

Corrigan Krause

Certified Public Accountants

June 1, 2021

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

Dear Mr. and Mrs. Carpenter:

Your second quarter federal estimate payment of \$20,000 is due and payable. Enclose voucher 2 and your check for \$20,000 payable to the United States Treasury. Include your social security number and the words "2021 Form 1040-ES" on your check. Mail by June 15, 2021.

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

Vouchers 3 and 4 will be due by September 15, 2021 and January 18, 2022 with payments of \$20,000 and \$20,000.

2021 OHIO ESTIMATED TAX VOUCHER:

Your second quarter state estimate payment of \$2,000 is due and payable. Enclose voucher 2 and your check for \$2,000 payable to Ohio Treasurer of State. Include your social security number on your check. Mail by June 15, 2021.

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

Vouchers 3 and 4 will be due by September 15, 2021 and January 18, 2022 with payments of \$2,000 and \$2,000.

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, 2021

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

Dear Mr. and Mrs. Carpenter:

Your third quarter federal estimate payment of \$20,000 is due and payable. Enclose voucher 3 and your check for \$20,000 payable to the United States Treasury. Include your social security number and the words "2021 Form 1040-ES" on your check. Mail by September 15, 2021.

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

Voucher 4 will be due by January 18, 2022 with a payment of \$20,000.

2021 OHIO ESTIMATED TAX VOUCHER:

Your third quarter state estimate payment of \$2,000 is due and payable. Enclose voucher 3 and your check for \$2,000 payable to Ohio Treasurer of State. Include your social security number on your check. Mail by September 15, 2021.

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

Voucher 4 will be due by January 18, 2022 with a payment of \$2,000.

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 4, 2022

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

Dear Mr. and Mrs. Carpenter:

Your fourth quarter federal estimate payment of \$20,000 is due and payable. Enclose voucher 4 and your check for \$20,000 payable to the United States Treasury. Include your social security number and the words "2021 Form 1040-ES" on your check. Mail by January 18, 2022.

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

2021 OHIO ESTIMATED TAX VOUCHER:

Your fourth quarter state estimate payment of \$2,000 is due and payable. Enclose voucher 4 and your check for \$2,000 payable to Ohio Treasurer of State. Include your social security number on your check. Mail by January 18, 2022.

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

April 20, 2021

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

Dear Mr. and Mrs. Carpenter:

Enclosed are your 2020 income tax returns and 2021 estimated tax vouchers, as follows...

2020 U.S. Individual Income Tax Return

2021 Federal Estimated Tax Vouchers

2020 Ohio Individual Income Tax Return

2021 Ohio Estimated Tax Vouchers

2020 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.

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

2020 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

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	Total tax \$ 157,987 Less: payments and credits \$ 101,719 Plus: interest and penalties \$ 557 Balance due \$ 56,825
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 May 17, 2021.
Special Instructions	Do not mail the paper copy of the return to the IRS. Your check for \$56,825, payable to the United States Treasury, must be paid by May 17, 2021. 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 "2020 Form 1040" on your check. Mail to - Internal Revenue Service Center P.O. Box 802501 Cincinnati, OH 45280-2501

2021 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTIMATED INDIVIDUAL INCOME TAX

FOR THE YEAR ENDING

December 31, 2021

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 Estimated Tax	\$	80,000
Less credit from prior year	\$	0
Less amount already paid on 2021 estimate	\$	0
Balance due	\$	80,000

Payable in full or in installments as follows:

Installment	Amount	Due Date
No. 1	\$ 20,000	April 15, 2021
No. 2	\$ 20,000	June 15, 2021
No. 3	\$ 20,000	September 15, 2021
No. 4	\$ 20,000	January 18, 2022

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 "2021 Form 1040-ES" on your check.

Vouchers need not be signed.

IRS e-file Signature Authorization

OMB No. 1545-0074

- 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, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	819,463.
2 Total tax	2	157,987.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,719.
4 Amount you want refunded to you	4	
5 Amount you owe	5	56,825.

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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing 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** as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► **04/20/2021**

Spouse's PIN: check one box only

☒ I authorize **CORRIGAN KRAUSE** to enter or generate my PIN **14724** as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► **04/20/2021**

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 electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ► **04/20/2021**

2020**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.

010681 06-02-20

LHA

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

▼ DETACH HERE ▼

Form **1040-V** (2020)Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2020**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

56,825

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 202012 610

2021 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2021 (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 2021 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 16	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 2021 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 2021 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	13	
14a	Subtract line 13 from line 12c 14a 80,000. 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, 2021, enter 1/4 of line 14a (minus any 2020 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 * If applicable.	15	20,000.

2021 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 "2021 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, 2021**Amount of estimated tax you are paying
by check or
money order.\$ **20,000.**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, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
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 (2021)

CUT HERE

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

2021 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 "2021 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, 2021

Amount of estimated tax you are paying
by check or
money order.

\$ 20,000.

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, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
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 (2021)

CUT HERE

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

2021 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 "2021 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, 2021

Amount of estimated tax you are paying
by check or
money order.

\$ 20,000.

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, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
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 (2021)

CUT HERE

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

2021 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 "2021 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. 18, 2022

Amount of estimated tax you are paying
by check or
money order.\$ **20,000.**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, town, or post office. If you have a foreign address, also complete spaces below.						
CHARDON				State	ZIP code	
				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 (2021)

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 your 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. If you have a foreign address, also complete spaces below. CHARDON				State ZIP code OH 44024	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
▶ <input type="checkbox"/>	JUNIPER L CARPENTER	689-89-1007	DAUGHTER	<input checked="" type="checkbox"/>	
	CALVIN C CARPENTER	734-17-4855	SON	<input checked="" type="checkbox"/>	

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2. STMT 1	1	116,219.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	117,804.
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
Standard Deduction for - • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	588,390.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	822,413.
	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	2,950.
	b Charitable contributions if you take the standard deduction. See instr.	10b	
	c Add lines 10a and 10b. These are your total adjustments to income	10c	2,950.
	11 Subtract line 10c from line 9. This is your adjusted gross income	11	819,463.
	12 Standard deduction or itemized deductions (from Schedule A)	12	43,655.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	117,627.
14 Add lines 12 and 13	14	161,282.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	658,181.	

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

Form 1040 (2020)

STMT 3	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	162,283.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	162,283.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	8,476.
	21	Add lines 19 and 20	21	8,476.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	153,807.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	4,180.
	24	Add lines 22 and 23. This is your total tax	24	157,987.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 4	25a	11,719.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,719.
	26	2020 estimated tax payments and amount applied from 2019 return STATEMENT 5	26	90,000.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit. Attach Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 13	31	
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	101,719.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	56,825.
For details on how to pay, see instructions.	38	Estimated tax penalty (see instructions)	38	557.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **HENRY F GINGERICH, CPA** Phone no. **440-471-0800** Personal identification number (PIN) **02055**

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			GRAPHIC ARTS	
Joint return? See instructions. Keep a copy for your records.	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	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	HENRY F GINGERICH, CPA	HENRY F GINGERICH, CPA	04/20/21	P00227826	

Firm's name	CORRIGAN KRAUSE	Phone no.	440-471-0800
Firm's address	2055 CROCKER RD., SUITE 300 WESTLAKE, OH 44145-1964	Firm's EIN	37-1574855

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

Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	STMT 6	STMT 8	1	253.
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	588,137.
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, 1040-SR, or 1040-NR, line 8			9	588,390.

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	2,950.
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	STATEMENT 7	20	
21	Tuition and fees deduction. Attach Form 8917		21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a		22	2,950.

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

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

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 on Form 1040, 1040-SR, or 1040-NR, line 17	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	4,180.
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 23, or Form 1040-NR, line 23b	10	4,180.

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

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

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	8,476.
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	8,476.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

Schedule 3 (Form 1040) 2020

SCHEDULE A
(Form 1040)

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.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2020

Attachment
Sequence No. **07**

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 11 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 SEE STATEMENT 9 ► <input type="checkbox"/> | 5a | 45,274. |
| b | State and local real estate taxes (see instructions) | 5b | 4,235. |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 49,509. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| 6 | Other taxes. List type and amount ► | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000. |

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 ► <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 6,271. |
| 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 | 6,271. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 6,271. |

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 | 27,384. | STMT 10 |
| 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 | 27,384. | |

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 12 | 17 | 43,655. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ► <input type="checkbox"/> | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2020

SCHEDULE B

(Form 1040)

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

2020

Attachment
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.

117,804.

5

6

117,804.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.
027501 11-05-20

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 2020, 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 2020, 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	X	
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			588,137.
B			
C			
D			
29a Totals			588,137.
b Totals			
30 Add columns (h) and (k) of line 29a		30	588,137.
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	588,137.

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), line 5	41	588,137.
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 AD; 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	

2020 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)	588,137.
------------------------	----------

TOTAL NONPASSIVE INCOME (LOSS)	588,137.
--------------------------------	----------

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT	-2,112.
-------------------------	---------

OTHER K-1 INFORMATION:

ORDINARY DIVIDENDS	117,804.
QUALIFIED DIVIDENDS	117,804.
CHARITABLE CONTRIBUTIONS	18,448.
CREDITS	8,476.
INVESTMENT INCOME	117,804.
NONDEDUCTIBLE EXPENSES	1,888.
QUALIFIED BUSINESS INCOME	588,137.
SECTION 199A W-2 WAGES	390,608.
SECTION 199A UNADJUSTED BASIS	415,427.

Schedule E			PASSTHROUGH RECAP - BASIC INFORMATION											2020			
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.	588,137.							117,804.						
Totals				588,137.							117,804.						
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				18,448.						117,804.				-2,112.		
Totals					18,448.						117,804.				-2,112.		
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	2020 Form 8801

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

Schedule E																	PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS										2020						
BEN D. & LAUREN CARPENTER																	284-84-7831																
Schedule K-1 Line Reference: (1065/1120S/1041)																	17/15/*	15/13/13	15/13/*	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*	*
Entity No.	Act. No.	AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O																
1	1							88,741.	1,888.																								
Totals								88,741.	1,888.																								
Component of:		Form 6251, Line 18	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 16	Schedule A, Line 16	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4 Basic Lmt.	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c																

Schedule E																PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS		2020	
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	117,804.					8,476.						588,137.		390,608.	415,427.			
			</																

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	8,476.
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 2020. See instructions	3	
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount ► <input type="checkbox"/>		
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	8,476.

Part II Allowable Credit

Regular tax before credits:			
• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2	}	7	162,283.
• 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:		8	
• Individuals. Enter the amount from Form 6251, line 11	}		
• Corporations. Enter -0-			
• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54			
9 Add lines 7 and 8		9	162,283.
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	162,283.
12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	162,283.	
13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	34,321.	
14 Tentative minimum tax:		14	141,294.
• Individuals. Enter the amount from Form 6251, line 9	}		
• 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	141,294.
16 Subtract line 15 from line 11. If zero or less, enter -0-		16	20,989.
17 Enter the smaller of line 6 or line 16		17	8,476.
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 (2020)

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 2020. 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	127,962.
28 Add lines 17 and 26	28	8,476.
29 Subtract line 28 from line 27. If zero or less, enter -0-	29	119,486.
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 2020. See instructions	33	
34 Carryforward of business credit to 2020. 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 Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>	34	
35 Carryback of business credit from 2021. 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), line 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	8,476.

Form **3800** (2020)

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) Enter EIN if claiming the credit from a pass-through entity.	(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 11	1c 34-1721701	8,476.
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826)*	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 and auto-enrollment (Form 8881)	1j	
k Employer-provided child care facilities and services (Form 8882)*	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 (carryforward only)	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	8,476.
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	8,476.

* See instructions for limitation on this credit.

014403 12-04-20

Form **6251**Department of the Treasury
Internal Revenue Service (99)**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

2020Attachment
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 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	658,181.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	10,000.
b Tax refund from Schedule 1 (Form 1040), line 1 or line 8	2b	-253.
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), 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) STMT 12	2l	-2,112.
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 \$745,200, see instructions.)	4	665,816.

Part II Alternative Minimum Tax (AMT)

5 Exemption. IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household \$518,400 \$72,900 Married filing jointly or qualifying widow(er) 1,036,800 113,400 Married filing separately 518,400 56,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	113,400.
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	552,416.
7 <ul style="list-style-type: none"> • 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 7; 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) (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 \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result 	7	141,294.
8 Alternative minimum tax foreign tax credit (see instructions)	8	
9 Tentative minimum tax. Subtract line 8 from line 7	9	141,294.
10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)	10	162,283.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), 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	552,416.
13 Enter the amount from line 4 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), 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	117,804.
14 Enter the amount from Schedule D (Form 1040), 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	117,804.
16 Enter the smaller of line 12 or line 15	16	117,804.
17 Subtract line 16 from line 12	17	434,612.
18 If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	18	117,733.
19 Enter: <ul style="list-style-type: none"> • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or • \$53,600 if head of household. 	19	80,000.
20 Enter the amount from line 5 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 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	540,377.
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	117,804.
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	117,804.
25 Enter: <ul style="list-style-type: none"> • \$441,450 if single • \$248,300 if married filing separately • \$496,600 if married filing jointly or qualifying widow(er) • \$469,050 if head of household 	25	496,600.
26 Enter the amount from line 21	26	0.
27 Enter the amount from line 5 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 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	540,377.
28 Add line 26 and line 27	28	540,377.
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	117,804.
34 Multiply line 33 by 20% (0.20)	34	23,561.
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	141,294.
39 If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	150,718.
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	141,294.

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.**2020**Attachment
Sequence No. **52**

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

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**BEN D. CARPENTER****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 2020. See instructions	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	2,950.	
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3	7,100.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, 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	7,100.	
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 2020, see the instructions for the amount to enter	6	7,100.	
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8	7,100.	
9	Employer contributions made to your HSAs for 2020	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	7,100.	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	2,950.	
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 2020 from all HSAs (see instructions)	14a	2,938.	
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	2,938.	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,938.	
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), Part I, line 8, and enter "HSA" and the amount on the dotted line	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), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		

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), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.**

Name(s) shown on return

Your taxpayer identification number

BEN D. & LAUREN CARPENTER**284-84-7831**

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$163,300 (\$326,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

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	588,137.	
3	Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	117,627.	
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	390,608.	
5	Multiply line 4 by 50% (0.50)	5	195,304.	
6	Multiply line 4 by 25% (0.25)	6	97,652.	
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	415,427.	
8	Multiply line 7 by 2.5% (0.025)	8	10,386.	
9	Add lines 6 and 8	9	108,038.	
10	Enter the greater of line 5 or line 9	10	195,304.	
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	117,627.	
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	117,627.	
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	117,627.	
16	Total qualified business income component. Add all amounts reported on line 15	16	117,627.	

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

Form **8995-A** (2020)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	117,627.		
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		117,627.	
33	Taxable income before qualified business income deduction	33	775,808.		
34	Net capital gain. See instructions	34	117,804.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		658,004.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		131,601.	
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		117,627.	
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		117,627.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		()	

Form **8995-A** (2020)

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

OMB No. 1545-2227

2020Department of the Treasury
Internal Revenue Service (99)▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**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	117,804.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	588,137.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 13	4b	-588,137.
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	117,804.

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	7,815.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	7,815.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	7,815.

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	109,989.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	819,463.
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	569,463.
16	Enter the smaller of line 12 or line 15	16	109,989.
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	4,180.
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** (2020)

Worksheet for Figuring a Shareholder's Stock Basis

(Keep for your records.)

Name of Entity: **OHIO ORDNANCE WORKS, INC.**

EIN: **34-1721701**

1. Your stock basis at the beginning of the year	1. <u>0.</u>
Increases:	
2. Money and your adjusted basis in property contributed to the corporation	2. _____
3. Your share of the corporation's income (including tax-exempt income) reduced by any amount included in income with respect to clean renewable energy or (for bonds issued before October 4, 2008) qualified zone academy bonds	3. <u>794,682.</u>
4. Other increases to basis, including your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	4. _____
Decreases:	
5. Distributions of money and the fair market value of property (excluding dividend distributions reportable on Form 1099-DIV and distributions in excess of basis (the sum of lines 1 through 4))	5. (<u>382,608.</u>)
6. Enter: (a) Your share of the corporation's nondeductible expenses and the depletion deduction for any oil and gas property held by the corporation (but only to the extent your share of the property's adjusted basis exceeds the depletion deduction) or (b) if the election under Regulations section 1.1367-1(g) applies, your share of the corporation's deductions and losses (include your entire share of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller) adjusted, if the corporation made a charitable contribution of property, as described in (4) under <u>Basis Rules</u>	6. (<u>1,888.</u>)
7. If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise enter the amount from 6(b)	7. (<u>18,448.</u>)
8. Enter the smaller of (a) the excess, as of the beginning of the tax year, of the amount you are owed for loans you made to the corporation over your basis in those loans or (b) the sum of lines 1 through 7. This amount increases your loan basis	8. (_____)
9. Your stock basis in the corporation at the end of the year. Combine lines 1 through 8	9. <u>391,738.</u>

	Shareholder Debt Basis Worksheet	
Name of Entity:		EIN:
OHIO ORDNANCE WORKS, INC.		34-1721701

Debt Basis

10. Debt basis, beginning of year (Not less than zero)		0.
11. Loans made during the year		
12. Restoration of debt basis (from line 8)		
13. Subtotal (Add lines 11 and 12)		
14. Less: Loan repayments		
15. Gain from loan repayments		
16. Other adjustments:		
17. Subtotal (Combine lines 10, 13, 14, 15 and 16)		
18. Applied against excess loss and deductions		
19. Debt basis, end of year (Not less than zero)		0.
20. Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not less than zero)		391,738.

ALTERNATIVE MINIMUM TAX
Worksheet for Figuring a Shareholder's Stock Basis
(Keep for your records.)

Name of Entity: **OHIO ORDNANCE WORKS, INC.**

EIN: **34-1721701**

1. Your stock basis at the beginning of the year	1.	0.
Increases:		
2. Money and your adjusted basis in property contributed to the corporation	2.	
3. Your share of the corporation's income (including tax-exempt income) reduced by any amount included in income with respect to clean renewable energy or (for bonds issued before October 4, 2008) qualified zone academy bonds	3.	794,682.
4. Other increases to basis, including your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	4.	
Decreases:		
5. Distributions of money and the fair market value of property (excluding dividend distributions reportable on Form 1099-DIV and distributions in excess of basis (the sum of lines 1 through 4))	5.	(382,608)
6. Enter: (a) Your share of the corporation's nondeductible expenses and the depletion deduction for any oil and gas property held by the corporation (but only to the extent your share of the property's adjusted basis exceeds the depletion deduction) or (b) if the election under Regulations section 1.1367-1(g) applies, your share of the corporation's deductions and losses (include your entire share of the section 179 expense deduction even if your allowable section 179 expense deduction is smaller) adjusted, if the corporation made a charitable contribution of property, as described in (4) under <u>Basis Rules</u>	6.	(1,888)
7. If the election under Regulations section 1.1367-1(g) applies, enter the amount from 6(a) above. Otherwise enter the amount from 6(b)	7.	(20,560)
8. Enter the smaller of (a) the excess, as of the beginning of the tax year, of the amount you are owed for loans you made to the corporation over your basis in those loans or (b) the sum of lines 1 through 7. This amount increases your loan basis	8.	()
9. Your stock basis in the corporation at the end of the year. Combine lines 1 through 8	9.	389,626.

	Shareholder Debt Basis Worksheet	
Name of Entity:		EIN:
OHIO ORDNANCE WORKS, INC.		34-1721701

Debt Basis

10. Debt basis, beginning of year (Not less than zero)		0.
11. Loans made during the year		
12. Restoration of debt basis (from line 8)		
13. Subtotal (Add lines 11 and 12)		
14. Less: Loan repayments		
15. Gain from loan repayments		
16. Other adjustments:		
17. Subtotal (Combine lines 10, 13, 14, 15 and 16)		
18. Applied against excess loss and deductions		
19. Debt basis, end of year (Not less than zero)		0.
20. Total shareholder stock and debt basis, end of year (Add lines 9 and 19) (Not less than zero)		389,626.

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	1
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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	44,587.	3,346.	1,087.	780.	2,764.	647.
T FORMFIRE LLC	71,632.	8,373.	1,979.	1,791.	4,441.	1,039.
TOTALS	116,219.	11,719.	3,066.	2,571.	7,205.	1,686.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	2
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
FROM K-1 - OHIO ORDNANCE WORKS, INC.	117,804.	117,804.
TOTAL INCLUDED IN FORM 1040, LINE 3A		117,804.

FORM 1040	TAX	STATEMENT	3
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DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	162,283.
TOTAL TO FORM 1040, LINE 16	162,283.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	4
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T S DESCRIPTION	AMOUNT
S UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS	3,346.
T FORMFIRE LLC	8,373.
TOTAL TO FORM 1040, LINE 25A	11,719.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	5
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DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT	30,000.
3RD QTR ESTIMATE PAYMENT - JOINT	60,000.
4TH QTR ESTIMATE PAYMENT - JOINT	0.
TOTAL TO FORM 1040, LINE 26	90,000.

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	6
	2019	2018	2017	
		OHIO		
GROSS STATE/LOCAL INC TAX REFUNDS		253.		
LESS: TAX PAID IN FOLLOWING YEAR				
NET TAX REFUNDS OHIO		253.		
TOTAL NET TAX REFUNDS		253.		

SCHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT	7
1.	ENTER THE TOTAL INTEREST PAID IN 2020 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500	1,168.	
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 9	822,413.	
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINE 10B, AND SCHEDULE 1, LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22	2,950.	
4.	SUBTRACT LINE 3 FROM LINE 2	819,463.	
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	679,463.	
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	1,168.	
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20	0.	

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	8
		2018	2019		
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		253.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION					
1	NET REFUNDS FOR RECALCULATION	253.	0.		
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E		7,827.		
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C		9,947.		
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	-2,120.		
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A				
6	ENTER THE AMOUNT FROM LINE 1				
7	SUBTRACT LINE 6 FROM LINE 5				
8	ADD LINE 7 TO LINE 3				
9	SUBTRACT LINE 8 FROM LINE 2				
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11				
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS				
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION				
13	SUBTRACT LINE 12 FROM LINE 11				
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.				
15	PRIOR YEAR TAXABLE INCOME				
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15				
TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS)					

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	9
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DESCRIPTION	AMOUNT
UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS	1,867.
FORMFIRE LLC	3,770.
OHIO 1ST QTR ESTIMATE PAYMENTS	10,000.
OHIO 3RD QTR ESTIMATE PAYMENTS	5,000.
OHIO PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	23,119.
OHIO CITIES 1ST QTR ESTIMATE PAYMENTS	310.
OHIO CITIES PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	1,208.
TOTAL TO SCHEDULE A, LINE 5A	45,274.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	10
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS		936.	
NEW COVENANT FELLOWSHIP		8,000.	
FROM K-1 - OHIO ORDNANCE WORKS, INC.		18,448.	
SUBTOTALS		27,384.	
TOTAL TO SCHEDULE A, LINE 11			27,384.

FORM 3800	RESEARCH CREDIT LIMITATION	STATEMENT 11
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OHIO ORDNANCE WORKS, INC.

1	TAXABLE INCOME ATTRIBUTABLE TO THIS ACTIVITY	705,941.	
2	TAXABLE INCOME FROM FORM 1040, LINE 15	658,181.	
3	DIVIDE LINE 1 BY LINE 2	1.000000000	
4	NET INCOME TAX FROM FORM 3800, LINE 11	162,283.	
5	TAX LIABILITY LIMITATION (LINE 3 X LINE 4)		162,283.
A	CURRENT YEAR CREDIT		
	REPORTED ON LINE 1C	8,476.	
	REPORTED ON LINE 4I		
B	CREDIT CARRIED FORWARD FROM PRIOR YEAR(S)		
	REPORTED ON LINE 1C		
	REPORTED ON LINE 4I		
C	TOTAL CREDITS	8,476.	
	CURRENT YEAR CREDIT (LESSER OF 5A OR 5 - 5B)		8,476.

FORM 6251	DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986	STATEMENT 12
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DESCRIPTION	AMOUNT
FROM K-1 - OHIO ORDNANCE WORKS, INC.	-2,112.
TOTAL TO FORM 6251, LINE 2L	-2,112.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 13
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OHIO ORDNANCE WORKS, INC.	-588,137.
AMOUNT TO FORM 8960, LINE 4B	-588,137.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 14

OHIO

DESCRIPTION	AMOUNT
UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS	1,087.
FORMFIRE LLC	1,979.
OHIO 1ST QUARTER ESTIMATE PAYMENT	10,000.
OHIO 3RD QUARTER ESTIMATE PAYMENT	5,000.
TOTAL TO STATE FORM 8960, LINE 10	18,066.

2020 TAX RETURN FILING INSTRUCTIONS

OHIO INCOME TAX RETURN

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	Total tax \$ 18,999 Less: payments and credits \$ 18,716 Plus: interest and penalties \$ 0 Balance due \$ 283
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 May 17, 2021.
Special Instructions	Do not mail the paper copy of the return to the ODT. Your check for \$283, payable to Ohio Treasurer of State, must be mailed by May 17, 2021. 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 and the words "2020 IT 40P Payment" on your check.

**Special
Instructions**

Please review the Disclosure Information for Ohio.

2021 ESTIMATED TAX FILING INSTRUCTIONS

OHIO ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2021

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>8,000</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2021 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>8,000</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>\$ 2,000</td><td>April 15, 2021</td></tr><tr><td>No. 2</td><td>\$ 2,000</td><td>June 15, 2021</td></tr><tr><td>No. 3</td><td>\$ 2,000</td><td>September 15, 2021</td></tr><tr><td>No. 4</td><td>\$ 2,000</td><td>January 18, 2022</td></tr></tbody></table>	Total Estimated Tax	\$	8,000	Less credit from prior year	\$	0	Less amount already paid on 2021 estimate	\$	0	Balance due	\$	8,000	Installment	Amount	Due Date	No. 1	\$ 2,000	April 15, 2021	No. 2	\$ 2,000	June 15, 2021	No. 3	\$ 2,000	September 15, 2021	No. 4	\$ 2,000	January 18, 2022
Total Estimated Tax	\$	8,000																										
Less credit from prior year	\$	0																										
Less amount already paid on 2021 estimate	\$	0																										
Balance due	\$	8,000																										
Installment	Amount	Due Date																										
No. 1	\$ 2,000	April 15, 2021																										
No. 2	\$ 2,000	June 15, 2021																										
No. 3	\$ 2,000	September 15, 2021																										
No. 4	\$ 2,000	January 18, 2022																										
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>																											

EXTENSION CALCULATION:
INCOME TAX LIABILITY
INCOME TAX WITHHELD
ESTIMATED TAX PAYMENTS
OTHER PAYMENTS AND CREDITS

18,349.
3,066.
15,000.

071241 09-15-20

OHIO IT 40P

Rev. 8/6/20

04 20 21

Original Income Tax Payment Voucher

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Tax Year
2020



VRN
85

- Do **NOT** send cash.
- Do **NOT** fold, staple or paper clip.

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

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

Amount of
Payment → \$ 283.00

284847831 6 0520 7 270924724 9 402 CAR CAR

2021 Ohio Estimated Income Tax Payment Worksheet (DO NOT FILE)

1. Expected 2021 federal adjusted gross income 1. _____
2. Net expected 2021 Ohio Schedule A adjustments 2. _____
3. Line 1 plus line 2 3. _____
4. Multiply your expected number of exemptions by \$1,900 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 2021 Ohio income tax liability.** Line 6 minus line 7 8. _____
9. 2020 Ohio income tax liability. 2020 IT 1040, line 10 minus 2020 IT 1040, line 16 9. _____
10. Multiply line 8 by 90% (.90) 10. _____
11. Enter the lesser of line 9 or line 10 (If you did not file a 2020 IT 1040, enter the amount from line 10) 11. _____
12. 2020 credit carryforward and expected 2021 Ohio income tax withholding 12. _____
13. Estimated required installment. Line 11 minus line 12 13. 8,000.
14. **Your quarterly estimated payment.** Multiply line 13 by 25% (.25) CALCULATED USING .25 14. 2,000.

Nonbusiness income portion of line 5			For line 6 of the worksheet			
0	—	\$ 22,150		0.000%		of Ohio taxable nonbusiness income
\$ 22,151	—	\$ 44,250	\$ 316.18	plus	2.850%	of the amount in excess of \$ 22,150
\$ 44,251	—	\$ 88,450	\$ 946.03	plus	3.326%	of the amount in excess of \$ 44,250
\$ 88,451	—	\$110,650	\$2,416.12	plus	3.802%	of the amount in excess of \$ 88,450
\$110,651	—	\$221,300	\$3,260.16	plus	4.413%	of the amount in excess of \$110,650
more than	—	\$221,300	\$8,143.14	plus	4.797%	of the amount in excess of \$221,300
Multiply the business income portion of line 5 by 3%						

OHIO IT 1040ES

Rev. 6/15/20

**Individual Estimated Income Tax
(Voucher 1) Due April 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

Tax Year

2021VRN
85

- Do **NOT** send cash
- Do **NOT** fold, staple or paper clip

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 4724Amount of
Payment

\$ 2000.00

284847831 6 0121 4 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 6/15/20

**Individual Estimated Income Tax
(Voucher 2) Due June 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

Tax Year

2021VRN
85

- Do **NOT** send cash
- Do **NOT** fold, staple or paper clip

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 4724Amount of
Payment

\$ 2000.00

284847831 6 0221 2 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 6/15/20

**Individual Estimated Income Tax
(Voucher 3) Due Sept 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

Tax Year

2021VRN
85

- Do **NOT** send cash
- Do **NOT** fold, staple or paper clip

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 4724Amount of
Payment

\$ 2000.00

284847831 6 0321 0 270924724 9 400 CAR CAR

OHIO IT 1040ES

Rev. 6/15/20

**Individual Estimated Income Tax
(Voucher 4) Due Jan 18, 2022**

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

Tax Year

2021VRN
85

- Do **NOT** send cash
- Do **NOT** fold, staple or paper clip

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 4724Amount of
Payment

\$ 2000.00

284847831 6 0421 8 270924724 9 400 CAR CAR

OHIO IT 40P

Rev. 8/6/20

04 20 21

Original Income Tax Payment Voucher

BEN D. CARPENTER

LAUREN CARPENTER

206 ALLYND BLVD

CHARDON, OH 44024

Tax Year

2020VRN
85

- Do **NOT** send cash.
- Do **NOT** fold, staple or paper clip.

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

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**Amount of
Payment**

\$

283.00

284847831 6 0520 7 270924724 9 402 CAR CAR

Do not staple or paper clip.

2020 Ohio IT 1040



20000185

Sequence No. 1

Ohio

Department of
Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

04 20 21

Check here if this is an **amended** return. Include the Ohio IT RE.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Do **NOT** include a copy of the previously filed return.

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

School district #
(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

OH

ZIP code

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

☒ Resident

Part-year
resident

Nonresident
Indicate state

▶▶

Check only one for spouse (if married filing jointly)

☒ 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.

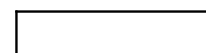
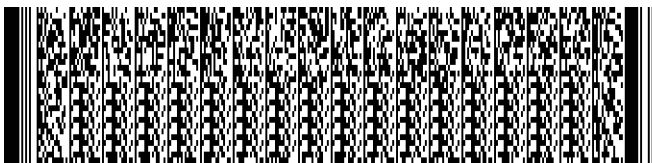
Check here if you filed the federal extension form 4868.

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 (federal 1040 and 1040-SR, line 11). Include page 1 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.	819463 00
2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.	86296 00
2b. Deductions - Ohio Schedule A, line 39 (INCLUDE SCHEDULE)	2b.	284877 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.	620882 00
4. Exemption amount (INCLUDE SCHEDULE J if claiming dependents) Number of exemptions including you and your spouse/dependents, if applicable: 4	4.	7600 00
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5.	613282 00
6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)	6.	455941 00
7. Line 5 minus line 6 (if less than zero, enter zero)	7.	157341 00



MM-DD-YY



Code

071001 10-23-20 CCH

Rev. 9/9/20. IT 1040 - page 1 of 2

2020 Ohio IT 1040
Individual Income Tax Return

SSN 284 84 7831



20000285 Sequence No. 2

7a. Amount from line 7 on page 1	7a.	157341 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	5321 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	13678 00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	18999 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.	18349 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	12.	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	18349 00
14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	14.	3066 00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	15000 00
16. Refundable credits - Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.	00
17. Amended return only - amount previously paid with original and/or amended return	17.	00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	18066 00
19. Amended return only - overpayment previously requested on original and/or amended return	19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	18066 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.	283 00
22. Interest due on late payment of tax (see instructions)	22.	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.	283 00
24. Overpayment (line 20 minus line 13)	24.	00
25. Original return only - amount of line 24 to be credited toward next year's income tax liability	25.	00
26. Original return only - amount of line 24 to be donated:		
a. Ohio History Fund	b. State nature preserves	c. Breast/Cervical Cancer
00	00	00
d. Wishes for Sick Children	e. Wildlife species	f. Military injury relief
00	00	00
Total		26g.
		00
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND	27.
		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) _____
☒ 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

2020 Ohio Schedule A

Income Adjustments

Use only black ink/UPPERCASE letters.



20000385

04 20 21

Primary taxpayer's SSN

284 84 7831

Sequence No. 3

Additions

(Add the following if not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends	1.	00
2. Certain Ohio pass-through entity taxes paid	2.	00
3. Ohio 529 plan funds used for non-qualified expenses	3.	00
4. Losses from sale or disposition of Ohio public obligations	4.	00
5. Nonmedical withdrawals from a medical savings account	5.	00
6. Reimbursement of expenses previously deducted on an Ohio income tax return	6.	00

Federal

7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	86296 00
8. Exempt federal interest and dividends subject to state taxation	8.	00
9. Federal conformity additions	9.	00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a	10.	86296 00

Deductions

(Deduct the following if 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.	00
13. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1)	13.	253 00
14. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b)	14.	00
15. Certain railroad retirement benefits	15.	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.	00
17. Amounts contributed to an Ohio county's individual development account program	17.	00
18. Amounts contributed to STABLE account: Ohio's ABLE plan	18.	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.	00

Federal

20. Federal interest and dividends exempt from state taxation	20.	00
21. Deduction of prior year 168(k) and 179 depreciation addbacks	21.	34624 00
22. Refund or reimbursements from the federal 1040, Schedule 1, line 8 for federal itemized deductions claimed on a prior year return	22.	00

2020 Ohio Schedule A

Income Adjustments

Primary taxpayer's SSN

284 84 7831



20000485

Sequence No. 4

23. Repayment of income reported in a prior year 23. 00

24. Wage expense not deducted based on the federal work opportunity tax credit 24. 00

25. Federal conformity deductions 25. 00

Uniformed Services

26. Military pay received by Ohio residents while stationed outside Ohio 26. 00

27. Compensation earned by nonresident military servicemembers and their civilian spouses 27. 00

28. Uniformed services retirement income 28. 00

29. Military injury relief fund grants and veteran's disability severance payments 29. 00

30. Certain Ohio National Guard reimbursements and benefits 30. 00

Education

31. Amounts contributed to Ohio CollegeAdvantage: Ohio's 529 Plan 31. 00

32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 32. 00

33. Ohio educator expenses in excess of federal deduction 33. 00

Medical

34. Disability benefits 34. 00

35. Survivor benefits 35. 00

36. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) ... 36. 00

37. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) ... 37. 00

38. Qualified organ donor expenses 38. 00

39. **Total deductions** (add lines 11 through 38 ONLY). Enter here and on Ohio IT 1040, line 2b 39. 284877 00



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04 20 21

284 84 7831

Sequence No. 5

Enter all business income that you (and your spouse, if filing jointly) received during the tax year 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.	117804 00
2. Schedule C - Profit or Loss From Business (Sole Proprietorship)	2.	00
3. Schedule D - Capital Gains and Losses	3.	00
4. Schedule E - Supplemental Income and Loss	4.	588137 00
5. Guaranteed payments or compensation from a pass-through entity to a 20% or greater direct or indirect owner	5.	00
6. Schedule F - Profit or Loss From Farming	6.	00
7. Other business income or loss not reported above (e.g. form 4797 amounts)	7.	00
8. Total business income (add lines 1 through 7)	8.	705941 00

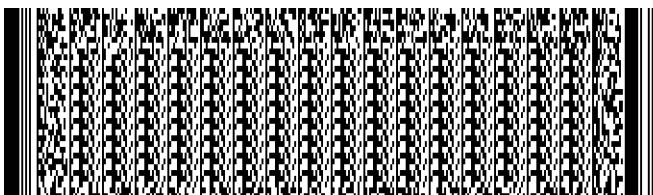
Part 2 - Business Income Deduction

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.	705941 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 is zero, do **not** complete Part 3.

12. Line 9 minus line 11	12.	455941 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.	455941 00
14. Business income tax liability - multiply line 13 by 3% (.03). Enter here and on Ohio IT 1040, line 8b ...	14.	13678 00



2020 Ohio Schedule IT BUS
Business Income



20260285

Primary taxpayer's SSN

284 84 7831

Sequence No. 6

Part 4 - Business Sources

List all sources of business income, with Ohio sources listed first. Also separately list your, and your spouse's if filing jointly, ownership percentage (if any) in the spaces provided. You must enter the 6-digit NAICS code of the business, found at naics.com/search. If necessary, complete additional copies of this page and include with your return.

1. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
341721701	%	0.00 %	999999

Business name

OHIO ORDNANCE WORKS, INC.

2. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

3. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

4. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

5. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

6. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

7. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name

8. FEIN / SSN	Primary ownership	Spouse's ownership	6-digit NAICS code
	%	%	

Business name



20280185

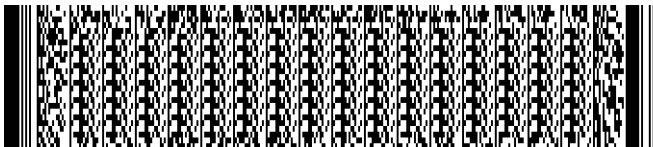
Sequence No. 7

04 20 21

284 84 7831

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	18999	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.		00
7a. Campaign contribution credit for Ohio statewide office or General Assembly	7a.		00
8. Income-based exemption credit (\$20 times the number of exemptions)	8.		00
9. Total (add lines 2 through 8)	9.		00
10. Tax less credits (line 1 minus line 9; if less than zero, enter zero)	10.	18999	00
11. Joint filing credit (see instructions for table). 5 % times line 10, up to \$650 STMT 1	11.	650	00
12. Earned income credit	12.		00
13. Ohio adoption credit	13.		00
14. Nonrefundable job retention credit (include a copy of the credit certificate)	14.		00
15. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	15.		00
16. Credit for purchases of grape production property	16.		00
17. InvestOhio credit (include a copy of the credit certificate)	17.		00
18. Lead abatement credit (include a copy of the credit certificate)	18.		00
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.		00
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.		00
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.		00
22. Research & development credit (include a copy of the credit certificate)	22.		00
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.		00
24. Total (add lines 11 through 23)	24.	650	00
25. Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	25.	18349	00



2020 Ohio Schedule of Credits

Primary taxpayer's SSN

284 84 7831



20280285

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.		00
27. Ohio adjusted gross income (Ohio IT 1040, line 3) ...	27.		00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by line 25 to calculate your nonresident credit	28.		00

Resident Credit

29. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident- Ohio IT RC, line 1a (include a copy)	29.		00
30. Ohio adjusted gross income (Ohio IT 1040, line 3) ...	30.		00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by line 25 and enter the result here	31.		00
32. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.		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.		00
34. Total nonrefundable credits (add lines 9, 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.		00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.		00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s)	37.		00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	38.		00
39. Venture capital credit (include a copy of the credit certificate)	39.		00
40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16)	40.		00

Ohio Schedule J

Dependents

Use only black ink/UPPERCASE letters.



20230185

04 20 21

Tax Year
2020Primary taxpayer's SSN
284 84 7831Sequence 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. Complete all fields for each dependent you list. 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 **689 89 1007** Dependent's date of birth (MM-DD-YYYY) **03 18 2018** Dependent's relationship to you **DAUGHTER**

Dependent's first name **JUNIPER** M.I. **L** Dependent's last name **CARPENTER**

2. Dependent's SSN **734 17 4855** Dependent's date of birth (MM-DD-YYYY) **01 17 2020** Dependent's relationship to you **SON**

Dependent's first name **CALVIN** M.I. **C** Dependent's last name **CARPENTER**

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

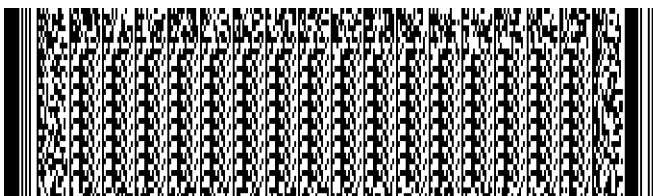
Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name



Ohio Schedule J
Dependents



Tax Year
2020

Primary taxpayer's SSN
284 84 7831

Sequence No. **10**

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

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

Dependent's first name M.I. Dependent's last name

2020 Schedule of Ohio
Withholding

Use only black ink/UPPERCASE letters.



20350185

Primary taxpayer's SSN

Sequence No. 11

284 84 7831

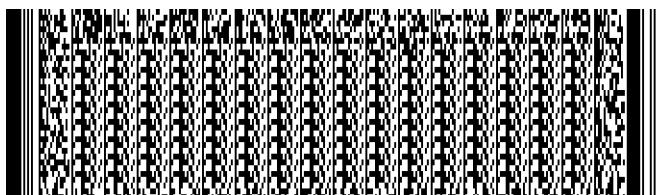
List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 1040 1. 3066 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
S	340714775	44587 00	3346 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52411095	44587 00	1087 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	204039399	71632 00	8373 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52717227	71632 00	1979 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2020 Schedule of Ohio Withholding

Primary taxpayer's SSN

284 84 7831



20350285

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 4 - Federal income tax withheld

Box 14 - Ohio state winnings

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Box b - EIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

2. P/S Box b - EIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld



2020 Ohio IT/SD 2210
Interest Penalty on Underpayment of Ohio Individual Income,
School District Income and Pass-Through Entity Tax

Include with your 2020 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)

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.



10211411

IT/SD 2210
Rev. 2/21Taxpayer's name **BEN D. & LAUREN CARPENTER**Taxpayer's FEIN/SSN **284 84 7831****2020****Part I - Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708**Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due.
See instructions.☐ Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. **2020** Ohio income taxes paid (timely paid* **2020** estimated payments plus withholding plus **2019** credit carryforward) 1. 18,066 00
2. **2020** Ohio income tax liability (total tax minus total credits) 2. 18,349 00
3. **2019** Ohio income tax liability (total tax minus total credits) 3. 26,268 00
4. Multiply line 2 by 90% (.90) 4. 16,514 00
- 5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b 5a. ☒ Yes ☐ No
- 5b. Did you timely file a 2019 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d 5b. ☐ Yes ☐ No
- 5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d 5c. ☐ Yes ☐ No
- 5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6 5d. ☐ Yes ☐ No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II 6. 00

*Do not include any estimated payments that were made after their respective due date.

Part II - Calculating the Interest Penalty Due

Payment Due Dates (see note below)				
	A 7/15/20 - 25%	B 7/15/20 - 50%	C 9/15/20 - 75%	D 1/15/21 - 100%
1. Multiply the amount on Part I, line 6 by the percentage indicated at the top of each column at right 1.				
2. Multiply the total tax withheld from compensation by the percentage indicated at the top of each column at right ... 2.				
3. Total estimated tax paid by the dates shown at the top of each column at right 3.				
4. Add lines 2 and 3 4.				
5. Underpayment subject to interest penalty (line 1 minus line 4; if less than zero, enter zero) 5.				
6. Ratio (if full or partial payment was made see instructions) 6.	0.000000	0.008487	0.015880	0.007392
7. Interest penalty for the period: Multiply line 5 by line 6 for each column at right 7.				
8. Total interest penalty due (sum of line 7, columns A through D). Enter here and on Section 3 of page 1 8.				

Note: Payment due dates - the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.

OH SCHEDULE OF CREDITS	QUALIFYING INCOME FOR JOINT FILING CREDIT	STATEMENT	1
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DESCRIPTION	TAXPAYER	SPOUSE
WAGES, SALARIES, TIPS, ETC.	71,632.	44,587.
SCH E EXCLUDING RENT & ROYALTY	0.	338,137.
PLUS: 5/6TH ADDBACK-BONUS DEPRECIATION	0.	86,296.
LESS: TOTAL FEDERAL ADJUSTMENTS	-2,950.	0.
TOTAL QUALIFYING INCOME (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE)	68,682.	469,020.

2020 TAX RETURN FILING INSTRUCTIONS

REGIONAL INCOME TAX AGENCY RETURN

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 tax</td><td>\$</td><td>9,760</td><td></td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>8,853</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>1,217</td><td>Includes est tax pmt of \$310.</td></tr></table>	Total tax	\$	9,760		Less: payments and credits	\$	8,853		Plus: interest and penalties	\$	0		Balance due	\$	1,217	Includes est tax pmt of \$310.
Total tax	\$	9,760															
Less: payments and credits	\$	8,853															
Plus: interest and penalties	\$	0															
Balance due	\$	1,217	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 May 17, 2021.																
Special Instructions	<p>Do not mail the paper copy of the return to the RITA.</p> <p>Your check for \$1,217, payable to R I T A, must be mailed by May 17, 2021. 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>																

		a Employee's social security number 284-84-7831		OMB No. 1545-0008	
b Employer identification number (EIN) 20-4039399			1 Wages, tips, other compensation 71,632.		2 Federal income tax withheld 8,373.
c Employer's name, address, and ZIP code FORMFIRE LLC 815 SUPERIOR AVE STE 616 CLEVELAND OH 44114			3 Social security wages 71,632.		4 Social security tax withheld 4,441.18
			5 Medicare wages and tips 71,632.		6 Medicare tax withheld 1,039.00
			7 Social security tips 0.		8 Allocated tips 0.
d Control number			9		10 Dependent care benefits 0.
e Employee's first name and initial Last name Suff. BEN D. CARPENTER 206 ALLYND BLVD CHARDON OH 44024			11 Nonqualified plans 0.		12a Code AA 6,158.
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b Code 0.
			14 Other SEC 125 650.		12c Code 0.
			SEC 125 7,770.		12d Code 0.
			0.		
f Employee's address and ZIP code					
15 State OH	Employer's state ID number 52-7172274	16 State wages, tips, etc. 71,632.	17 State income tax 1,979.00	18 Local wages, tips, etc. 71,632.	19 Local income tax 1,791.00
		0.	0.00	0.	0.00
					20 Locality name CLEVELA

Form **W-2** Wage and Tax Statement
Copy 1 - For State, City, or Local Tax Department

2020

Department of the Treasury - Internal Revenue Service

SSN #: 284-84-7831 Spouse's SSN#: 270-92-4724

Name: BEN D. CARPENTER

Spouse's Name: LAUREN CARPENTER

Address #: 206 Street: ALLYND BLVD Suite:

City: CHARDON State: OH ZIP: 44024

****See Page 2 for EXTENSION instructions****

SECTION 1: ESTIMATED INCOME TAX DECLARATION

Use this section to report or update your Annual Estimated Income Tax Liability. If you anticipate owing \$200 or more in municipal income tax, you must estimate your taxes and make quarterly payments as your income is earned. If your estimated payments are either less than 90% of the tax due, or not equal to or greater than your prior year's total tax liability, you will be subject to penalty and interest. Form 37 Instructions "Worksheet 2" may be used to calculate your Estimated Income Tax Liability.

	Tax Year	Amount
Total Estimated Income Tax	2021	\$ 1,240.00

SECTION 2: PAYMENT (Balance due on annual return and/or estimated payment)

**1. Anticipated Tax Balance Due on 2020 Annual Return
(Extension Payment)**

\$ 907 .00

2. 2021 Estimated Tax Payment (not less than 1/4 of Total Estimate)

If you are making an estimated payment enter the amount on Line 2. This line will NOT update your 2021 total estimated tax liability. If you anticipate owing \$200 or more in municipal income tax, you must estimate your taxes and make quarterly payments as your income is earned. If you need to report or update your 2021 Total Estimated Income Tax enter in Section 1. If your estimated payments are either less than 90% of the tax due, or not equal to or greater than your prior year's total tax liability, you will be subject to penalty and interest.

\$ _____ .00

3. Amount Paid (Add Lines 1 and 2)

\$ 907 .00

(make check payable to RITA see page 2 for mailing address)

4. Allocate to applicable RITA Municipalities Balance Due from Line 1 and/or Estimated Tax from Line 2.

► **Municipality:**

Tax Year:

Amount:

CHARDON

2020

\$ 907 .00

PAINESVILLE CONCORD

\$	507.00
\$.00

JEDD

2020

\$ _____ 100
\$ _____ .00

\$ _____ .00

\$ _____ .00

Total allocation (equal Line 3 above)	\$	907 .00
--	-----------	----------------

SECTION 3: EXTENSION OF TIME TO FILE

☒ If you have a copy of your federal extension, you do NOT have to fill out this section.

Check this box if you have not requested or received a federal extension and you are requesting a 6 month extension to file for the tax year 2020.

If you have requested or received an extension to file your federal income tax return, your municipal income tax return is extended as well. It is not necessary to file a copy of your federal extension with RITA by the annual filing due date. Attach a copy of the federal extension when filing your municipal income tax return on or before the extended due date.

If you have not requested or received a federal income tax filing extension, you may receive a six-month extension for filing your municipal income tax return by indicating your request in Section 3 above, and submitting this request on or before the filing due date of April 15, 2021.

An extension to file the annual return is not an extension to pay - the tax owed is still due by the annual filing due date. Please complete Section 2 to pay the tax due for tax year 2020 and the first quarter of estimated payments due for tax year 2021.

SECTION 4: VERIFICATION

Taxpayer - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Your Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____
(If filing jointly, BOTH must sign)

Preparer other than taxpayer - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this Declaration and/or Extension.

Signature of Preparer: HENRY F GINGERICH, CPA Date: 04/20/21

Printed Name of Preparer: CORRIGAN KRAUSE

May RITA discuss this Declaration/Extension with the preparer above? ☒ Yes ☐ No

Mail Declaration/Extension to:

With Payment made payable to RITA:
REGIONAL INCOME TAX AGENCY
P.O. BOX 6600
CLEVELAND, OH 44101-2004

Without Payment:
REGIONAL INCOME TAX AGENCY
P.O. BOX 477900
BROADVIEW HEIGHTS 44147-7900

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

095611
04-01-20

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

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

284847831323313060420216974581000107

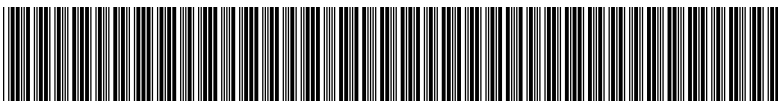
eFile Confirmation Number: F974E87831

BEN
LAUREN
206 ALLYND BLVD
CHARDON

CARPENTER
CARPENTER

OH 44024

Amount Due: \$1217.00
Amount Paid: \$1217.00
Tax Year: 2020
Tax Return Submission Date: 04/20/2021



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
2020
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 checked="" 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 2020 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 2020, 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
01/01/2020	CHARDON	206 ALLYND BLVD, CHARDON, OH 44024

Section A

List all income from W-2 wages and W-2G winnings reported in 2020 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	
	44587	780		PAINESVILLE	CHARDON	01/01/20	12/31/20	
	71632	1791		CLEVELAND	CHARDON	01/01/20	12/31/20	
Totals	116219	2571		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.				
 Caution	Tax balances are due by April 15, 2021 . 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 04/20/21 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.	1 a Total W-2/W-2G income from Page 1, Section A, Column 1.	1a	116219	
	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	371788	
	2 Total taxable income. Add Lines 1a and 1b.	2	488007	
Withheld taxes shown on your W-2 forms are reported on either Line 4a or 7a.	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		9760
	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	2571	
	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		
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.	5 a Add Lines 4a and 4b.	5a	2571	
	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	2213	
	c Enter the smaller of Line 5a or Line 5b.	5c	2213	
	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	1107	
	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	7436	
	8 Total credits allowable. (Add Lines 6, 7a, and 7b.)	8		8543
	9 Subtract Line 8 from Line 3.	9	1217	
	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		
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	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		1217
	13 2020 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2020 tax year.	13	310	
	14 Credit carried forward from 2019.	14		
	15 TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.	15		310
	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		907
	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 2021 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 2021 estimated tax in full (see instructions). Estimates are due 4/15/21, 6/15/21, 9/15/21 and 1/15/22.	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, 2021. Add Lines 16 and 21.	22		1217	

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 6/15/21, 9/15/21 and 1/15/22 estimates.

Credit Rate Worksheet (enter each wage separately):

A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply Column A by Column B)	D Workplace tax withheld/paid	E 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.				2,213

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 095552 12-29-20

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	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	62	63	64	65	66	371788
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.						371788
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.
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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.		371,788						
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).		371,788						
1. Columns 1-6: If ROW T is a gain , enter in each column and total across.		371,788						371,788
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-.		371,788						
8. Enter NET TAXABLE WORKPLACE INCOME From Schedule J, Line 31. This amount cannot be less than zero.								
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.								
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								
17. Enter the lesser of Row 14 or Row 16 above.								

Rows 13-14:
Calculate the tax due on Non-W2 workplace income

Rows 16-17: Get credit for the tax paid in Row 14, Column 7

Enter amount from Row 14, Col 7 below on Page 3, Schedule K, Line 36

Enter amount from Row 17, Col 7 below on Page 2, Credit Rate Worksheet

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	371,788	100.000%				
5. ADD ROWS 1-4. TOTAL GAINS RESIDENT MUNICIPALITY	371,788		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)	371,788	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.	371,788	.02000	7,436	7,436	7,436	

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 2020, for your Resident Municipality. The worksheet will calculate the loss amounts allowable for tax years prior to 2017, if applicable, and the 2017, 2018 and 2019 allowable losses, which will be reported in Tax Year 2020 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 2020 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 Row 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 2020 Form 37, Schedule J, Column 7 Line 28.		ALEXANDRIA AMELIA ASHLEY BETHEL BLOOMVILLE BRIDGEPORT CHESTERVILLE CIRCLEVILLE- PICKAWAY TWP JEDD CLARKSVILLE DARBYVILLE DORR STREET JEDD DUNKIRK ETNA REYNOLDSBURG JEDDS 1, 2, 3 and 4 FULTON GETTYSBURG HANOVER HOLLAND SPRINGFIELD TWP JEDZ JACKSON KIRKERSVILLE LODI LYONS MARENGO MILFORD JEDD V MILFORD JEDD VI MILLERSPORT NEWTONSVILLE NEY OSTRANDER PAYNE RISINGSUN 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. Print the name of the applicable location where the loss was incurred.	LOCATION 3	LOCATION 4	LOCATION 5	LOCATION 6
	104	105	106	107
1. From the Tax Year 2020 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 2020 Form 37, Schedule J Line 30.				

RITA FORM 37	CREDIT FOR TAXES PAID TO OTHER CITIES	STATEMENT	1
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INDIVIDUAL CITY CALCULATION:

CITY OF CHARDON

NAME OF OTHER CITY

PAINESVILLE CONCORD JEDD

A. WAGES/INCOME EARNED	44,587.	
B. CREDIT LIMIT FOR RESIDENT CITY	.0200	
C. MAXIMUM CREDIT	892.	
D. WORKPLACE TAX WITHHELD/PAID	780.	
E. ALLOWABLE CREDIT		780.

CITY OF CHARDON

NAME OF OTHER CITY

CLEVELAND

A. WAGES/INCOME EARNED	71,632.	
B. CREDIT LIMIT FOR RESIDENT CITY	.0200	
C. MAXIMUM CREDIT	1,433.	
D. WORKPLACE TAX WITHHELD/PAID	1,791.	
E. ALLOWABLE CREDIT		1,433.

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

2,213.

RITA FORM 37	PARTNERSHIP, S-CORP, TRUST INCOME (OR LOSS)	STATEMENT	2
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CITY EARNED	CITY RESIDED	FROM	TO	AMOUNT	PAYMENTS
OHIO ORDNANCE WORKS, INC.					
CHARDON	CHARDON	01/01/20	12/31/20	371,788.	7,436.
				371,788.	7,436.
TOTAL TO RITA FORM 37, PAGE 3, SCHEDULE J, LINE 26				371,788.	7,436.

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 your 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. If you have a foreign address, also complete spaces below. CHARDON				State ZIP code OH 44024	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1956
☐ Are blind

Spouse:

☐ Was born before January 2, 1956
☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
JUNIPER L	CARPENTER	689-89-1007	DAUGHTER	<input checked="" type="checkbox"/>		
CALVIN C	CARPENTER	734-17-4855	SON	<input checked="" type="checkbox"/>		

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2.		STMT 3	1	116,219.
	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a	117,804.	3b	117,804.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
<div>Standard Deduction for -</div> <ul style="list-style-type: none"> Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
	8	Other income from Schedule 1, line 9			8	588,390.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	822,413.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a	2,950.		
	b	Charitable contributions if you take the standard deduction. See instr.	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income			10c	2,950.
	11	Subtract line 10c from line 9. This is your adjusted gross income			11	819,463.
	12	Standard deduction or itemized deductions (from Schedule A)			12	43,655.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	117,627.
14	Add lines 12 and 13			14	161,282.	
15	Taxable income. Subtract line 14 from line 11.			15	658,181.	

If zero or less, enter -0-

STMT 5	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	162,283.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	162,283.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	8,476.
	21	Add lines 19 and 20	21	8,476.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	153,807.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	4,180.
	24	Add lines 22 and 23. This is your total tax	24	157,987.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 6	25a	11,719.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,719.
	26	2020 estimated tax payments and amount applied from 2019 return STATEMENT 7	26	90,000.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit. Attach Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 13	31	
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	101,719.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	56,825.
For details on how to pay, see instructions.	38	Estimated tax penalty (see instructions)	38	557.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **HENRY F GINGERICH, CPA** Phone no. **440-471-0800** Personal identification number (PIN) **02055**

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			GRAPHIC ARTS	<input type="text"/>
Joint return? See instructions. Keep a copy for your records.	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	<input type="text"/>

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	HENRY F GINGERICH, CPA	HENRY F GINGERICH, CPA	04/20/21	P00227826	

Firm's name	Firm's EIN
CORRIGAN KRAUSE	440-471-0800
2055 CROCKER RD., SUITE 300	37-1574855
Firm's address	
WESTLAKE, OH 44145-1964	

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2020)

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	3
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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	44,587.	3,346.	1,087.	780.	2,764.	647.
T FORMFIRE LLC	71,632.	8,373.	1,979.	1,791.	4,441.	1,039.
TOTALS	116,219.	11,719.	3,066.	2,571.	7,205.	1,686.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	4
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NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
FROM K-1 - OHIO ORDNANCE WORKS, INC.	117,804.	117,804.
TOTAL INCLUDED IN FORM 1040, LINE 3A		117,804.

FORM 1040	TAX	STATEMENT	5
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DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	162,283.
TOTAL TO FORM 1040, LINE 16	162,283.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	6
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T S DESCRIPTION	AMOUNT
S UNIVERSITY HOSPITALS HEALTH AGENT FOR: UNIV HOSP PHYSICIANS	3,346.
T FORMFIRE LLC	8,373.
TOTAL TO FORM 1040, LINE 25A	11,719.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 7
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DESCRIPTION	AMOUNT
2ND QTR ESTIMATE PAYMENT - JOINT	30,000.
3RD QTR ESTIMATE PAYMENT - JOINT	60,000.
4TH QTR ESTIMATE PAYMENT - JOINT	0.
TOTAL TO FORM 1040, LINE 26	90,000.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

BEN D. & LAUREN CARPENTER

Your social security number

284-84-7831

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	STMT 8	STMT 10	1	253.
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	588,137.
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, 1040-SR, or 1040-NR, line 8			9	588,390.

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	2,950.
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	STATEMENT 9	20	
21	Tuition and fees deduction. Attach Form 8917		21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a		22	2,950.

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

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

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 on Form 1040, 1040-SR, or 1040-NR, line 17	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	4,180.
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 23, or Form 1040-NR, line 23b	10	4,180.

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **03**

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

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	8,476.
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	8,476.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

Schedule 3 (Form 1040) 2020

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	X	
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			588,137.
B			
C			
D			
29a Totals			588,137.
b Totals			
30 Add columns (h) and (k) of line 29a		30	588,137.
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	588,137.

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), line 5	41	588,137.
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 AD; 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	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	8
	2019	2018	2017	
		OHIO		
GROSS STATE/LOCAL INC TAX REFUNDS		253.		
LESS: TAX PAID IN FOLLOWING YEAR				
NET TAX REFUNDS OHIO		253.		
TOTAL NET TAX REFUNDS		253.		

SCHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT	9
1.	ENTER THE TOTAL INTEREST PAID IN 2020 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500	1,168.	
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 9	822,413.	
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINE 10B, AND SCHEDULE 1, LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22	2,950.	
4.	SUBTRACT LINE 3 FROM LINE 2	819,463.	
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	679,463.	
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	1,168.	
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 20	0.	

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	10
		2018	2019		
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		253.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION					
1	NET REFUNDS FOR RECALCULATION	253.	0.		
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E		7,827.		
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C		9,947.		
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	-2,120.		
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A				
6	ENTER THE AMOUNT FROM LINE 1				
7	SUBTRACT LINE 6 FROM LINE 5				
8	ADD LINE 7 TO LINE 3				
9	SUBTRACT LINE 8 FROM LINE 2				
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11				
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS				
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION				
13	SUBTRACT LINE 12 FROM LINE 11				
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.				
15	PRIOR YEAR TAXABLE INCOME				
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15				
TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS)					