schedule E Basis Carryover | AMT Schedule E Basis Carryover | ST Basis Carryover | AMT Basis Carryover | LT Basis Carryover | AMT LT Basis Carryover | Sec. 1231 Basis Carryover | AMT Sec. 1231 Basis Carryover | 4797-Ord. Basis Carryover | AMT 4797-Ord. Basis Carryover | Other Basis Carryovers | AMT Other Basis Carryovers | | | |
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| Totals | | | | | | | | | | | | | | | | |
| Component of: | | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | Basis Limitation Worksheet | | | |

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

BEN D. & LAUREN CARPENTER

Identifying number

284-84-7831

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II.)

| | | | |
|---|--|---|---------|
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | 9,164. |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked 2 | | |
| 3 | Enter the applicable passive activity credits allowed for 2019. See instructions | 3 | |
| 4 | Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | 4 | 10,609. |
| 5 | Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | 19,773. |

Part II Allowable Credit

| | | | |
|-----|---|-----|----------|
| 7 | Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 | 7 | 208,689. |
| | • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return | | |
| | • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | | |
| 8 | Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 | 8 | |
| | • Corporations. Enter -0- | | |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 ... | | |
| 9 | Add lines 7 and 8 | 9 | 208,689. |
| 10a | Foreign tax credit | 10a | |
| b | Certain allowable credits (see instructions) | 10b | |
| c | Add lines 10a and 10b | 10c | |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 208,689. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 208,689. |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions | 13 | 45,922. |
| 14 | Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 | 14 | 187,366. |
| | • Corporations. Enter -0- | | |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 | | |
| 15 | Enter the greater of line 13 or line 14 | 15 | 187,366. |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | 16 | 21,323. |
| 17 | Enter the smaller of line 6 or line 16 | 17 | 19,773. |
| | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2019)

Part II Allowable Credit (continued)**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

| | | | |
|-----------|--|-----------|----------|
| 18 | Multiply line 14 by 75% (0.75). See instructions | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0- | 20 | |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0- | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked 23 | | |
| 24 | Enter the applicable passive activity credit allowed for 2019. See instructions | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | 26 | 0. |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0- | 27 | 162,767. |
| 28 | Add lines 17 and 26 | 28 | 19,773. |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 142,994. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked 32 | | |
| 33 | Enter the applicable passive activity credits allowed for 2019. See instructions | 33 | |
| 34 | Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | 36 | |
| 37 | Enter the smaller of line 29 or line 36 | 37 | |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 19,773. |

Form **3800** (2019)

Name(s) shown on return

Identifying number

BEN D. & LAUREN CARPENTER**284-84-7831****Part III General Business Credits or Eligible Small Business Credits**(see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☒ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☐ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) STMT 6 | 1c 34-1721701 | 9,164. |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (carryforward only) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (carryforward only) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Enhanced oil recovery credit (Form 8830) | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon oxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa Employee retention (Form 5884-A) | 1aa | |
| bb General credits from an electing large partnership (carryforward only) | 1bb | |
| zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | 9,164. |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Increasing research activities (Form 6765) | 4i | |
| j Employer credit for paid family and medical leave (Form 8994) | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 9,164. |

Name(s) shown on return

Identifying number

BEN D. & LAUREN CARPENTER**284-84-7831****Part III General Business Credits or Eligible Small Business Credits**(see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☒ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | 10,609. |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (carryforward only) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (carryforward only) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Enhanced oil recovery credit (Form 8830) | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon oxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa Employee retention (Form 5884-A) | 1aa | |
| bb General credits from an electing large partnership (carryforward only) | 1bb | |
| zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | 10,609. |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Increasing research activities (Form 6765) | 4i | |
| j Employer credit for paid family and medical leave (Form 8994) | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 10,609. |

Alternative Minimum Tax - Individuals▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **32**

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

Your social security number

BEN D. & LAUREN CARPENTER**284 84 7831****Part I Alternative Minimum Taxable Income**

| | | | |
|-----------|---|-----------|-----------------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 884,841. |
| 2a | If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9 | 2a | 7,827. |
| b | Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8 | 2b | |
| c | Investment interest expense (difference between regular tax and AMT) | 2c | |
| d | Depletion (difference between regular tax and AMT) | 2d | |
| e | Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount | 2e | |
| f | Alternative tax net operating loss deduction | 2f | |
| g | Interest from specified private activity bonds exempt from the regular tax | 2g | |
| h | Qualified small business stock, see instructions | 2h | |
| i | Exercise of incentive stock options (excess of AMT income over regular tax income) | 2i | |
| j | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 2j | |
| k | Disposition of property (difference between AMT and regular tax gain or loss) | 2k | |
| l | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 2l | |
| m | Passive activities (difference between AMT and regular tax income or loss) | 2m | |
| n | Loss limitations (difference between AMT and regular tax income or loss) | 2n | |
| o | Circulation costs (difference between regular tax and AMT) | 2o | |
| p | Long-term contracts (difference between AMT and regular tax income) | 2p | |
| q | Mining costs (difference between regular tax and AMT) | 2q | |
| r | Research and experimental costs (difference between regular tax and AMT) | 2r | |
| s | Income from certain installment sales before January 1, 1987 | 2s | |
| t | Intangible drilling costs preference | 2t | |
| 3 | Other adjustments, including income-based related adjustments | 3 | |
| 4 | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.) | 4 | 892,668. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|-----------|---|-----------|-----------------|
| 5 | Exemption. (If you were under age 24 at the end of 2019, see instructions.) IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$510,300 \$71,700 Married filing jointly or qualifying widow(er) ... 1,020,600 111,700 Married filing separately 510,300 55,850 If line 4 is over the amount shown above for your filing status, see instructions. | 5 | 111,700. |
| 6 | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10 | 6 | 780,968. |
| 7 | • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. | 7 | 187,366. |
| 8 | Alternative minimum tax foreign tax credit (see instructions) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7 | 9 | 187,366. |
| 10 | Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions) | 10 | 208,689. |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1 | 11 | 0. |

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | |
|--|-----------|----------|
| 12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 | 12 | 780,968. |
| 13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 13 | 342,614. |
| 14 Enter the amount from Schedule D (Form 1040 or 1040-SR), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter | 14 | 0. |
| 15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, 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). If you are filing Form 2555, see instructions for the amount to enter | 15 | 342,614. |
| 16 Enter the smaller of line 12 or line 15 | 16 | 342,614. |
| 17 Subtract line 16 from line 12 | 17 | 438,354. |
| 18 If line 17 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 18 | 118,843. |
| 19 Enter: <ul style="list-style-type: none"> • \$78,750 if married filing jointly or qualifying widow(er), • \$39,375 if single or married filing separately, or • \$52,750 if head of household. | 19 | 78,750. |
| 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 | 542,227. |
| 21 Subtract line 20 from line 19. If zero or less, enter -0- | 21 | 0. |
| 22 Enter the smaller of line 12 or line 13 | 22 | 342,614. |
| 23 Enter the smaller of line 21 or line 22. This amount is taxed at 0% | 23 | 0. |
| 24 Subtract line 23 from line 22 | 24 | 342,614. |
| 25 Enter: <ul style="list-style-type: none"> • \$434,550 if single • \$244,425 if married filing separately • \$488,850 if married filing jointly or qualifying widow(er) • \$461,700 if head of household | 25 | 488,850. |
| 26 Enter the amount from line 21 | 26 | 0. |
| 27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 11b; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 | 542,227. |
| 28 Add line 26 and line 27 | 28 | 542,227. |
| 29 Subtract line 28 from line 25. If zero or less, enter -0- | 29 | 0. |
| 30 Enter the smaller of line 24 or line 29 | 30 | 0. |
| 31 Multiply line 30 by 15% (0.15) | 31 | |
| 32 Add lines 23 and 30 | 32 | 0. |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33. | | |
| 33 Subtract line 32 from line 22 | 33 | 342,614. |
| 34 Multiply line 33 by 20% (0.20) | 34 | 68,523. |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35. | | |
| 35 Add lines 17, 32, and 33 | 35 | |
| 36 Subtract line 35 from line 12 | 36 | |
| 37 Multiply line 36 by 25% (0.25) | 37 | |
| 38 Add lines 18, 31, 34, and 37 | 38 | 187,366. |
| 39 If line 12 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 39 | 214,775. |
| 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 | 40 | 187,366. |

Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2019**Attachment
Sequence No. **52**

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

BEN D. CARPENTERSocial security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**284-84-7831****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | | |
|---|--|-----------|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) | ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | | |
| 3 | If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter | 3 | | 7,000. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs | 4 | | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 7,000. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter | 6 | | 7,000. |
| 7 | If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions) | 7 | | |
| 8 | Add lines 6 and 7 | 8 | | 7,000. |
| 9 | Employer contributions made to your HSAs for 2019 | 9 | | |
| 10 | Qualified HSA funding distributions | 10 | | |
| 11 | Add lines 9 and 10 | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | 7,000. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25 | 13 | | |
| Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). | | | | |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|---|------------|--------------------------|
| 14a | Total distributions you received in 2019 from all HSAs (see instructions) | 14a | 2,635. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | |
| c | Subtract line 14b from line 14a | 14c | 2,635. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 2,635. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | ▶ | <input type="checkbox"/> |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b | |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8889** (2019)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|--|-----------|--|
| 18 Last-month rule | 18 | |
| 19 Qualified HSA funding distribution | 19 | |
| 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount | 20 | |
| 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | |

Form **8889** (2019)

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2019**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

BEN D. & LAUREN CARPENTER**284-84-7831****Part I Trade, Business, or Aggregation Information**Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed.
See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | OHIO ORDNANCE WORKS, INC. | <input type="checkbox"/> | <input type="checkbox"/> | 34-1721701 | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|-------------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 2 584,040. | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 116,808. | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | 4 613,404. | | |
| 5 Multiply line 4 by 50% (0.50) | 5 306,702. | | |
| 6 Multiply line 4 by 25% (0.25) | 6 153,351. | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 7 528,668. | | |
| 8 Multiply line 7 by 2.5% (0.025) | 8 13,217. | | |
| 9 Add lines 6 and 8 | 9 166,568. | | |
| 10 Enter the greater of line 5 or line 9 | 10 306,702. | | |
| 11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10 | 11 116,808. | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any. See instructions | 12 | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 13 116,808. | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | 14 | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 15 116,808. | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | 16 116,808. | | |

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

Form **8995-A** (2019)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|-----------|---|-----------|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 ... | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|-----------|---|-----------|------------|----------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | 116,808. | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | 116,808. | |
| 33 | Taxable income before qualified business income deduction | 33 | 1,001,649. | | |
| 34 | Net capital gain. See instructions | 34 | 342,614. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | 659,035. | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | 131,807. | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | 116,808. | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | 116,808. | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | | () | |

Form **8995-A** (2019)

**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.****2019**Attachment
Sequence No. **72**

Name(s) shown on your tax return

BEN D. & LAUREN CARPENTER

Your social security number or EIN

284-84-7831**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 | |
| 2 | Ordinary dividends (see instructions) | 2 | 342,614. |
| 3 | Annuities (see instructions) | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 584,040. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 7 | 4b | -584,040. |
| c | Combine lines 4a and 4b | 4c | 0. |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | |
| 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 | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | 6 | |
| 7 | Other modifications to investment income (see instructions) | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 342,614. |

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 | 1,243. |
| c | Miscellaneous investment expenses (see instructions) | 9c | |
| d | Add lines 9a, 9b, and 9c | 9d | 1,243. |
| 10 | Additional modifications (see instructions) | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 1,243. |

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 | 341,371. |
| Individuals: | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 1,042,052. |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 792,052. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 341,371. |
| 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 | 12,972. |
| Estates and Trusts: | | | |
| 18a | Net investment income (line 12 above) | 18a | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | |
| c | Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | |
| 19a | Adjusted gross income (see instructions) | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | 21 | |

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8960** (2019)

| | | | |
|-----------|-----------------------------------|-----------|---|
| FORM 1040 | WAGES RECEIVED AND TAXES WITHHELD | STATEMENT | 1 |
|-----------|-----------------------------------|-----------|---|

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|---|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| - | | | | | | |
| S UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS | 43,587. | 3,073. | 1,080. | 763. | 2,702. | 632. |
| T FORMFIRE LLC | 71,811. | 8,532. | 2,069. | 1,795. | 4,452. | 1,041. |
| TOTALS | 115,398. | 11,605. | 3,149. | 2,558. | 7,154. | 1,673. |

| | | | |
|-----------|---------------------|-----------|---|
| FORM 1040 | QUALIFIED DIVIDENDS | STATEMENT | 2 |
|-----------|---------------------|-----------|---|

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|-----------------------|------------------------|
| FROM K-1 - OHIO ORDNANCE WORKS, INC. | 342,614. | 342,614. |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | 342,614. |

| SCHEDULE 1 | STUDENT LOAN INTEREST DEDUCTION | STATEMENT | 3 |
|------------|---|------------|---|
| 1. | ENTER THE TOTAL INTEREST PAID IN 2019 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500 | 1,495. | |
| 2. | ENTER THE AMOUNT FROM FORM 1040, LINE 7B | 1,042,052. | |
| 3. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 10 THROUGH 19 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22 | | |
| 4. | SUBTRACT LINE 3 FROM LINE 2 | 1,042,052. | |
| 5. | ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$70,000 * MARRIED FILING JOINTLY-\$140,000 | 140,000. | |
| 6. | IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4 | 902,052. | |
| 7. | DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 | 1.000 | |
| 8. | MULTIPLY LINE 1 BY LINE 7 | 1,495. | |
| 9. | STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20 | 0. | |

| SCHEDULE 3 | CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR | STATEMENT | 4 |
|--|---|-----------|---|
| DESCRIPTION | | AMOUNT | |
| 4TH QTR ESTIMATE PAYMENT - JOINT | | 5,000. | |
| PRIOR YEAR OVERPAYMENT APPLIED - JOINT | | 3,549. | |
| TOTAL TO SCHEDULE 3, LINE 8 | | 8,549. | |

| SCHEDULE A | CASH CONTRIBUTIONS | | STATEMENT | 5 |
|---|----------------------|---------------------|---------------------|---|
| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 60% LIMIT | AMOUNT 30% LIMIT | |
| MISCELLANEOUS | | 936. | | |
| NEW COVENANT FELLOWSHIP | | 5,399. | | |
| FROM K-1 - OHIO ORDNANCE WORKS, INC. | | 18,734. | | |
| SUBTOTALS | | 25,069. | | |
| TOTAL TO SCHEDULE A, LINE 11 | | | 25,069. | |

| | | | |
|-----------|----------------------------|-----------|---|
| FORM 3800 | RESEARCH CREDIT LIMITATION | STATEMENT | 6 |
|-----------|----------------------------|-----------|---|

OHIO ORDNANCE WORKS, INC.

| | | | |
|---|--|-------------|----------|
| 1 | TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY | 926,654. | |
| 2 | TAXABLE INCOME FROM FORM 1040, LINE 43 | 884,841. | |
| 3 | DIVIDE LINE 1 BY LINE 2 | 1.000000000 | |
| 4 | NET INCOME TAX FROM FORM 3800, LINE 11 | 208,689. | |
| 5 | TAX LIABILITY LIMITATION (LINE 3 X LINE 4) | | 208,689. |
| A | CURRENT YEAR CREDIT | | |
| | REPORTED ON LINE 1C | 9,164. | |
| | REPORTED ON LINE 4I | | |
| B | CREDIT CARRIED FORWARD FROM PRIOR YEAR(S) | | |
| | REPORTED ON LINE 1C | 10,609. | |
| | REPORTED ON LINE 4I | | |
| C | TOTAL CREDITS | 19,773. | |
| | CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B) | | 9,164. |
| | PRIOR YEAR CREDIT (LESSER OF 5 OR 5B) | | 10,609. |

| | | | |
|-----------|--------------------------|-----------|---|
| FORM 8960 | TRADE OR BUSINESS INCOME | STATEMENT | 7 |
|-----------|--------------------------|-----------|---|

| | |
|------------------------------|-----------|
| OHIO ORDNANCE WORKS, INC. | -584,040. |
| AMOUNT TO FORM 8960, LINE 4B | -584,040. |

| | | | |
|-----------|---------------------------|-----------|---|
| FORM 8960 | STATE INCOME TAX PAYMENTS | STATEMENT | 8 |
|-----------|---------------------------|-----------|---|

OHIO

| DESCRIPTION | AMOUNT |
|---|--------|
| UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS | 1,080. |
| FORMFIRE LLC | 2,069. |
| TOTAL TO STATE FORM 8960, LINE 10 | 3,149. |

2019 TAX RETURN FILING INSTRUCTIONS

OHIO INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2019

| | |
|--|---|
| Prepared for | Ben D. & Lauren Carpenter 206 Allynd Blvd Chardon, OH 44024 |
| Prepared by | Corrigan Krause 2055 Crocker Rd., Suite 300 Westlake, OH 44145-1964 |
| Amount of tax | Total tax \$ 26,918 Less: payments and credits \$ 3,799 Plus: interest and penalties \$ 2 Balance due \$ 23,121 |
| Overpayment | Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0 |
| Make check payable to | See special instructions |
| Mail tax return and check (if applicable) to | This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign federal Form 8879 and contact our office to confirm that your return can be filed electronically. |
| Return must be mailed on or before | Return federal Form 8879 to us by July 15, 2020. |
| Special Instructions | Do not mail the paper copy of the return to the ODT. Your check for \$23,121, payable to Ohio Treasurer of State, must be mailed by July 15, 2020. Be sure to attach your payment to Ohio Form IT 40P, Payment Voucher. Mail to - Ohio Department of Taxation P.O. BOX 182131 Columbus, OH 43218-2131 Include your social security number on your check. Please review the Disclosure Information for Ohio. |

2020 ESTIMATED TAX FILING INSTRUCTIONS

OHIO ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2020

| Prepared for | Ben D. & Lauren Carpenter 206 Allynd Blvd Chardon, OH 44024 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|----|--------|-----------------------------|----|---|---|----|---|-------------|----|--------|-------------|--------|----------|-------|-----------|---------------|-------|------|---------------|-------|----------|--------------------|-------|----------|------------------|
| Prepared by | Corrigan Krause 2055 Crocker Rd., Suite 300 Westlake, OH 44145-1964 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total Estimated Tax</td><td>\$</td><td>20,000</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2020 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>20,000</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 10,000</td><td>July 15, 2020</td></tr><tr><td>No. 2</td><td>\$ 0</td><td>July 15, 2020</td></tr><tr><td>No. 3</td><td>\$ 5,000</td><td>September 15, 2020</td></tr><tr><td>No. 4</td><td>\$ 5,000</td><td>January 15, 2021</td></tr></tbody></table> | Total Estimated Tax | \$ | 20,000 | Less credit from prior year | \$ | 0 | Less amount already paid on 2020 estimate | \$ | 0 | Balance due | \$ | 20,000 | Installment | Amount | Due Date | No. 1 | \$ 10,000 | July 15, 2020 | No. 2 | \$ 0 | July 15, 2020 | No. 3 | \$ 5,000 | September 15, 2020 | No. 4 | \$ 5,000 | January 15, 2021 |
| Total Estimated Tax | \$ | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less credit from prior year | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less amount already paid on 2020 estimate | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance due | \$ | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installment | Amount | Due Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 1 | \$ 10,000 | July 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 2 | \$ 0 | July 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 3 | \$ 5,000 | September 15, 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 4 | \$ 5,000 | January 15, 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | Ohio Treasurer of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail voucher and check (if applicable) to | Ohio Department of Taxation P.O. Box 1460 Columbus, OH 43216 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions | <p>Mail each voucher on or before the date indicated above. Enclose your check for the specified amount, payable to Ohio Treasurer of State.</p> <p>Include your social security number on your check.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2020 Ohio Estimated Income Tax Payment Worksheet (DO NOT FILE)

| | | |
|--|-----|----------------|
| 1. Expected 2020 federal adjusted gross income | 1. | |
| 2. Net expected 2020 Ohio Schedule A adjustments | 2. | |
| 3. Line 1 plus line 2 | 3. | |
| 4. Multiply your expected number of exemptions by \$1,850 | 4. | |
| 5. Line 3 minus line 4. If zero or less, stop here | 5. | |
| 6. Use the tax brackets below to calculate the liability on line 5 | 6. | |
| 7. Expected total credits. Use Ohio Schedule of Credits | 7. | |
| 8. Estimated 2020 Ohio income tax liability. Line 6 minus line 7 | 8. | |
| 9. 2019 Ohio income tax liability. 2019 IT 1040, line 10 minus 2019 IT 1040, line 16 | 9. | |
| 10. Multiply line 8 by 90% (.90) | 10. | |
| 11. Enter the lesser of line 9 or line 10 | 11. | |
| 12. 2019 credit carryforward and expected 2020 Ohio income tax withholding | 12. | |
| 13. Estimated required installment. Line 11 minus line 12 | 13. | 20,000. |
| 14. Your quarterly estimated payment. Multiply line 13 by 25% (.25) CALCULATED USING .25 | 14. | 5,000. |

| Nonbusiness income portion of line 5 | | | For line 6 of the worksheet | | | |
|--------------------------------------|---|-----------|-----------------------------|--------|--------|--------------------------------------|
| 0 | — | \$ 21,750 | | 0.000% | | of Ohio taxable nonbusiness income |
| \$ 21,751 | — | \$ 43,450 | \$ 310.47 | plus | 2.850% | of the amount in excess of \$ 21,750 |
| \$ 43,451 | — | \$ 86,900 | \$ 928.92 | plus | 3.326% | of the amount in excess of \$ 43,450 |
| \$ 86,901 | — | \$108,700 | \$2,374.07 | plus | 3.802% | of the amount in excess of \$ 86,900 |
| \$108,701 | — | \$217,400 | \$3,202.91 | plus | 4.413% | of the amount in excess of \$108,700 |
| more than | — | \$217,400 | \$7,999.84 | plus | 4.797% | of the amount in excess of \$217,400 |

Multiply the business income portion of line 5 by 3%

OHIO IT 1040ES

Rev. 8/19

**Individual Estimated Income Tax
(Voucher 1) Due April 15, 2020**

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Make payment payable to: Ohio Treasurer of State**Mail this voucher and payment to:** Ohio Department of Taxation,
P.O. Box 1460, Columbus, OH 43216

Taxable Year

2020VRN
85Do **NOT** fold check or voucher.Do **NOT** staple or paper clip.Do **NOT** send cash.Use UPPERCASE letters
to print the first three letters of▼
Taxpayer's
last name▼
Spouse's last name
(only if joint filing)

CAR

CAR

Taxpayer's SSN

284 84 7831

Spouse's SSN
(only if joint filing)

270 92 4724

Amount of
Payment

\$

10000.00

284847831 6 0120 6 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 8/19

**Individual Estimated Income Tax
(Voucher 2) Due June 15, 2020**

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Make payment payable to: Ohio Treasurer of State**Mail this voucher and payment to:** Ohio Department of Taxation,
P.O. Box 1460, Columbus, OH 43216

Taxable Year

2020VRN
85Do **NOT** fold check or voucher.Do **NOT** staple or paper clip.Do **NOT** send cash.Use UPPERCASE letters
to print the first three letters of▼
Taxpayer's
last name▼
Spouse's last name
(only if joint filing)

CAR

CAR

Taxpayer's SSN

284 84 7831

Spouse's SSN
(only if joint filing)

270 92 4724

Amount of
Payment

\$

284847831 6 0220 4 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 8/19

**Individual Estimated Income Tax
(Voucher 3) Due Sept 15, 2020**

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Make payment payable to: Ohio Treasurer of State**Mail this voucher and payment to:** Ohio Department of Taxation,
P.O. Box 1460, Columbus, OH 43216

Taxable Year

2020VRN
85Do **NOT** fold check or voucher.Do **NOT** staple or paper clip.Do **NOT** send cash.Use UPPERCASE letters
to print the first three letters of▼
Taxpayer's
last name▼
Spouse's last name
(only if joint filing)

CAR

CAR

Taxpayer's SSN

284 84 7831

Spouse's SSN
(only if joint filing)

270 92 4724

Amount of
Payment

\$

5000.00

284847831 6 0320 2 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 8/19

**Individual Estimated Income Tax
(Voucher 4) Due Jan 15, 2021**

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Make payment payable to: Ohio Treasurer of State**Mail this voucher and payment to:** Ohio Department of Taxation,
P.O. Box 1460, Columbus, OH 43216

Taxable Year

2020VRN
85Do **NOT** fold check or voucher.Do **NOT** staple or paper clip.Do **NOT** send cash.Use UPPERCASE letters
to print the first three letters of▼
Taxpayer's
last name▼
Spouse's last name
(only if joint filing)

CAR

CAR

Taxpayer's SSN

284 84 7831

Spouse's SSN
(only if joint filing)

270 92 4724

Amount of
Payment

\$

5000.00

284847831 6 0420 0 270924724 9 400 CAR CAR

OHIO IT 40P

Rev. 8/19

Original Income Tax Payment Voucher

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Make payment payable to: Ohio Treasurer of State**Sending with return - Mail to:** Ohio Department of Taxation,
P.O. Box 2057, Columbus, OH 43270-2057**Sending without return - Mail to:** Ohio Department of Taxation,
P.O. Box 182131, Columbus, OH 43218-2131

Taxable Year

2019VRN
85Do **NOT** fold check or voucher.Do **NOT** staple or paper clip.Do **NOT** send cash.Use UPPERCASE letters
to print the first three letters of▼
Taxpayer's
last name▼
Spouse's last name
(only if joint filing)

CAR

CAR

Taxpayer's SSN 284 84 7831

Spouse's SSN
(only if joint filing) 270 92 4724

Amount of Payment → \$ 23121.00

284847831 6 0519 9 270924724 9 402 CAR CAR

Do not staple or paper clip.

2019 Ohio IT 1040



19000185

Sequence No. 1

Ohio

Department of
Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

05 19 20

Check here if this is an amended return. Include the Ohio IT RE (do **NOT** include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required)
284 84 7831

▶▶ If deceased
check box

Spouse's SSN (if filing jointly)
270 92 4724

▶▶ If deceased
check box

Enter school district # for
this return (see instructions).
SD #▶▶ 2803

First name
BEN

M.I. Last name
D CARPENTER

Spouse's first name (only if married filing jointly)
LAUREN

M.I. Last name
CARPENTER

Address line 1 (number and street) or P.O. Box
206 ALLYND BLVD

Address line 2 (apartment number, suite number, etc.)

City
CHARDON

State ZIP code
OH 44024

Ohio county (first four letters)
GEAU

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary

☒ Full-year resident ☐ Part-year resident ☐ Nonresident
Indicate state ▶▶
Check only one for spouse (if married filing jointly)
☒ Full-year resident ☐ Part-year resident ☐ Nonresident
Indicate state ▶▶

Filing Status - Check one (as reported on federal income tax return)

☐ Single, head of household or qualifying widow(er)
☒ Married filing jointly Spouse's SSN
☐ Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

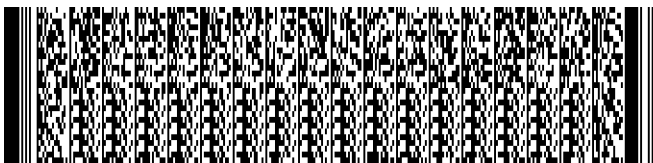
Check here if you filed the federal extension form 4868.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

| | | |
|---|-----|------------|
| 1. Federal adjusted gross income (from the federal 1040, line 8b). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in the box at the right if the amount is less than zero | 1. | 1042052 00 |
| 2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE) | 2a. | 89403 00 |
| 2b. Deductions - Ohio Schedule A, line 38 (INCLUDE SCHEDULE) | 2b. | 263167 00 |
| 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero | 3. | 868288 00 |
| 4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J) Number of exemptions claimed: 3 | 4. | 5550 00 |
| 5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero) | 5. | 862738 00 |
| 6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE) | 6. | 676654 00 |
| 7. Line 5 minus line 6 (if less than zero, enter zero) | 7. | 186084 00 |



MM-DD-YY Code

971001 11-01-19 CCH

2019 Ohio IT 1040
Individual Income Tax Return

SSN 284 84 7831



19000285 Sequence No. 2

| | | |
|---|-----------------|-----------|
| 7a. Amount from line 7 on page 1 | 7a. | 186084 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables) | 8a. | 6618 00 |
| 8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE) | 8b. | 20300 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) | 8c. | 26918 00 |
| 9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE) | 9. | 650 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero) | 10. | 26268 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) | 11. | 2 00 |
| 12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). | | |
| Check here to certify that no use tax is due | X 12. | 0 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) | 13. | 26270 00 |
| 14. Ohio income tax withheld (include copies of W-2, box 17; W-2G, box 15; 1099-R, box 12) | 14. | 3149 00 |
| 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return | 15. | 0 00 |
| 16. Refundable credits - Ohio Schedule of Credits, line 41 (INCLUDE SCHEDULE) | 16. | 0 00 |
| 17. Amended return only - amount previously paid with original and/or amended return | 17. | 0 00 |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17) | 18. | 3149 00 |
| 19. Amended return only - overpayment previously requested on original and/or amended return | 19. | 0 00 |
| 20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero | 20. | 3149 00 |
| If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. | | |
| 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13 | 21. | 23121 00 |
| 22. Interest and penalty due on late filing or late payment of tax (see instructions) | 22. | 0 00 |
| 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" ... AMOUNT DUE | 23. | 23121 00 |
| 24. Overpayment (line 20 minus line 13) | 24. | 0 00 |
| 25. Original return only - amount of line 24 to be credited toward 2020 income tax liability | 25. | 0 00 |
| 26. Original return only - amount of line 24 to be donated: | | |
| a. State nature preserves | 0 00 | |
| b. Breast/Cervical Cancer | 0 00 | |
| c. Wishes for Sick Children | 0 00 | |
| d. Wildlife species | 0 00 | |
| e. Military injury relief | 0 00 | |
| f. Ohio History Fund | 0 00 | |
| Total | 26g. | 0 00 |
| 27. REFUND (line 24 minus lines 25 and 26g) | YOUR REFUND 27. | 0 00 |

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number _____
Spouse's signature _____ Date (MM/DD/YY) _____

X Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name HENRY F GINGERICH C Phone number 440-471-0800

Preparer's TIN (PTIN) P00227826

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

2019 Ohio Schedule A



19000385

Income Adjustments - Additions and Deductions

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

05 19 20

284 84 7831

Sequence No. 3

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

| | | |
|---|-----|----------|
| 1. Non-Ohio state or local government interest and dividends | 1. | 0 00 |
| 2. Certain Ohio pass-through entity and financial institutions taxes paid | 2. | 0 00 |
| 3. Ohio 529 plan funds used for non-qualified expenses and reimbursement of college expenses previously deducted | 3. | 0 00 |
| 4. Losses from sale or disposition of Ohio public obligations | 4. | 0 00 |
| 5. Nonmedical withdrawals from a medical savings account | 5. | 0 00 |
| 6. Reimbursement of expenses previously deducted on an Ohio income tax return | 6. | 0 00 |
| Federal | | |
| 7. Internal Revenue Code 168(k) and 179 depreciation expense addback | 7. | 89403 00 |
| 8. Federal interest and dividends subject to state taxation | 8. | 0 00 |
| 9. Federal conformity additions | 9. | 0 00 |
| 10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a | 10. | 89403 00 |

Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

| | | |
|--|-----|-----------|
| 11. Business income deduction - Ohio Schedule IT BUS, line 11 | 11. | 250000 00 |
| 12. Employee compensation earned in Ohio by residents of neighboring states | 12. | 0 00 |
| 13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 1 | 13. | 0 00 |
| 14. Taxable Social Security benefits | 14. | 0 00 |
| 15. Certain railroad retirement benefits | 15. | 0 00 |
| 16. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement | 16. | 0 00 |
| 17. Amounts contributed to an Ohio county's individual development account program | 17. | 0 00 |
| 18. Amounts contributed to STABLE account: Ohio's ABLE plan | 18. | 0 00 |
| 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period | 19. | 0 00 |
| Federal | | |
| 20. Federal interest and dividends exempt from state taxation | 20. | 0 00 |
| 21. Deduction of prior year 168(k) and 179 depreciation addbacks | 21. | 13167 00 |
| 22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return | 22. | 0 00 |

Do not staple or paper clip.

2019 Ohio Schedule A
Income Adjustments - Additions and Deductions

Primary taxpayer's SSN
284 84 7831



19000485

Sequence No. **4**

| | | |
|--|-----|------|
| 23. Repayment of income reported in a prior year | 23. | 0 00 |
| 24. Wage expense not deducted based on the federal work opportunity tax credit | 24. | 0 00 |
| 25. Federal conformity deductions | 25. | 0 00 |

Uniformed Services

| | | |
|---|-----|------|
| 26. Military pay received by Ohio residents while stationed outside Ohio | 26. | 0 00 |
| 27. Compensation earned by nonresident military servicemembers and their civilian spouses | 27. | 0 00 |
| 28. Uniformed services retirement income | 28. | 0 00 |
| 29. Military injury relief fund | 29. | 0 00 |
| 30. Certain Ohio National Guard reimbursements and benefits | 30. | 0 00 |

Education

| | | |
|--|-----|------|
| 31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan | 31. | 0 00 |
| 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board | 32. | 0 00 |

Medical

| | | |
|---|-----|------------------|
| 33. Disability benefits | 33. | 0 00 |
| 34. Survivor benefits | 34. | 0 00 |
| 35. Unreimbursed medical and health care expenses (see instructions for worksheet; include a copy) ... | 35. | 0 00 |
| 36. Medical savings account contributions/earnings (see instructions for worksheet; include a copy) ... | 36. | 0 00 |
| 37. Qualified organ donor expenses | 37. | 0 00 |
| 38. Total deductions (add lines 11 through 37 ONLY). Enter here and on Ohio IT 1040, line 2b | 38. | 263167 00 |

Do not staple or paper clip.

Ohio

Department of
Taxation

2019 Ohio Schedule IT BUS

Business Income

Use only black ink/UPPERCASE letters.
Primary taxpayer's SSN



19260185

05 19 20

284 84 7831

Sequence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year, from all sources, on this schedule. Enter only those amounts that are included in your federal adjusted gross income. **Only one IT BUS should be used for each return filed.** See R.C. 5747.01(B).

Part 1 - Business Income From IRS Schedules

Note: Do not include amounts listed on the IRS schedules below that are nonbusiness income. See R.C. 5747.01(C). If the amount on a line is negative, place a "-" in the box provided.

| | | |
|--|----|-----------|
| 1. Schedule B - Interest and Ordinary Dividends | 1. | 342614 00 |
| 2. Schedule C - Profit or Loss From Business (Sole Proprietorship) | 2. | 0 00 |
| 3. Schedule D - Capital Gains and Losses | 3. | 0 00 |
| 4. Schedule E - Supplemental Income and Loss | 4. | 584040 00 |
| 5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner | 5. | 0 00 |
| 6. Schedule F - Profit or Loss From Farming | 6. | 0 00 |
| 7. Other business income or loss not reported above (i.e. form 4797 amounts) | 7. | 0 00 |
| 8. Total business income (add lines 1 through 7) | 8. | 926654 00 |

Part 2 - Business Income Deduction

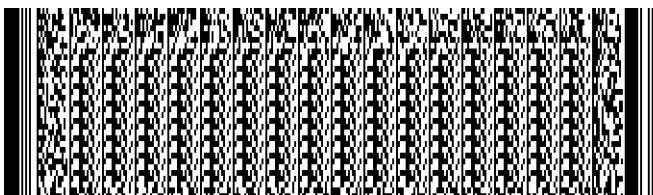
| | | |
|---|-----|-----------|
| 9. Enter the lesser of line 8 above or Ohio IT 1040, line 1. If less than zero, enter zero; stop here and do not complete Part 3 | 9. | 926654 00 |
| 10. Enter \$250,000 if filing status is single or married filing jointly; OR Enter \$125,000 if filing status is married filing separately | 10. | 250000 00 |
| 11. Enter the lesser of line 9 or line 10. Enter here and on Ohio Schedule A, line 11 | 11. | 250000 00 |

Part 3 - Taxable Business Income

Note: If Ohio IT 1040, line 5 equals zero, do **not** complete Part 3.

| | | |
|---|-----|-----------|
| 12. Line 9 minus line 11 | 12. | 676654 00 |
| 13. Taxable business income (enter the lesser of line 12 above or Ohio IT 1040, line 5). Enter here and on Ohio IT 1040, line 6 | 13. | 676654 00 |
| 14. Business income tax liability - multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b ... | 14. | 20300 00 |

Do not staple or paper clip.



2019 Ohio Schedule IT BUS
Business Income



19260285

Primary taxpayer's SSN

284 84 7831

Sequence No. **6**

Part 4 - Business Sources

List all sources of business income. If you are filing a joint return and you are listing a business owned by your spouse, check the "Spouse's ownership" box. If you and your spouse both have ownership in a business, list the business twice to report each of your ownership percentages separately. List any Ohio sources of business income first. If necessary, complete additional copies of this page and include with your income tax return.

| 1. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
|------------------|----------------------|--------------------|---------------------------|
| 341721701 | | 0.00 | OHIO ORDNANCE WORK |
| 2. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 3. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 4. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 5. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 6. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 7. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 8. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 9. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 10. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 11. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 12. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 13. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 14. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |
| 15. FEIN / SSN | Ownership percentage | Spouse's ownership | Business name |



19280185

Sequence No. 7

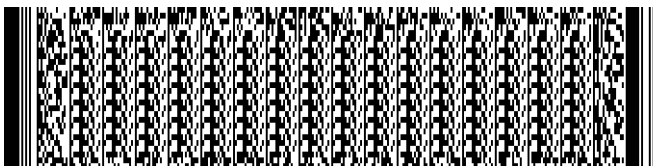
05 19 20

284 84 7831

Nonrefundable Credits

Do not staple or paper clip.

| | | |
|---|-----|----------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 26918 00 |
| 2. Retirement income credit (see instructions for table; include 1099-R forms) | 2. | 0 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; include a copy) | 3. | 0 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | 0 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; include a copy) | 5. | 0 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; include a copy) | 6. | 0 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; include copies) | 7. | 0 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | 8. | 0 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) | 9. | 0 00 |
| 10. Total (add lines 2 through 9) | 10. | 0 00 |
| 11. Tax less credits (line 1 minus line 10; if less than zero, enter zero) | 11. | 26918 00 |
| 12. Joint filing credit (see instructions for table). 5 % times the amount on line 11. STMT 1 | 12. | 650 00 |
| 13. Earned income credit | 13. | 0 00 |
| 14. Ohio adoption credit | 14. | 0 00 |
| 15. Nonrefundable job retention credit (include a copy of the credit certificate) | 15. | 0 00 |
| 16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) | 16. | 0 00 |
| 17. Credit for purchases of grape production property | 17. | 0 00 |
| 18. InvestOhio credit (include a copy of the credit certificate) | 18. | 0 00 |
| 19. Opportunity zone investment credit (include a copy of the credit certificate) | 19. | 0 00 |
| 20. Technology investment credit carryforward (include a copy of the credit certificate) | 20. | 0 00 |
| 21. Enterprise zone day care & training credits (include a copy of the credit certificate) | 21. | 0 00 |
| 22. Research & development credit (include a copy of the credit certificate) | 22. | 0 00 |
| 23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) | 23. | 0 00 |
| 24. Total (add lines 12 through 23) | 24. | 650 00 |
| 25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero) | 25. | 26268 00 |



2019 Ohio Schedule of Credits

Primary taxpayer's SSN

284 84 7831



Sequence No. 8

Nonresident Credit

| Date of nonresidency | to | State of residency | |
|--|-----|--------------------|------|
| 26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | 26. | | 0 00 |
| 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) | 27. | | 0 00 |
| 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). | | .0000 | |
| Multiply this factor by the amount on line 25 to calculate your nonresident credit | 28. | | 0 00 |

Resident Credit

Do not staple or paper clip.

| | | | |
|--|-----|-------|--------|
| 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident | 29. | | 0 00 |
| 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) | 30. | | 0 00 |
| 31. Divide line 29 by line 30 and enter the result here (four digits; do not round). | | .0000 | |
| Multiply this factor by the amount on line 25 and enter the result here | 31. | | 0 00 |
| 32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia | 32. | | 0 00 |
| 33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax | 33. | | 0 00 |
| 34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) | 34. | | 650 00 |

Refundable Credits

| | | | |
|--|-----|--|------|
| 35. Refundable Ohio historic preservation credit (include a copy of the credit certificate) | 35. | | 0 00 |
| 36. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 36. | | 0 00 |
| 37. Pass-through entity credit (include a copy of the Ohio IT K-1s) | 37. | | 0 00 |
| 38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) | 38. | | 0 00 |
| 39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s) | 39. | | 0 00 |
| 40. Venture capital credit (include a copy of the credit certificate) | 40. | | 0 00 |
| 41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16) | 41. | | 0 00 |

Do not staple or paper clip.

Ohio

Department of
Taxation

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return

Use only black ink/UPPERCASE letters.



19230185

05 19 20

Tax Year
2019

Primary taxpayer's SSN (required)

284 84 7831

Sequence No. **9**

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

689 89 1007

03 18 2018

DAUGHTER

Dependent's first name (required)

M.I. Dependent's last name (required)

JUNIPER

L CARPENTER

2. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

M.I. Dependent's last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

M.I. Dependent's last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

M.I. Dependent's last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

M.I. Dependent's last name (required)

6. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

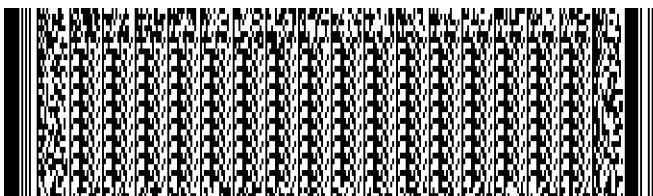
M.I. Dependent's last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required)

M.I. Dependent's last name (required)

Do not staple or paper clip.



Ohio Schedule J
Dependents Claimed on the Ohio IT 1040 Return



Tax Year
2019

Primary taxpayer's SSN (required)
284 84 7831

Sequence No. **10**

8. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

9. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

10. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

11. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

12. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

13. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

14. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)

15. Dependent's SSN (required) Dependent's date of birth (MM-DD-YYYY - required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's last name (required)



2019 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2019 Ohio tax return.

Use UPPERCASE letters.

Section 1: Complete this section if you are filing **Ohio IT 1040** or **SD 100**.

| | |
|---------------------------|---|
| Taxpayer's SSN (required) | Spouse's SSN (only if married filing jointly) |
| 284 84 7831 | 270 92 4724 |
| Taxpayer's first name | M.I. Last name |
| BEN | D CARPENTER |

| | |
|--|------------------|
| Spouse's first name (only if married filing jointly) | M.I. Last name |
| LAUREN | CARPENTER |

Section 2: Complete this section if you are filing **Ohio IT 4708, IT 1140, IT 1041, or SD 100E**.

| | |
|------|--------------------------|
| FEIN | Decedent's SSN (estates) |
|------|--------------------------|

Name of pass-through entity, trust or estate

Additional line, if necessary, for name of pass-through entity, trust or estate

Section 3:

Total interest penalty due (from page 2, line 8 or page 3, line 6)

2.

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



OH

2. |

912511
04-01-19

OH SCHEDULE QUALIFYING INCOME FOR JOINT FILING CREDIT STATEMENT 1
OF CREDITS

| DESCRIPTION | TAXPAYER | SPOUSE |
|---|----------|----------|
| WAGES, SALARIES, TIPS, ETC. | 71,811. | 43,587. |
| SCH E EXCLUDING RENT & ROYALTY | 0. | 334,040. |
| PLUS: 5/6TH ADDBACK-BONUS DEPRECIATION | 0. | 89,403. |
| TOTAL QUALIFYING INCOME | | |
| (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE) | 71,811. | 467,030. |

2019 TAX RETURN FILING INSTRUCTIONS

REGIONAL INCOME TAX AGENCY RETURN

FOR THE YEAR ENDING

December 31, 2019

| | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|--------------------------------|-------|--------------------------------|----------------------------|----|-----------------|----|------------------------------|----|---|--|-------------|----|-------|--------------------------------|
| Prepared for | Ben D. & Lauren Carpenter 206 Allynd Blvd Chardon, OH 44024 | | | | | | | | | | | | | | | | |
| Prepared by | Corrigan Krause 2055 Crocker Rd., Suite 300 Westlake, OH 44145-1964 | | | | | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>9,443</td><td></td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>8,235</td><td></td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td><td></td></tr><tr><td>Balance due</td><td>\$</td><td>1,518</td><td>Includes est tax pmt of \$310.</td></tr></table> | Total tax | \$ | 9,443 | | Less: payments and credits | \$ | 8,235 | | Plus: interest and penalties | \$ | 0 | | Balance due | \$ | 1,518 | Includes est tax pmt of \$310. |
| Total tax | \$ | 9,443 | | | | | | | | | | | | | | | |
| Less: payments and credits | \$ | 8,235 | | | | | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | | | | | |
| Balance due | \$ | 1,518 | Includes est tax pmt of \$310. | | | | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>0</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 0 | Refunded to you | \$ | 0 | | | | | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 0 | | | | | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | | | | | |
| Make check payable to | See special instructions | | | | | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign federal Form 8879 and contact our office to confirm that your return can be filed electronically. | | | | | | | | | | | | | | | | |
| Return must be mailed on or before | Return federal Form 8879 to us by July 15, 2020. | | | | | | | | | | | | | | | | |
| Special Instructions | <p>Do not mail the paper copy of the return to the RITA.</p> <p>Your check for \$1,518, payable to R I T A, must be mailed by July 15, 2020. Be sure to attach your payment to Regional Income Tax Agency Form 06, Payment Voucher.</p> <p>Mail to - Regional Income Tax Agency Ind. Municipal Income Tax Ret. PO Box 94661 Cleveland, OH 44101-4661</p> | | | | | | | | | | | | | | | | |

REGIONAL INCOME TAX AGENCY

HOW TO USE THE FORM 06 PAYMENT VOUCHER

What is a Form 06 Payment Voucher?

- The form 06 is a payment voucher that is only used as a means to remit payment to the Regional Income Tax Agency when it is printed as part of an electronic filing by a tax professional's software.

Payment Options:

Online:

- To make your payment online by using a Credit Card or Direct Transfer from your Checking or Savings Account login to MyAccount at **ritaohio.com** and select Pay My Filing Voucher.

Mailing Instructions:

- Enter the amount you are paying in the "Amount Paid" box.
- Make check or Money order payable to Regional Income Tax Agency, enter the account number on the memo line. DO NOT SEND CASH.
- Detach the form 06 voucher on the dotted line and send along with payment to:

Regional Income Tax Agency
PO Box 94661
Cleveland, Ohio 44101-4661

IMPORTANT NOTE: IF YOU DO NOT MAKE YOUR PAYMENT ON OR BEFORE THE DUE DATE, RITA WILL ISSUE A BILLING STATEMENT AND YOU MAY BE SUBJECT TO ADDITIONAL PENALTY AND INTEREST CHARGES.

If you need help completing this form, contact us at:

Toll Free: 800.860.7482

TDD only: 440.526.5332

995611
12-06-19

----- CUT HERE -----

REGIONAL INCOME TAX AGENCY - FORM 06 EFILE FORM 37 PAYMENT VOUCHER

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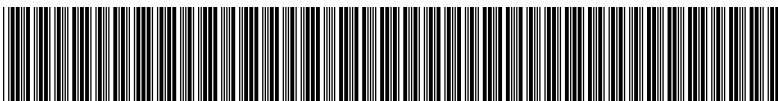
eFile Confirmation Number: F974E87831

BEN
LAUREN
206 ALLYND BLVD
CHARDON

CARPENTER
CARPENTER

OH 44024

Amount Due: \$1518.00
Amount Paid: \$1518.00
Tax Year: 2019
Tax Return Submission Date: 05/19/2020



Make checks payable to: Regional Income Tax Agency

Send To:
Regional Income Tax Agency
PO Box 94661
Cleveland, Ohio 44101-4661

Form **37**
Regional Income Tax Agency
RITA Individual Income Tax Return
 Do not use staples, tape or glue
2019
RITA
 REGIONAL INCOME TAX AGENCY

 800.860.7482
 TDD: 440.526.5332
 ritaohio.com

| | | | | |
|--|--|---|--|---|
| Your social security number 284 84 7831 | | Spouse's social security number 270 92 4724 | | Filing Status: <input type="checkbox"/> Single or Married Filing Separately <input checked="" type="checkbox"/> Joint If you have an EXTENSION check here and attach a copy: <input type="checkbox"/> EXTENSION If this is an AMENDED return, check here: <input type="checkbox"/> In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require additional space. <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Your first name and middle initial BEN | | Last name D CARPENTER | | |
| If a joint return, spouse's first name and middle initial LAUREN | | Last name CARPENTER | | |
| CURRENT MAILING address (number and street) 206 ALLYND BLVD | | Apt # | | |
| City, state, and ZIP code CHARDON OH 44024 | | | | Residency Status in RITA Municipalities: <input checked="" type="checkbox"/> Full-Year <input type="checkbox"/> Part-Year <input type="checkbox"/> Non-Resident |
| Daytime phone number | | Evening phone number | | |


City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2019 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2019, list the effective date of the move into the city/village/township, city/village/township and address in the appropriate boxes. **Why?** Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

| Effective Date | City/Village/Township | Address |
|-------------------|-----------------------|---|
| 01/01/2019 | CHARDON | 206 ALLYND BLVD, CHARDON, OH 44024 |
| | | |

Section A

List all income from W-2 wages and W-2G winnings reported in 2019 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 **ONLY** (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. **DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.**

| Paperclip Local/City copy of W-2/W-2G Forms and Check or Money Order Here Do not use staples, tape or glue | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | | |
|---|--|--|---|---|--|-------------------------|-----------------------|--|
| | W-2/W-2G Income (see instructions for qualifying wages) | Local/City Tax Withheld for Workplace/Winning Municipality | Local/City Tax Withheld for Resident Municipality | Workplace/Winning Municipality (City or village where you worked) | Resident Municipality (City or village where you lived) | Dates Wages Were Earned | | Date of winnings Date Won MM/DD/YY |
| | | | | | | From Date MM/DD/YY | Thru Date MM/DD/YY | |
| | 43587 | 763 | | PAINESVILLE | CHARDON | 01/01/19 | 12/31/19 | |
| | 71811 | 1795 | | CLEVELAND | CHARDON | 01/01/19 | 12/31/19 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Totals | 115398 | 2558 | | For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and enter Column 3 Total onto Page 2, Line 7a. For Non-Residents required to file on workplace wages - Go to Page 3, Schedule K, Line 34 to calculate tax due. | | | | |
|  Tax balances are due by April 15, 2020 . Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at ritaohio.com. It is easy to use, secure and will calculate your taxes immediately. | | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

| | |
|--|--|
| Your Signature _____ Date _____ Spouse's Signature if a joint return _____ Date _____ May RITA discuss this return with the preparer shown above? | HENRY F GINGERICH, CPA 05/19/20 Preparer's Name (Please Print) Date HENRY F GINGERICH, CPA P00227826 Preparer's Signature ID Number <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Preparer Phone #: 440-471-0800 |
|--|--|

Section B

For NON W-2/ Schedule income see Pages 3-5 before starting **Section B.**

Withheld taxes shown on your W-2 forms are reported on either Line 4a or 7a.

If your resident city/village has a **Credit Rate of 0%**; enter -0- on Line 5b, 5c and Line 6 and **go to Line 7a.** You **do not need** to complete the **Credit Rate Worksheet.**

Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right hand corner of this page. Refunds of tax withheld from your wages must be applied for on Form 10A. Download Form 10A at ritaohio.com

| | | | | |
|-------------|--|------------|--------|------|
| 1 a | Total W-2/W-2G income from Page 1, Section A, Column 1. | 1a | 115398 | |
| b | Total self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 3, Schedule J, Line 29, Column 7. If less than zero, enter -0-. | 1b | 356756 | |
| 2 | Total taxable income. Add Lines 1a and 1b. | 2 | 472154 | |
| 3 | Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: 2.0000 | 3 | | 9443 |
| 4 a | Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments. | 4a | 2558 | |
| b | Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this line. | 4b | | |
| 5 a | Add Lines 4a and 4b. | 5a | 2558 | |
| b | Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 2.0 | 5b | 2199 | |
| c | Enter the smaller of Line 5a or Line 5b. | 5c | 2199 | |
| 6 | Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: 50.00% | 6 | 1100 | |
| 7 a | Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions). | 7a | | |
| b | Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality (from Worksheet R) | 7b | 7135 | |
| 8 | Total credits allowable. (Add Lines 6, 7a, and 7b.) | 8 | | 8235 |
| 9 | Subtract Line 8 from Line 3. | 9 | 1208 | |
| 10 | Tax on non-withheld wages from Page 3, Schedule K, Line 34. | 10 | | |
| 11 | Tax on Schedule J Income from Page 3, Line 33, Column 7. | 11 | | |
| 12 | TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions). | 12 | | 1208 |
| 13 | 2019 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2019 tax year. | 13 | | |
| 14 | Credit carried forward from 2018. | 14 | | |
| 15 | TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14. | 15 | | |
| 16 | Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0-. | 16 | | 1208 |
| 17 | If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT. | 17 | | |
| 18 | Amount you want credited to your 2020 estimated tax. | 18 | | |
| 19 | Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund. | 19 | | |
| 20 a | Enter 2020 estimated tax in full (see instructions). Estimates are due 4/15/20, 6/15/20, 9/15/20 and 1/15/21. | 20a | 1240 | |
| b | Enter first quarter estimate (1/4 of Line 20a). | 20b | 310 | |
| 21 | Subtract Line 18 from Line 20b. | 21 | | 310 |
| 22 | TOTAL DUE by April 15, 2020. Add Lines 16 and 21. | 22 | | 1518 |

Estimated Taxes (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 2 in the instructions to calculate your estimate. **Note:** If Line 20a is left blank, RITA will calculate your estimate. Use Form 32 EST-EXT to pay 6/15/20, 9/15/20 and 1/15/21 estimates.

Credit Rate Worksheet (enter each wage separately):

| A | B | C | D | E |
|---|--|--|-----------------------------|---|
| Wages/Income earned outside of resident municipality | Credit Rate for resident municipality from tax table | Maximum credit (multiply Column A by Column B) | Workplace tax withheld/paid | Tentative Credit Enter lesser of Columns C or D |
| STMT 1 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter amount from WORKSHEET L, Row 17, Column 7 | | | | |
| Total Tentative Credit: Enter on Section B, Line 5b, above. | | | | 2,199 |

Mail your return with W-2s and a copy of your federal schedules to:

With payment made payable to RITA:
Regional Income Tax Agency
PO Box 6600
Cleveland, OH 44101-2004

Without payment:
Regional Income Tax Agency
PO Box 94801
Cleveland, OH 44101-4801

Refund with an amount on Line 19:
Regional Income Tax Agency
PO Box 89409
Cleveland, OH 44101-6409 1019 995552 03-13-20

Note: Separate sub schedules for Schedule J have been provided for Partnership/S-Corp./Trust reporting.

- Go to Schedule P if pass-through income/loss was earned in any NON RESIDENT, TAXING MUNICIPALITIES.
- Go to Worksheet R if you are a RITA Municipality Resident and you need to calculate the tax paid by the partnership to your RITA RESIDENT MUNICIPALITY.

| SCHEDULE J | | SUMMARY OF NON W-2 INCOME (For Columns 3-6, Enter City/Village/Township Where Earned) | | | | Note: Special Rules may apply for S-Corp. distributions. See RITA Municipalities at ritaohio.com . | |
|---|--|--|---|------------------------|------------------------|---|---|
| Print the name of each location (city/village/township) where income/loss was earned in the appropriate boxes. | COLUMN 1 RESIDENT MUNICIPALITY | COLUMN 2 NON-TAXING LOCATION | COLUMN 3 LOCATION 3 | COLUMN 4 LOCATION 4 | COLUMN 5 LOCATION 5 | COLUMN 6 LOCATION 6 | COLUMN 7 TOTAL |
| | 11 CHARDON | NON-TAXING | 13 | 14 | 15 | 16 | |
| 23. Income/Loss From Federal SCHEDULE C Attached | 21 | 22 | 23 | 24 | 25 | 26 | |
| 24. Income/Loss From Federal SCHEDULE E, Part I Attached | 31 | 32 | 33 | 34 | 35 | 36 | |
| 25. Other Taxable Income/Loss Attach Schedule(s) and/or Form(s) | 41 | 42 | 43 | 44 | 45 | 46 | |
| 26. Partnership/S-Corp./Trust Income/Loss From SCHEDULE E Attached | 51 STMT 2 356756 | 52 | RESIDENTS of RITA MUNICIPALITIES ONLY: GO TO SCHEDULE P for PASS-THROUGH income/loss from a non-resident taxing municipality and enter the total from Schedule P, Column 7, Line 26d HERE. | | | | |
| 27. CURRENT YEAR WORKPLACE INCOME/LOSS (Total Lines 23-26) | 61 356756 | 62 | 63 | 64 | 65 | 66 | 356756 |
| 28. PRIOR YEAR LOSS CARRYFORWARD | GO TO PAGE 6 RESIDENT MUNICIPALITY LOSS WORKSHEET to calculate the PRIOR YEAR LOSS CARRYFORWARD and enter the total HERE | | | | | | 71 () |
| 29. NET RESIDENT TAXABLE INCOME (Total Column 7, Lines 26-28) | FOR LINE 29: ADD COLUMN 7, LINES 26-28, ENTER ON PAGE 2, SECTION B, Line 1b. | | | | | | 356756 |
| 30. Calculate tax due on WORKPLACE INCOME: LESS WORKPLACE LOSS CARRYFORWARD | GO TO PAGE 6 WORKPLACE LOSS WORKSHEET to calculate the workplace loss carryforward and enter the totals HERE | | 73 () | 74 () | 75 () | 76 () | |
| 31. NET TAXABLE WORKPLACE INCOME (Line 27 minus Line 30) | | | 83 | 84 | 85 | 86 | |
| 32. FOR EACH RITA MUNICIPALITY LISTED IN COLUMNS 3-6 - ENTER THE TAX RATES. Note: If Line 31 is less than zero, do NOT enter tax rate. | | | | | | | FOR LINE 33 BELOW: ADD COLUMNS 3-6, ENTER ON PAGE 2, SECTION B, LINE 11. |
| 33. MUNICIPAL TAX DUE (each RITA MUNICIPALITY) Note: If amounts in Columns 3-6 are \$10 or less, enter -0-. Do NOT include NON-RITA Municipalities. | | | | | | | |

Note: If you are a resident of a RITA municipality - please go to Page 4 for **WORKSHEET L** to allocate income/loss and calculate potential credit for your resident municipality.

| | |
|-------------------|--|
| SCHEDULE K | To complete Schedule K, see page 5 of the instructions. If additional space is needed, use a separate sheet. |
|-------------------|--|

34. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete lines below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|--------------------------------|---------|
| | | | |
| | | | |

Add Tax Due Column, enter total here AND on Page 2, Section B, Line 10. 34. _____

35. W-2 WAGES EARNED IN A NON-RITA TAXING MUNICIPALITY FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. ONLY USE THIS SECTION IF YOU HAVE FILED AND PAID THE TAX DUE TO YOUR WORKPLACE MUNICIPALITY. PROOF OF PAYMENT MAY BE REQUIRED. Complete lines below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|--------------------------------|---------|
| | | | |
| | | | |

Add Tax Due Column, enter total here. 35. _____

ENTER the amount from WORKSHEET L, Row 14, Column 7. 36. _____

Add Lines 34-36. Enter total on Page 2, Section B, Line 4b. 37. _____

| WORKSHEET L INCOME/LOSS ALLOCATION | | RITA RESIDENTS ONLY Use this to allocate income/loss and calculate potential credit for resident municipality. | | | | | | |
|--|--|---|------------------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Print the name of each location (city/village/township) listed from SCHEDULE J, COLUMNS 1-6. Please see Pages 5-6 of the instructions) | | COLUMN 1 RESIDENT MUNICIPALITY | COLUMN 2 NON-TAXING LOCATION | COLUMN 3 LOCATION 3 | COLUMN 4 LOCATION 4 | COLUMN 5 LOCATION 5 | COLUMN 6 LOCATION 6 | COLUMN 7 TOTAL |
| CHARDON | | | NON-TAXING | | | | | |
| W. Enter CURRENT YEAR WORKPLACE INCOME From SCHEDULE J, Line 27. | | 356,756 | | | | | | |
| P. Enter CURRENT YEAR, NON-RESIDENT PASS THROUGH INCOME From SCHEDULE P. For Column 2 - enter GAIN from Schedule P, Line 5, COLUMN 7. For Columns 3-6, enter GAIN from Schedule P, Line 4 or LOSS from Schedule P, Line 26d. | | | | | | | | |
| T. NET TAXABLE WORKPLACE INCOME - Current Year Workplace Income/Loss AND Non-Resident Pass-Through Income (ADD Rows W and P). | | 356,756 | | | | | | |
| 1. Columns 1-6: If ROW T is a gain , enter in each column and total across. | | 356,756 | | | | | | 356,756 |
| 2. Columns 1-6: If ROW T is a loss , enter in each column and total across. | | | | | | | | |
| 3. PRIOR YEAR LOSS CARRY FORWARD From SCHEDULE J, Line 28. | | | | | | | | |
| 4. TOTAL LOSSES (ADD Rows 2 and 3). | | | | | | | | |
| 5. Compute GAIN Percentage: Divide each amount in Row 1, Columns 1-6 by the total in Row 1, Column 7 and enter the percentage. | 100.000 % | % | % | % | % | % | % | |
| 6. Allocate Total Loss by GAIN Percentage: Multiply the total loss from Row 4, Column 7 by the percentage(s) in Row 5. | | | | | | | | |
| 7. Subtract Row 6 from Row 1. Note: If Pass-Through Income included in ROW 7, Column 1, GO TO WORKSHEET R. If less than zero, enter -0-. | | 356,756 | | | | | | |
| 8. Enter NET TAXABLE WORKPLACE INCOME From Schedule J, Line 31. This amount cannot be less than zero. | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Rows 13-14: Calculate the tax due on Non-W2 workplace income </div> <div style="border: 1px solid black; padding: 5px;"> Rows 16-17: Get credit for the tax paid in Row 14, Column 7 </div> | | | | | | | |
| 9. Add the amount in Row P to the amount in Row 8 and enter total. If amount is less than zero, enter -0-. | | | | | | | | |
| 10. Enter the lesser of Row 7 or Row 9. | | | | | | | | |
| 11. If Row 8 multiplied by the workplace tax rate is \$10 or less, divide Row W by Row T and then multiply the result by Row 10. Otherwise, enter -0-. | | | | | | | | |
| 12. Subtract Row 11 from Row 10. If amount is less than zero, enter -0-. | | | | | | | | |
| 13. For Columns 3-6, enter tax rate for workplace municipality listed. | | | | | | | | Enter amount from Row 14, Col 7 below on Page 3, Schedule K, Line 36 |
| 14. Multiply Row 12 by Row 13. | | | | | | | | |
| 15. If amount on Row 14 is greater than zero, enter the amount from Row 12. | | | | | | | | |
| 16. Multiply Row 15 by the Credit Rate of the resident municipality. The resident municipality's credit rate: .020 | | | | | | | | Enter amount from Row 17, Col 7 below on Page 2, Credit Rate Worksheet |
| 17. Enter the lesser of Row 14 or Row 16 above. | | | | | | | | |

Note: For RESIDENTS of RITA MUNICIPALITIES ONLY, separate sub schedules for Schedule J have been provided for Partnership/S-Corp./Trust reporting.

- USE Schedule P if pass-through income/loss was earned in any NON RESIDENT, TAXING MUNICIPALITIES.
- USE Worksheet R if you are a RITA Municipality Resident and you need to calculate the tax paid by the partnership to your RITA RESIDENT MUNICIPALITY.

| SCHEDULE P | | FOR RITA RESIDENTS ONLY PASS-THROUGH INCOME/LOSS for TAXING MUNICIPALITIES OTHER THAN YOUR RITA RESIDENT MUNICIPALITY | | Note: Special Rules may apply for S-Corp. distributions. See RITA Municipalities at ritaohio.com . | | |
|--|---|--|------------------------|--|------------------------|--|
| Print the name of each location (city/village/township) NON-RESIDENT, TAXING MUNICIPALITIES ONLY where income/loss was earned in the appropriate boxes. | | COLUMN 3 LOCATION 3 | COLUMN 4 LOCATION 4 | COLUMN 5 LOCATION 5 | COLUMN 6 LOCATION 6 | COLUMN 7 TOTAL |
| COMPLETE THE ENTIRE SCHEDULE P BEFORE ENTERING THE TOTALS ON SCHEDULE J AND WORKSHEET L. | | 17 | 18 | 19 | 20 | |
| 26a | PARTNERSHIP INCOME/LOSS From Federal SCHEDULE E Attached | 27 | 28 | 29 | 30 | |
| 26b | S-CORP INCOME/LOSS From Federal SCHEDULE E Attached | 37 | 38 | 39 | 40 | |
| 26c | TRUST INCOME/LOSS From Federal SCHEDULE E Attached | 47 | 48 | 49 | 50 | |
| 26d | Add Lines 26a-26c down. For each total in Columns 3-6: If amount is a loss , enter on Worksheet L, Row P. If amount is a gain , proceed to Line 1 below. | 57 | 58 | 59 | 60 | 80 |
| 1. FOR EACH MUNICIPALITY LISTED IN COLUMNS 3-6 - ENTER THE TAX RATES. | | | % | % | % | % |
| 2. If Line 26d is a GAIN. multiply Line 26d by Line 1 to calculate potential tax due on current year non-resident pass-through income. | | | | | | ENTER TOTAL ABOVE IN COLUMN 7, LINE 26 ON SCHEDULE J. |
| 3. Enter the tax paid by your Partnership/S-Corp./Trust to each MUNICIPALITY on the taxpayer's distributive share. | | 67 | 68 | 69 | 70 | |
| 4. If Line 3 is less than Line 2, divide Line 3 by Line 1 to calculate the income eligible for credit. Otherwise, enter the amount from Line 26d. | | ENTER EACH SCHEDULE P LINE 4 TOTAL ON WORKSHEET L, ROW P, COLUMNS 3-6 | | | | ADD ROW 5 TOTAL BELOW TO COLUMN 2, ROW P ON WORKSHEET L. |
| 5. Subtract Line 4 from Line 26d. ADD total across to Column 7. | | | | | | |

| WORKSHEET R | RITA RESIDENTS with PASS-THROUGH INCOME in YOUR RITA RESIDENT MUNICIPALITY (Use this to calculate credit for tax paid by the entity to your RITA RESIDENT MUNICIPALITY) | | | | Note: Special Rules may apply for S-Corp. distributions. See RITA Municipalities at ritaohio.com . | |
|---|--|--|---|----------|--|---|
| Use this worksheet to calculate the allowed partnership payment made to your RITA RESIDENT MUNICIPALITY | COLUMN 1 FROM SCHEDULE J, LINES 23-26 COLUMN 1 ONLY | COLUMN 2 Compute GAIN Percentage: Divide each amount in Rows 1-4 by Row 5, Column 1 and enter the percentage | COLUMN 3 | COLUMN 4 | COLUMN 5 | Note: Pass-through income earned in your RITA Resident Municipality is separated in its own schedule to prevent you from calculating workplace tax on this income in Schedule J. Take the lesser of the calculation on Worksheet R (Column 3) compared to the actual partnership payments (Column 4) and enter directly on Page 2, Line 7b. |
| If GAIN in Schedule J, 1. Line 23 ENTER HERE | | % | | | | |
| If GAIN in Schedule J, 2. Line 24 ENTER HERE | | % | | | | |
| If GAIN in Schedule J, 3. Line 25 ENTER HERE | | % | | | | |
| If GAIN in Schedule J, 4. Line 26 ENTER HERE | 356,756 | 100.000% | | | | |
| 5. ADD ROWS 1-4. TOTAL GAINS RESIDENT MUNICIPALITY | 356,756 | | Enter BELOW Partnership Payments made to your RITA Resident Municipality on the taxpayer's distributive share. ENTER the lesser of Column 3, Row 7 OR Column 4, Row 7 BELOW AND ON Page 2, LINE 7B. | | | |
| 6. Enter from Worksheet L, Row 7, Column 1 ONLY (total gain offset by allocated loss) | 356,756 | Enter Tax Rate for Resident Municipality | Multiply Row 7, Column 1 by Tax Rate for Resident Municipality | | | |
| 7. Multiply Row 6, Column 1 above by the Gain Percentage from Row 4, Column 2. | 356,756 | .02000 | 7,135 | 7,135 | 7,135 | |

| RESIDENT MUNICIPALITY LOSS CARRYFORWARD WORKSHEET: RITA RESIDENTS ONLY | | NOL PHASE-IN EXCEPTIONS (RITA Municipalities and Taxing Jurisdictions) |
|--|-----------------------|--|
| Use this worksheet to calculate the allowable Prior Year Loss Carryforward for Tax Year 2019, for your Resident Municipality. The worksheet will calculate the loss amounts allowable for tax years prior to 2018, if applicable, and the 2018 allowable loss, which will be reported in Tax Year 2019 as the Prior Year Loss Carryforward. Print the name of the applicable Resident Municipality where the loss was incurred. | RESIDENT MUNICIPALITY | Beginning with losses incurred in 2017, a net operating loss may be carried forward for 5 years, in all municipalities. Losses incurred in tax years 2017 through 2021 are subject to a 50% phase-in limitation. The amount of net operating loss carry forward that may be utilized is limited to the lesser of 50% of the carried forward loss or 50% of that year's income. For municipalities or taxing jurisdictions that first imposed a tax on or after January 1, 2016, net operating loss carryforward amounts are not phased-in and may be used in full. See the list below of RITA municipalities or taxing jurisdictions with a tax first imposed on or after January 1, 2016. |
| 1. Enter the total gain from Tax Year 2019 Form 37, Schedule J, Column 7 Lines 26 and 27. Note: If the total is a net loss, do NOT complete this worksheet. | 101 | |
| 2. Enter the unutilized, unexpired loss originating before Tax Year 2017 (OLD LOSS). For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, net operating loss carryforward amounts are not phased-in and may be used in full and SKIP Row 3. | 102 () | |
| 3. Subtract Row 2 from Line 1. If amount is less than \$0, enter \$0. | | |
| 4. Enter unutilized, unexpired losses originating in Tax Year 2017 or later (NEW LOSS). For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, SKIP Row 5. | 103 () | |
| 5. If using NEW losses first, for municipalities subject to the 50% phase-in, enter the lesser of 50% of Row 1 or 50% of Row 4 OR if using OLD losses first, for municipalities subject to the 50% phase-in, enter the lesser of 50% of Row 3 or 50% of Row 4. | | |
| 6. Add Row 2 and Row 5. For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, add Rows 2 and 4. | | |
| 7. Enter the lesser of Row 1 or Row 6 on Tax Year 2019 Form 37, Schedule J, Column 7 Line 28. | | AMELIA ASHLEY BETHEL BLOOMVILLE BRIDGEPORT CHESTERVILLE CIRCLEVILLE- PICKAWAY TWP JEDD CLARKSVILLE DARBYVILLE ETNA REYNOLDSBURG JEDDS 1, 2, 3 and 4 GETTYSBURG HANOVER HOLLAND SPRINGFIELD TWP JEDZ JACKSON KIRKERSVILLE LODI LYONS MARENGO MILFORD JEDD V MILFORD JEDD VI MILLERSPORT NEWTONSVILLE NEY OSTRANDER PAYNE SMITHFIELD SOUTH VIENNA ST. LOUISVILLE STOUTSVILLE WASHINGTONVILLE WAYNE LAKES WILLIAMSBURG JEDD WILLIAMSPORT |

| WORKPLACE LOSS CARRYFORWARD WORKSHEET | | | | |
|--|------------|------------|------------|------------|
| Use this worksheet to calculate the net loss from prior years available to offset current year workplace locations. | LOCATION 3 | LOCATION 4 | LOCATION 5 | LOCATION 6 |
| Print the name of the applicable location where the loss was incurred. | 104 | 105 | 106 | 107 |
| 1. From the Tax Year 2019 Form 37, Schedule J, Line 27 - ENTER each net taxable workplace gain. If Line 27 is a loss, do NOT complete worksheet for any Location with a net taxable loss. | | | | |
| 2. Enter unutilized, unexpired losses originating before tax year 2017 (OLD LOSS). For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, net operating loss carryforward amounts are not phased-in and may be used in full and SKIP Row 3. | 204 () | 205 () | 206 () | 207 () |
| 3. Subtract Row 2 from Row 1. If less than \$0, enter \$0. | | | | |
| 4. Enter unutilized, unexpired losses originating in tax year 2017 or later (NEW LOSS). For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, SKIP Row 5. | 304 () | 305 () | 306 () | 307 () |
| 5. If using NEW losses first, for municipalities subject to the 50% phase-in, enter the lesser of 50% of Row 1 or 50% of Row 4. OR if using OLD losses first, for municipalities subject to the 50% phase-in, enter the lesser of 50% of Row 3 or 50% of Row 4. | | | | |
| 6. Add Row 2 and Row 5. For the municipalities and tax jurisdictions listed in the NOL Phase-In Exceptions box, add Rows 2 and 4. | | | | |
| 7. Enter the lesser of Row 1 or Row 6 on Tax Year 2019 Form 37, Schedule J Line 30. | | | | |

| | | | |
|--------------|---------------------------------------|-----------|---|
| RITA FORM 37 | CREDIT FOR TAXES PAID TO OTHER CITIES | STATEMENT | 1 |
|--------------|---------------------------------------|-----------|---|

INDIVIDUAL CITY CALCULATION:

CITY OF CHARDON

NAME OF OTHER CITY

PAINESVILLE CONCORD JEDD

| | | |
|-----------------------------------|---------|------|
| A. WAGES/INCOME EARNED | 43,587. | |
| B. CREDIT LIMIT FOR RESIDENT CITY | .0200 | |
| C. MAXIMUM CREDIT | 872. | |
| D. WORKPLACE TAX WITHHELD/PAID | 763. | |
| E. ALLOWABLE CREDIT | | 763. |

CITY OF CHARDON

NAME OF OTHER CITY

CLEVELAND

| | | |
|-----------------------------------|---------|--------|
| A. WAGES/INCOME EARNED | 71,811. | |
| B. CREDIT LIMIT FOR RESIDENT CITY | .0200 | |
| C. MAXIMUM CREDIT | 1,436. | |
| D. WORKPLACE TAX WITHHELD/PAID | 1,795. | |
| E. ALLOWABLE CREDIT | | 1,436. |

TOTAL TO RITA FORM 37, PAGE 2, CREDIT RATE WORKSHEET

2,199.

| | | | |
|--------------|---|-----------|---|
| RITA FORM 37 | PARTNERSHIP, S-CORP, TRUST INCOME (OR LOSS) | STATEMENT | 2 |
|--------------|---|-----------|---|

| CITY EARNED | CITY RESIDED | FROM | TO | AMOUNT | PAYMENTS |
|--|--------------|----------|----------|----------|----------|
| OHIO ORDNANCE WORKS, INC. | | | | | |
| CHARDON | CHARDON | 01/01/19 | 12/31/19 | 356,756. | 7,135. |
| | | | | 356,756. | 7,135. |
| TOTAL TO RITA FORM 37, PAGE 3, SCHEDULE J, LINE 26 | | | | 356,756. | 7,135. |

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | | |
|---|--|-------------------------------|--|
| Your first name and middle initial BEN D. | | Last name CARPENTER | Your social security number 284 84 7831 |
| If joint return, spouse's first name and middle initial LAUREN | | Last name CARPENTER | Spouse's social security number 270 92 4724 |
| Home address (number and street). If you have a P.O. box, see instructions. 206 ALLYND BLVD | | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHARDON, OH 44024 | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | | Foreign province/state/county | Foreign postal code |
| | | | If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/> |

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

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| JUNIPER L | CARPENTER | 689-89-1007 | DAUGHTER | <input checked="" type="checkbox"/> | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|--|-------------|--|-------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2. STMT 3 | | 1 | 115,398. |
| 2a Tax-exempt interest | 2a | 2b Taxable interest. Attach Sch. B if required | 2b |
| 3a Qualified dividends | 3a 342,614. | 3b Ordinary dividends. Attach Sch. B if required | 3b 342,614. |
| 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| 4c Pensions and annuities | 4c | 4d Taxable amount | 4d |
| 5a Social security benefits | 5a | 5b Taxable amount | 5b |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 6 | |
| 7a Other income from Schedule 1, line 9 | | 7a | 584,040. |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | 7b | 1,042,052. |
| 8a Adjustments to income from Schedule 1, line 22 | | 8a | |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | 8b | 1,042,052. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 40,403. | | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 116,808. | | |
| 11a Add lines 9 and 10 | | 11a | 157,211. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | 11b | 884,841. |

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

Form 1040 (2019)

| | | | |
|--|---|------------|----------|
| 12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | | 12a | 208,689. |
| b Add Schedule 2, line 3, and line 12a and enter the total | | 12b | 208,689. |
| 13a Child tax credit or credit for other dependents | | 13a | |
| b Add Schedule 3, line 7, and line 13a and enter the total | | 13b | 19,773. |
| 14 Subtract line 13b from line 12b. If zero or less, enter -0- | | 14 | 188,916. |
| 15 Other taxes, including self-employment tax, from Schedule 2, line 10 | | 15 | 12,972. |
| 16 Add lines 14 and 15. This is your total tax | | 16 | 201,888. |
| 17 Federal income tax withheld from Forms W-2 and 1099 | | 17 | 11,605. |
| 18 Other payments and refundable credits: | | | |
| a Earned income credit (EIC) | 18a | | |
| b Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c American opportunity credit from Form 8863, line 8 | 18c | | |
| d Schedule 3, line 14 | 18d | 8,549. | |
| e Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | 8,549. | |
| 19 Add lines 17 and 18e. These are your total payments | 19 | 20,154. | |
| Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | | 20 | |
| 21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | 21a | |
| b Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d Account number | | | |
| 22 Amount of line 20 you want applied to your 2020 estimated tax | 22 | | |
| Amount You Owe 23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions | | 23 | 181,734. |
| 24 Estimated tax penalty (see instructions) | | 24 | |

| | | | | |
|--|---------------|---|---|---|
| Third Party Designee (Other than paid preparer) | | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions | | <input type="checkbox"/> Yes . Complete below. |
| Designee's name | Phone no. | Personal identification number (PIN) | <input type="checkbox"/> No | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | |
| | | GRAPHIC ARTS | | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | |
| | | NURSE | | |
| Phone no. | Email address | | | |

| | | | | | |
|-------------------------------|---|------------------------|----------|---------------------------|---|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | PTIN | Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| | HENRY F GINGERICH, CPA | HENRY F GINGERICH, CPA | 05/19/20 | P00227826 | |
| Firm's name | CORRIGAN KRAUSE 2055 CROCKER RD., SUITE 300 WESTLAKE, OH 44145-1964 | | | Phone no. 440-471-0800 | Firm's EIN 37-1574855 |

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

Form 1040 (2019)

| | | | |
|-----------|-----------------------------------|-----------|---|
| FORM 1040 | WAGES RECEIVED AND TAXES WITHHELD | STATEMENT | 3 |
|-----------|-----------------------------------|-----------|---|

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|---|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| - | | | | | | |
| S UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS | 43,587. | 3,073. | 1,080. | 763. | 2,702. | 632. |
| T FORMFIRE LLC | 71,811. | 8,532. | 2,069. | 1,795. | 4,452. | 1,041. |
| TOTALS | 115,398. | 11,605. | 3,149. | 2,558. | 7,154. | 1,673. |

| | | | |
|-----------|---------------------|-----------|---|
| FORM 1040 | QUALIFIED DIVIDENDS | STATEMENT | 4 |
|-----------|---------------------|-----------|---|

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--------------------------------------|-----------------------|------------------------|
| FROM K-1 - OHIO ORDNANCE WORKS, INC. | 342,614. | 342,614. |
| TOTAL INCLUDED IN FORM 1040, LINE 3A | | 342,614. |

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

| | | | |
|-----------|---|-----------|-----------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | 584,040. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | 584,040. |

Part II Adjustments to Income

| | | | |
|------------|--|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a | 22 | |

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Tax

| | | | |
|----------|---|----------|-----------|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | 0. |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b | 3 | 0. |

Part II Other Taxes

| | | | |
|-----------|---|-----------|----------------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | 12,972. |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15 | 10 | 12,972. |

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Nonrefundable Credits

| | | | |
|----------|---|----------|----------------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 6 | 19,773. |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b | 7 | 19,773. |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|-----------|---------------|
| 8 | 2019 estimated tax payments and amount applied from 2018 return STMT 6 | 8 | 8,549. |
| 9 | Net premium tax credit. Attach Form 8962 | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | 12 | |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 13 | |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d | 14 | 8,549. |

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

Schedule 3 (Form 1040 or 1040-SR) 2019

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

Your social security number

BEN D. & LAUREN CARPENTER**284-84-7831****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 | OHIO ORDNANCE WORKS, INC. | S | | 34-1721701 | | |
| 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 |
| A | | | 584,040. |
| B | | | |
| C | | | |
| D | | | |
| 29a Totals | | | 584,040. |
| b Totals | | | |
| 30 Add columns (h) and (k) of line 29a | | | 30 584,040. |
| 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 | | | 32 584,040. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|-----------|----------|------------------------------------|
| A | | |
| 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 | | | |
| 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 or 1040-SR), line 5, or Form 1040-NR, line 18 | 41 | 584,040. |
| 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 AC; 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 | |

| SCHEDULE 1 | STUDENT LOAN INTEREST DEDUCTION | STATEMENT | 5 |
|------------|---|-----------|------------|
| 1. | ENTER THE TOTAL INTEREST PAID IN 2019 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500 | | 1,495. |
| 2. | ENTER THE AMOUNT FROM FORM 1040, LINE 7B | | 1,042,052. |
| 3. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 10 THROUGH 19 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22 | | |
| 4. | SUBTRACT LINE 3 FROM LINE 2 | | 1,042,052. |
| 5. | ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$70,000 * MARRIED FILING JOINTLY-\$140,000 | | 140,000. |
| 6. | IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4 | | 902,052. |
| 7. | DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 | | 1.000 |
| 8. | MULTIPLY LINE 1 BY LINE 7 | | 1,495. |
| 9. | STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20 | | 0. |

| SCHEDULE 3 | CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR | STATEMENT | 6 |
|--|---|-----------|--------|
| DESCRIPTION | | AMOUNT | |
| 4TH QTR ESTIMATE PAYMENT - JOINT | | | 5,000. |
| PRIOR YEAR OVERPAYMENT APPLIED - JOINT | | | 3,549. |
| TOTAL TO SCHEDULE 3, LINE 8 | | | 8,549. |