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CLIENT'S COPY



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April 4, 2019

Overholt Investments, LLC  
7441 Days Woods Ct  
Kingsville, MD 21087

Dear Josh:

Enclosed are your 2018 partnership tax returns, as follows...

2018 U.S. Return of Partnership Income

2018 Maryland Return of Partnership Income

Your copy should be retained for your files.

Very truly yours,

Frank S. Linkous, CPA

# 2018 TAX RETURN FILING INSTRUCTIONS

## U.S. RETURN OF PARTNERSHIP INCOME

FOR THE YEAR ENDING

December 31, 2018

Prepared for	Overholt Investments, LLC 7441 Days Woods Ct Kingsville, MD 21087
Prepared by	Weyrich, Cronin & Sorra, LLC 139 North Main Street Bel Air, MD 21014
To be signed and dated by	A member of the LLC
Amount of tax	Not applicable
Mail tax return to	This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Forms to be distributed to partners	Enclosed are copies of Schedule K-1 to be distributed to the members.
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the IRS.

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**Expanded Capital Account Summary**

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Name **OVERHOLT INVESTMENTS, LLC**I.D. Number **82-4164898**

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Partner Number <u>1</u>	<b>JOSHUA OVERHOLT 7441 DAYS WOODS CT KINGSVILLE, MD 21087</b>	Partner's Identification Number <u>315-02-6750</u>
-------------------------------	------------------------------------------------------------------------	----------------------------------------------------------

Beginning Capital	Capital Contributed <b>849,750.</b>	Schedule M-2, Lines 3, 4 & 7 <b>-886,124.</b>	Withdrawals	Ending Capital <b>-36,374.</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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Partner Number <u>2</u>	<b>CHRISTOPHER HARDING 8 WESLEY WOODS CT KINGSVILLE, MD 21087</b>	Partner's Identification Number <u>218-70-9910</u>
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Beginning Capital	Capital Contributed <b>50,000.</b>	Schedule M-2, Lines 3, 4 & 7 <b>-50,000.</b>	Withdrawals	Ending Capital <b>0.</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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Partner Number <hr/>		Partner's Identification Number <hr/>
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Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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Partner Number <hr/>		Partner's Identification Number <hr/>
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Beginning Capital	Capital Contributed	Schedule M-2, Lines 3, 4 & 7	Withdrawals	Ending Capital
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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**Total For All Partner's Capital Accounts**

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Beginning Capital <b>0.</b>	Capital Contributed <b>899,750.</b>	Schedule M-2, Lines 3, 4 & 7 <b>-936,124.</b>	Withdrawals <b>0.</b>	Ending Capital <b>-36,374.</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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Form **8879-PE**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization  
for Form 1065**

▶ Return completed Form 8879-PE to your ERO. (Don't send to the IRS.)

▶ Go to [www.irs.gov/Form8879PE](http://www.irs.gov/Form8879PE) for the latest information.

For calendar year 2018, or tax year beginning , 2018, ending , 20

OMB No. 1545-0123

**2018**

Name of partnership

**OVERHOLT INVESTMENTS, LLC**

Employer identification number

**82-4164898****Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	<b>748,472.</b>
2	Gross profit (Form 1065, line 3)	2	<b>49,265.</b>
3	Ordinary business income (loss) (Form 1065, line 22)	3	<b>-935,477.</b>
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

**Part II Declaration and Signature Authorization of Partner or Member**  
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2018 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

☒ I authorize **WEYRICH, CRONIN & SORRA, LLC** to enter my PIN **21014**  
ERO firm name Don't enter all zeros

as my signature on the partnership's 2018 electronically filed return of partnership income.

☐ As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2018 electronically filed return of partnership income.

Partner or member's signature ▶

Title ▶ **MEMBER**

Date ▶

**Part III Certification and Authentication**

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

**27344513010**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **FRANK S. LINKOUS, CPA**Date ▶ **04/04/19****ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2018)

LHA

**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**  
► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

OMB No. 1545-0233

**Print  
or  
Type**

Name	Identifying number
OVERHOLT INVESTMENTS, LLC	82-4164898
Number, street, and room or suite no. (If P.O. box, see instructions.)	
7441 DAYS WOODS CT	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
KINGSVILLE, MD 21087	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

**1** Enter the form code for the return listed below that this application is for 09

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

**Part II All Filers Must Complete This Part**

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ► ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► ☐
- 5a** The application is for calendar year 2018, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☒ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

<b>6</b> Tentative total tax	<b>6</b>	0.
<b>7</b> Total payments and credits. See instructions	<b>7</b>	
<b>8</b> Balance due. Subtract line 7 from line 6. See instructions	<b>8</b>	0.

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

Form **7004** (Rev. 12-2018)

**1065****U.S. Return of Partnership Income**

OMB No. 1545-0123

For calendar year 2018, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**EXTENSION GRANTED TO 09/16/19****2018**

<b>A</b> Principal business activity <b>FAST FOOD RESTAURANT</b>	<b>Type or Print</b>	Name of partnership <b>OVERHOLT INVESTMENTS, LLC</b>	<b>D</b> Employer identification number <b>82-4164898</b>
<b>B</b> Principal product or service <b>FOOD/BEVERAGE</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>7441 DAYS WOODS CT</b>	<b>E</b> Date business started <b>04/11/2018</b>
<b>C</b> Business code number <b>722513</b>		City or town, state or province, country, and ZIP or foreign postal code <b>KINGSVILLE MD 21087</b>	<b>F</b> Total assets <b>\$ 2,084,046.</b>
<b>G</b> Check applicable boxes: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return			
<b>H</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) <b>▶</b>			
<b>I</b> Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year <b>▶ 2</b>			
<b>J</b> Check if Schedules C and M-3 are attached <b>▶</b> <input type="checkbox"/>			

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales	<b>1a</b>	<b>748,472.</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c 748,472.</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2 699,207.</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3 49,265.</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)		<b>SEE STATEMENT 1</b>	<b>7 1,993.</b>	
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7			<b>8 51,258.</b>	
<b>Deductions (see instructions for limitations)</b>	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11 49,464.</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b>
	<b>14</b> Taxes and licenses		<b>SEE STATEMENT 2</b>	<b>14 11,147.</b>
	<b>15</b> Interest (see instructions)			<b>15 59,616.</b>
	<b>16 a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	<b>623,357.</b>	
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c 623,357.</b>
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
<b>19</b> Employee benefit programs			<b>19</b>	
<b>20</b> Other deductions (attach statement)		<b>SEE STATEMENT 3</b>	<b>20 243,151.</b>	
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20			<b>21 986,735.</b>	
<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8			<b>22 -935,477.</b>	
<b>Tax and Payments</b>	<b>23</b> Interest due under the look-back method-completed long-term contracts (attach Form 8697)			<b>23</b>
	<b>24</b> Interest due under the look-back method-income forecast method (attach Form 8866)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> <b>Total balance due.</b> Add lines 23 through 27			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment			<b>30</b>

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.	
	<b>▶</b> Signature of partner or limited liability company member	<b>▶</b> Date

May the IRS discuss this return with the preparer shown below (see instr.)?
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANK S. LINKOUS, CP</b>	Preparer's signature <b>FRANK S. LINKOUS, CP</b>	Date <b>04/04/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01563712</b>
	Firm's name <b>▶</b> <b>WEYRICH, CRONIN &amp; SORRA, LLC</b>	Firm's EIN <b>▶ 81-4643077</b>			
	Firm's address <b>▶</b> <b>139 NORTH MAIN STREET</b>	Phone no. <b>410-879-2237</b>			
	<b>BEL AIR, MD 21014</b>				

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership		
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company		
<b>e</b> <input type="checkbox"/> Foreign partnership		
<b>b</b> <input type="checkbox"/> Domestic limited partnership		
<b>d</b> <input type="checkbox"/> Domestic limited liability partnership		
<b>f</b> <input type="checkbox"/> Other ►		
<b>2</b> At the end of the tax year:		
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....		<b>X</b>
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....	<b>X</b>	
<b>3</b> At the end of the tax year, did the partnership:		
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below .....		<b>X</b>
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....		<b>X</b>
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?	<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 .....		<b>X</b>
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? .....		<b>X</b>
<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....		<b>X</b>
<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....		<b>X</b>
<b>8</b> At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►		<b>X</b>
<b>9</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions .....		<b>X</b>
<b>10 a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? .....		<b>X</b>
See instructions for details regarding a section 754 election.		
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		<b>X</b>



**Schedule B Other Information (continued)**

	Yes	No
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		<b>X</b>
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ..... <input type="checkbox"/>		
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? .....		<b>X</b>
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions .....		
<b>14</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership .....		<b>X</b>
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
<b>16 a</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions .....	<b>X</b>	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099? .....	<b>X</b>	
<b>17</b> Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
<b>18</b> Enter the number of partners that are foreign governments under section 892. ▶		
<b>19</b> During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? .....		<b>X</b>
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 .....		<b>X</b>
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)? .....		<b>X</b>
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ▶ \$		<b>X</b>
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....		<b>X</b>
<b>24</b> Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions .....	<b>X</b>	
<b>a</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or		
<b>b</b> The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
<b>25</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions .....	<b>X</b>	
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ <u>2.</u>		
If "No," complete Designation of Partnership Representative below.		

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶	U.S. taxpayer identification number of PR ▶
U.S. address of PR ▶	U.S. phone number of PR ▶
If the PR is an entity, name of the designated individual for the PR ▶	U.S. taxpayer identification number of the designated individual ▶
U.S. address of designated individual ▶	U.S. phone number of designated individual ▶

<b>26</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? .....		<b>X</b>
If "Yes," enter the amount from Form 8996, line 13. ▶ \$		

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-935,477.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	c Dividend equivalents	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	-885,512.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	48,520.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Section 951A category ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ... ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Section 951A category ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ... ▶	16o	
	p Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 4	18c	647.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement) STMT 5			

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	-935,477.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners			-935,477.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				35,119.
2a Trade notes and accounts receivable			4,151.	
b Less allowance for bad debts				4,151.
3 Inventories				13,075.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets			1,449,881.	
b Less accumulated depreciation			623,357.	826,524.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				824,397.
12a Intangible assets (amortizable only)			400,220.	
b Less accumulated amortization			19,440.	380,780.
13 Other assets (attach statement)				
14 Total assets		0.		2,084,046.
<b>Liabilities and Capital</b>				
15 Accounts payable				19,223.
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 6			19,065.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				2,082,132.
20 Other liabilities (attach statement)				
21 Partners' capital accounts				-36,374.
22 Total liabilities and capital		0.		2,084,046.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-936,124.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$	
STMT 7 647.		8 Add lines 6 and 7	
a Depreciation \$	647.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-935,477.
b Travel and entertainment \$			
5 Add lines 1 through 4	-935,477.		

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

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash	899,750.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-936,124.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	-36,374.
5 Add lines 1 through 4	-36,374.		

**Cost of Goods Sold**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
▶ **Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

OMB No. 1545-0123

<b>OVERHOLT INVESTMENTS, LLC</b>		Employer identification number <b>82-4164898</b>
<b>1</b> Inventory at beginning of year .....	<b>1</b>	
<b>2</b> Purchases .....	<b>2</b>	<b>248,935.</b>
<b>3</b> Cost of labor .....	<b>3</b>	<b>463,347.</b>
<b>4</b> Additional section 263A costs (attach schedule) .....	<b>4</b>	
<b>5</b> Other costs (attach schedule) .....	<b>5</b>	
<b>6 Total.</b> Add lines 1 through 5 .....	<b>6</b>	<b>712,282.</b>
<b>7</b> Inventory at end of year .....	<b>7</b>	<b>13,075.</b>
<b>8 Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions .....	<b>8</b>	<b>699,207.</b>

**9 a** Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶ .....

**b** Check if there was a writedown of subnormal goods ..... ▶ ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ..... ▶ ☐

**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO ..... **9d** .....

**e** If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ..... ☐ Yes ☒ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ..... ☐ Yes ☒ No  
If "Yes," attach explanation.

**SCHEDULE B-1  
(Form 1065)**(Rev. September 2017)  
Department of the Treasury  
Internal Revenue Service**Information on Partners Owning 50% or  
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

OMB No. 1545-0123

Name of partnership

Employer identification number

OVERHOLT INVESTMENTS, LLC

82-4164898

**Part I** **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II** **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
JOSHUA OVERHOLT	315-02-6750	UNITED STATES	94.40

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 9-2017)

**SCHEDULE B-2  
(Form 1065)**(December 2018)  
Department of the Treasury  
Internal Revenue Service**Election Out of the Centralized  
Partnership Audit Regime**

▶ Attach to Form 1065 or Form 1066.

▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

OMB No. 1545-0123

Name of Partnership

OVERHOLT INVESTMENTS, LLC

Employer Identification Number (EIN)

82-4164898

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

**Part I List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I - Individual C - Corporation E - Estate of Deceased Partner F - Eligible Foreign Entity S - S corporation

	Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1	JOSHUA OVERHOLT	315-02-6750	I
2	CHRISTOPHER HARDING	218-70-9910	I
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Continued on Part IV

**Part II List of S Corporation Shareholders** (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I - Individual E - Estate of Deceased Shareholder T - Trust O - Other

Name of

S Corporation Partner ▶

TIN of Partner ▶

	Name of Shareholder	Shareholder TIN	Type of Person (Code)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Continued on Part V

**Part III Total Number of Schedules K-1 Required To Be Issued.** See instructions.

1	Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership .....	1	2.
2	Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners .....	2	
3	<b>Total. Add line 1 and line 2</b> .....	3	2.

**Note:** If line 3 is more than 100, the partnership cannot make the election under section 6221(b).



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

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

**Section B - Information on Use of Vehicles**

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

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

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year:					
SEE STATEMENT 9	:	:			19,440.
<b>43</b> Amortization of costs that began before your 2018 tax year .....					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report .....					<b>44</b>
					19,440.



# Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership <b>OVERHOLT INVESTMENTS, LLC</b>			Employer identification number <b>82-4164898</b>
<b>1 a</b> Ordinary income (loss) (Schedule K, line 1)	<b>1a</b>	<b>-935,477.</b>	
<b>b</b> Net income (loss) from <b>CERTAIN</b> rental real estate activities	<b>1b</b>		
<b>c</b> Net income (loss) from other rental activities (Schedule K, line 3c)	<b>1c</b>		
<b>d</b> Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	<b>1d</b>		
<b>e</b> Other additions	<b>1e</b>		
<b>f</b> Combine lines 1a through 1e	<b>1f</b>	<b>-935,477.</b>	
<b>2 a</b> Net gain from Form 4797, Part II, line 17, included on line 1a above	<b>2a</b>		
<b>b</b> Other subtractions	<b>2b</b>		
<b>c</b> Add lines 2a and 2b	<b>2c</b>		
<b>3 a</b> Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	<b>3a</b>	<b>-935,477.</b>	<b>3c</b>
<b>b</b> Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	<b>3b</b>	<b>-49,965.</b>	
<b>c</b> Subtract line 3b from line 3a			
<b>4 a</b> Guaranteed payments to partners (Schedule K, line 4) derived from a trade or business as defined in section 1402(c)	<b>4a</b>		<b>4c</b>
<b>b</b> Part of line 4a allocated to individual limited partners for <b>other than</b> services and to estates, trusts, corporations, exempt organizations, and IRAs	<b>4b</b>		
<b>c</b> Subtract line 4b from line 4a			
<b>5</b> Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	<b>5</b>	<b>-885,512.</b>	

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Overholt Investments, LLC  
7441 Days Woods Ct  
Kingsville, MD 21087

Employer Identification Number: 82-4164898

For the Year Ending December 31, 2018

Overholt Investments, LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

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FORM 1065	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
OTHER INCOME	1,993.
TOTAL TO FORM 1065, LINE 7	1,993.

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FORM 1065	TAX EXPENSE	STATEMENT	2
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DESCRIPTION	AMOUNT
BUSINESS LICENSES AND PERMITS	1,099.
TAXES AND LICENSES EXPENSE	10,048.
TOTAL TO FORM 1065, LINE 14	11,147.

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FORM 1065	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
ADVERTISING	47,429.
AMORTIZATION EXPENSE	19,440.
BANK SERVICE CHARGES	5,956.
DUES AND SUBSCRIPTION	1,519.
INSURANCE	23,668.
LICENSE FEE	3,258.
MISCELLANEOUS EXPENSES	5,161.
OFFICE SUPPLIES	19,802.
PROFESSIONAL FEES	31,941.
ROYALTIES	37,797.
UTILITIES	47,180.
TOTAL TO FORM 1065, LINE 20	243,151.

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SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT	4
DESCRIPTION		AMOUNT	
OFFICERS LIFE		647.	
TOTAL TO SCHEDULE K, LINE 18C		647.	

SCHEDULE K	OTHER ITEMS	STATEMENT	5
DESCRIPTION		AMOUNT	
SECTION 199A QUALIFIED BUSINESS INCOME		-935,477.	
SECTION 199A W-2 WAGES		463,347.	
SECTION 199A UNADJUSTED BASIS		1,449,884.	
SECTION 199A REIT DIVIDENDS		0.	
SECTION 199A PTP INCOME		0.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ESCHEAT (NET CHECKS)		173.	
GRATUITY PAYABLE		916.	
NET CHECKS		8,463.	
WELLS FARGOCC		9,513.	
TOTAL TO SCHEDULE L, LINE 17		19,065.	

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT	7
DESCRIPTION		AMOUNT	
OFFICERS LIFE		647.	
TOTAL TO SCHEDULE M-1, LINE 4		647.	

FORM 4562	NONRESIDENTIAL REAL PROPERTY			STATEMENT	8
(B) MONTH/YEAR IN SERVICE	(C) BASIS	(D) RECOVERY PERIOD	(G) DEPRECIATION DEDUCTION		
04/18	23,708.	39 YRS	431.		
04/18	25,769.	39 YRS	468.		
04/18	744,966.	39 YRS	13,530.		
04/18	47,372.	39 YRS	860.		
TOTALS TO 4562, LN 19I	841,815.		15,289.		

FORM 4562	PART VI - AMORTIZATION				STATEMENT	9
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR	
FINANCING COSTS - MEADOWS BANK	04/11/18	33,265.	263	300.0	998.	
FINANCING COSTS - SBA 504 LOAN	04/11/18	15,982.	263	240.0	599.	
START UP COST	04/11/18	94,180.	195	180.0	4,709.	
AREA DEVELOPMENT AGREEMENT	04/11/18	205,000.	197	180.0	10,250.	
MILLERSVILLE FRANCHISE	04/11/18	40,000.	197	180.0	2,000.	
MEADOWS BANK LOC	04/11/18					
CLOSING COST		11,793.	263	120.0	884.	
TOTAL TO FORM 4562, LINE 42					19,440.	

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

2018

For calendar year 2018, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number  
82-4164898**B** Partnership's name, address, city, state, and ZIP codeOVERHOLT INVESTMENTS, LLC  
7441 DAYS WOODS CT  
KINGSVILLE, MD 21087**C** IRS Center where partnership filed return  
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number  
315-02-6750**F** Partner's name, address, city, state, and ZIP codeJOSHUA OVERHOLT  
7441 DAYS WOODS CT  
KINGSVILLE, MD 21087**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I1** What type of entity is this partner? INDIVIDUAL**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	VARIOUS%	VARIOUS%
Loss	VARIOUS%	VARIOUS%
Capital	VARIOUS%	VARIOUS%

**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$ 36,144.
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 2,082,132.

**L** Partner's capital account analysis:

Beginning capital account	\$	
Capital contributed during the year	\$	849,750.
Current year increase (decrease)	\$	-886,124.
Withdrawals & distributions	\$	( )
Ending capital account	\$	-36,374.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)
**M** Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No

If "Yes," attach statement (see instructions)

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

<b>1</b> Ordinary business income (loss) -885,512.	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	<b>16</b> Foreign transactions
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	<b>17</b> Alternative min tax (AMT) items
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>18</b> Tax-exempt income and nondeductible expenses C* 612.
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>19</b> Distributions
<b>9b</b> Collectibles (28%) gain (loss)	<b>20</b> Other information
<b>9c</b> Unrecaptured sec 1250 gain	Z * -885,512.
<b>10</b> Net section 1231 gain (loss)	AA * 438,599.
<b>11</b> Other income (loss)	AB * 1,372,444.
	AC * 0.
	AD * 0.
<b>12</b> Section 179 deduction	
<b>13</b> Other deductions	
<b>14</b> Self-employment earnings (loss) A -885,512. C 48,520.	

\*See attached statement for additional information.

For IRS Use Only

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
OFFICERS LIFE		612.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		612.

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS -	
Z	SECTION 199A QUALIFIED BUSINESS INCOME	-885,512.
AA	SECTION 199A W-2 WAGES	438,599.
AB	SECTION 199A UNADJUSTED BASIS	1,372,444.
AC	SECTION 199A REIT DIVIDENDS	0.
AD	SECTION 199A PTP INCOME	0.

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SCHEDULE K-1                      SECTION 199A ADDITIONAL INFORMATION

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THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODES Z, AA, AB, AC AND AD. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

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SCHEDULE K-1                      CURRENT YEAR INCREASES (DECREASES)

---

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-885,512.	
SCHEDULE K-1 INCOME SUBTOTAL		-885,512.
NET INCOME (LOSS) PER SCHEDULE K-1		-885,512.
NONDEDUCTIBLE EXPENSES	-612.	
OTHER INCREASES OR DECREASES SUBTOTAL		-612.
TOTAL TO SCHEDULE K-1, ITEM L		-886,124.

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SCHEDULE K-1                      ELECTION UNDER SECTION 1101(G)(4) OF BBA

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OVERHOLT INVESTMENTS, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2018.





DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
OFFICERS LIFE		35.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		35.

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS -	
Z	SECTION 199A QUALIFIED BUSINESS INCOME	-49,965.
AA	SECTION 199A W-2 WAGES	24,748.
AB	SECTION 199A UNADJUSTED BASIS	77,440.
AC	SECTION 199A REIT DIVIDENDS	0.
AD	SECTION 199A PTP INCOME	0.

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SCHEDULE K-1                      SECTION 199A ADDITIONAL INFORMATION

---

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODES Z, AA, AB, AC AND AD. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

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SCHEDULE K-1                      CURRENT YEAR INCREASES (DECREASES)

---

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-49,965.	
SCHEDULE K-1 INCOME SUBTOTAL		-49,965.
NET INCOME (LOSS) PER SCHEDULE K-1		-49,965.
NONDEDUCTIBLE EXPENSES	-35.	
OTHER INCREASES OR DECREASES SUBTOTAL		-35.
TOTAL TO SCHEDULE K-1, ITEM L		-50,000.

---



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SCHEDULE K-1                      ELECTION UNDER SECTION 1101(G)(4) OF BBA

---

OVERHOLT INVESTMENTS, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2018.

# 2018 TAX RETURN FILING INSTRUCTIONS

MARYLAND FORM 510

FOR THE YEAR ENDING

December 31, 2018

Prepared for	Overholt Investments, LLC 7441 Days Woods Ct Kingsville, MD 21087
Prepared by	Weyrich, Cronin & Sorra, LLC 139 North Main Street Bel Air, MD 21014
To be signed and dated by	A member of the LLC
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted to the MDDOR, please sign, date and return Form EL101B to our office. We will then submit the electronic return to the MDDOR.
Forms to be distributed to partners	Enclosed are copies of Schedule K-1 to be distributed to the members.
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the MDDOR.

**APPLICATION FOR  
EXTENSION TO FILE  
PASS-THROUGH ENTITY  
INCOME TAX RETURN**



18510E005

**2018**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

824164898

Federal Employer Identification Number (9 digits)

OVERHOLT INVESTMENTS LLC

Name

7441 DAYS WOODS CT

Street Address

KINGSVILLE

City or town

MD

State

21087

ZIP Code

+4

For Office Use Only

ME	YE	EC	EC
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**STOP**

**IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, INSTEAD FILE THE EXTENSION**  
**AT: [www.marylandtaxes.gov](http://www.marylandtaxes.gov) OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM**  
**ELSEWHERE TO TELEFILE THIS FORM.**

STAPLE CHECK HERE

**TYPE OF ENTITY** - Check the applicable box.

☐

S Corporation

☐

Partnership

☒

Limited Liability Company

☐

Business Trust

**IMPORTANT: Composite Return filers use Form PV (See instructions).**

**INSTRUCTIONS FOR TAX PAYMENT WORKSHEET**

- Line 1 - **Tax liability** Enter the total amount of nonresident income tax the pass-through entity is expected to owe. Use Form 510 as a worksheet.
- Line 2 - **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 510D for the tax year.
- Line 3 - **Tax due** Subtract line 2 from line 1 and enter the result. This is the tax to be paid with the application for extension.

**TAX PAYMENT WORKSHEET**

- |    |                                             |    |           |
|----|---------------------------------------------|----|-----------|
| 1. | Tax liability .....                         | 1. | _____     |
| 2. | Estimated tax payments .....                | 2. | _____     |
| 3. | Tax due - Subtract line 2 from line 1 ..... | 3. | _____ 0 . |

**TAX PAID WITH THIS EXTENSION** ..... ► \$ \_\_\_\_\_ 0 .

**IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: [www.marylandtaxes.gov](http://www.marylandtaxes.gov) OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.**

**Make checks payable to and mail to:**

**Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001**

**(Write Your Federal Employer Identification Number on Check Using Blue Or Black Ink.)**

**MARYLAND  
FORM  
EL101B**

**INCOME TAX  
DECLARATION  
FOR BUSINESSES  
ELECTRONIC FILING**

DO NOT MAIL



18101B005

**2018**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**OVERHOLT INVESTMENTS LLC**

Name of corporation or pass-through entity

**824164898**

Federal Employer Identification Number

**7441 DAYS WOODS CT**

Street Address

**KINGSVILLE**

City or town

**MD**

State

**21087**

ZIP Code

+4

**PART I Tax Return Information** (whole dollars only)

1. Amount of overpayment to be applied to 2019 estimated tax (Corporations only.)	1. _____	<b>.00</b>
2. Amount of overpayment to be refunded (Corporations only.)	<b>REFUND</b>	<b>.00</b>
3. Total amount due	3. _____	<b>.00</b>

**PART II Declaration and Signature Authorization**

Check appropriate box to consent to:

☐

Direct Deposit of refund or

☐

Electronic Funds Withdrawal (direct debit)

4a. Type of account:

☐

Checking

☐

Savings

4b. Routing Number (9-digits): \_\_\_\_\_

4c. Account number: \_\_\_\_\_

4d. Direct debit settlement date (Enter the date (MMDDYY) you want the payment withdrawn from the account.) \_\_\_\_\_

4d. \_\_\_\_\_

4e. Direct debit amount \_\_\_\_\_

4e. \_\_\_\_\_

☐

I consent that the corporation's refund be directly deposited as designated above and declare that the information shown is correct. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

☐

I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of the corporation or pass-through entity state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒

I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2018 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by the electronic return software provider.

Sign  
Here

Corporate officer, general partner or managing member's signature

**MEMBER**

Title

Date

**Wait ten (10) days after the receipt of a valid acknowledgement before calling 1-800-638-2937 or from Central Maryland 410-260-7980, about the refund.**

**PART III Declaration of Electronic Return Originator (paid preparer)**

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business MeF Handbook. This declaration is to be retained at the site of the electronic return originator.

Electronic  
Return  
Originator  
Use Only

**FRANK S LINKOUS CPA 040419**

Originator's Signature

Date

**273445**

EFIN

**WEYRICH CRONIN SORRA LLC**

Firm's name (or yours if self-employed)

**BEL AIR MD**

**21014**

Address

ZIP Code + 4

**4108792237**

Telephone Number

DO NOT MAIL



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

824164898

► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

041118

722513

► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits)

OVERHOLT INVESTMENTS LLC

Name

7441 DAYS WOODS CT

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

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

KINGSVILLE

MD

21087

City or town

State

ZIP Code

+4

Do not write in this space.

► ME

► YE

**TYPE OF ENTITY** - Check the applicable box. ►

☐ S Corporation ☐ Partnership ☒ Limited Liability Company ☐ Business Trust

**CHECK HERE** - Check applicable box(es).

☐ Name or address has changed. ☒ First filing of the entity ☐ Inactive entity ☐ Final Return  
☒ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

**Amended  
Return**

► ☐

- 1. Number of members:**
- a. Individual (including fiduciary) residents of Maryland ► 2 c. Nonresident entities ►
- b. Individual (including fiduciary) nonresidents ► d. Others ►
- e. Total 2
- 2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate**  
 entities or multistate entities with no nonresident members also enter this amount on line 4 ..... ► 2. -935477.

**ALLOCATION OF INCOME**

(To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

- 3a.** Non-Maryland income (for entities using separate accounting).  
 Subtract this amount from line 2 and enter the difference on line 4 ..... ► 3a. \_\_\_\_\_
- 3b.** Maryland apportionment factor from computation worksheet on Page 3 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001) ..... ► 3b. \_\_\_\_\_
- 4.** Distributive or pro rata share of income allocable to Maryland ..... 4. -935477.
- NOTE: Complete lines 5 through 19 only if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)**
- 5.** Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6 ..... ► 5. \_\_\_\_\_
- 6.** Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) ..... 6. \_\_\_\_\_
- 7.** Nonresident individual tax (Multiply line 6 by 5.75%.) ..... 7. \_\_\_\_\_
- 8.** Special nonresident tax (Multiply line 6 by 1.75%.) ..... 8. \_\_\_\_\_
- 9.** Total Maryland tax on individual members (Add lines 7 and 8.) ..... 9. \_\_\_\_\_
- 10.** Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11 ..... ► 10. \_\_\_\_\_
- 11.** Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) ..... 11. \_\_\_\_\_



NAME OVERHOLT INVE FEIN 824164898

12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	12.	
13.	Total nonresident tax (Add lines 9 and 12.)	13.	
14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here <input type="checkbox"/>	14.	
15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	
16a.	Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS	16a.	
16b.	Pass-through entity nonresident tax paid with an extension request (Form 510E)	16b.	
16c.	Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510).)	16c.	
16d.	Total payments and credits (Add lines 16a through 16c.)	16d.	
17.	Balance of tax due (If line 15 exceeds line 16d, enter the difference.)	17.	
18.	Interest and/or penalty from Form 500UP _____ or late payment interest _____	18.	
<b>TOTAL</b>		18.	
19.	Total balance due (Add lines 17 and 18.) Pay in full with this return	19.	

**NOTE: The total tax paid from lines 16d and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)**

**Complete line 20 only if there are no nonresident members. (Lines 1b and 1c are both zero.)**

20. Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero.) 20.

**ADDITIONAL INFORMATION REQUIRED**

1. Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_

2. Address at which tax records are located (if other than indicated on page 1): \_\_\_\_\_

3. Telephone number of pass-through entity tax department: 4439358141

4. State of organization or incorporation: MARYLAND

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No  
If "yes", indicate tax year(s) here: \_\_\_\_\_ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

6. Did the pass-through entity file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☒ Yes ☐ No

7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? ☐ Yes ☒ No

**SIGNATURE AND VERIFICATION**

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member MEMBER Date \_\_\_\_\_  
Title \_\_\_\_\_

**WEYRICH CRONIN SORRA LLC  
FRANK S LINKOUS CPA**

Preparer's Name FRANK S LINKOUS CPA Preparer's Signature \_\_\_\_\_  
Preparer's address and telephone number 139 NORTH MAIN STREET  
BEL AIR MD 21014  
4108792237

**Make checks payable to and mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001  
(Write Your Federal Employer Identification Number On Check  
Using Blue Or Black Ink.)

**P01563712**  
Preparer's PTIN (required by law)





185100205

NAME OVERHOLT INVE FEIN 824164898

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)

**NOTE:** Special apportionment formulas are required for rental/leasing, transportation, financial institutions, manufacturing companies and worldwide headquartered companies. See instructions.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>1A. Receipts</b>			
a. Gross receipts or sales less returns and allowances .....			
b. Dividends .....			
c. Interest .....			
d. Gross rents .....			
e. Gross royalties .....			
f. Capital gain net income .....			
g. Other income (Attach schedule.) .....			
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) .....			..... ◀
<b>1B. Receipts</b>			
Multiply factor on line 1A, Column 3 times 2. Disregard this line if special apportionment formula is used .....			.....
<b>2. Property</b>			
a. Inventory .....			
b. Machinery and equipment .....			
c. Buildings .....			
d. Land .....			
e. Other tangible assets (Attach schedule.) .....			
f. Rent expense capitalized (multiply by eight) .....			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) .....			..... ◀
<b>3. Payroll</b>			
a. Compensation of officers .....			
b. Other salaries and wages .....			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) .....			..... ◀
<b>4. Total of factors</b> (Add entries in Column 3.) .....			.....
<b>5. Maryland apportionment factor</b> Divide line 4 by five for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 3b, page 1.) .....			.....

**MARYLAND  
FORM  
EL101B**

**INCOME TAX  
DECLARATION  
FOR BUSINESSES  
ELECTRONIC FILING**

DO NOT MAIL



18101B005

**2018**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**OVERHOLT INVESTMENTS LLC**

Name of corporation or pass-through entity

**824164898**

Federal Employer Identification Number

**7441 DAYS WOODS CT**

Street Address

**KINGSVILLE**

City or town

**MD**

State

**21087**

ZIP Code

+4

**PART I Tax Return Information** (whole dollars only)

1. Amount of overpayment to be applied to 2019 estimated tax (Corporations only.)	1. _____	<b>.00</b>
2. Amount of overpayment to be refunded (Corporations only.)	2. <b>REFUND</b> _____	<b>.00</b>
3. Total amount due	3. _____	<b>.00</b>

**PART II Declaration and Signature Authorization**

Check appropriate box to consent to:

☐

Direct Deposit of refund or

☐

Electronic Funds Withdrawal (direct debit)

4a. Type of account:

☐

Checking

☐

Savings

4b. Routing Number (9-digits): \_\_\_\_\_

4c. Account number: \_\_\_\_\_

4d. Direct debit settlement date (Enter the date (MMDDYY) you want the payment withdrawn from the account.) \_\_\_\_\_ 4d. \_\_\_\_\_

4e. Direct debit amount \_\_\_\_\_ 4e. \_\_\_\_\_

☐ I consent that the corporation's refund be directly deposited as designated above and declare that the information shown is correct. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

☐ I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of the corporation or pass-through entity state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2018 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by the electronic return software provider.

Sign  
Here

Corporate officer, general partner or managing member's signature

**MEMBER**

Title

Date

**Wait ten (10) days after the receipt of a valid acknowledgement before calling 1-800-638-2937 or from Central Maryland 410-260-7980, about the refund.**

**PART III Declaration of Electronic Return Originator (paid preparer)**

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business MeF Handbook. This declaration is to be retained at the site of the electronic return originator.

Electronic  
Return  
Originator  
Use Only

**FRANK S LINKOUS CPA 040419**

Originator's Signature

Date

**273445**

EFIN

**WEYRICH CRONIN SORRA LLC**

Firm's name (or yours if self-employed)

**BEL AIR MD**

**21014**

Address

ZIP Code + 4

**4108792237**

Telephone Number

DO NOT MAIL

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



**2018**

NAME OVERHOLT INVESTMENTS FEIN 824164898

**PART I - INDIVIDUAL MEMBERS' INFORMATION**

Enter the information in Social Security Number order.

	Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	CHRISTOPHER HARDING 218709910	8 WESLEY WOODS CT KINGSVILLE MD 21087	X		-49965		
2	JOSHUA OVERHOLT 315026750	7441 DAYS WOODS CT KINGSVILLE MD 21087	X		-885512		
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
<b>TOTAL:</b>							

You must  
file Maryland  
Form 510  
electronically  
to pass on  
business tax  
credits from  
Maryland Form  
500CR and/or  
Maryland Form  
502S to your  
members.



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**OVERHOLT INVESTMENTS LLC**

**824164898**

Name of taxpayer(s)

Taxpayer Identification Number

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 2 years (Farming loss only).
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions and complete the worksheet.

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. <b>Depreciation Deductions</b> Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	623357.	57864.	565493.
2. <b>NOL Deductions</b> Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).			
3. <b>Original Issue Discounts</b> Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).			
4. <b>Discharge of Business Indebtedness</b> Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).			
5. <b>Other Changes</b> (See instructions.)			
6. <b>Net Decoupling Modification</b> Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) on the lines provided on the return. See table below.			565493.
7. <b>Decoupling from PTE.</b> Enter code letter dp. (See instructions.)			

Return Filed	If line 6 above is positive enter on the line for:	Use the following code if there is an amount above on:				If line 6 above is negative enter on the line for:	Use the following code if there is an amount above on:			
		Line 1 only	Line 2 only	Line 4 only	Multiple Lines		Line 1 only	Line 2 only	Line 4 only	Multiple Lines
500	Addition Adjustments	e	f	cd	dm	Subtraction Adjustments	j	k	cd	dm
502	Other Additions	l	m	cd	dm	Other Subtractions	bb	cc	cd	dm
504 Sch A	Other Additions	No code required				Other Subtractions	No code required			
505	Other Additions	j	k	cd	dm	Other Subtractions	bb	cc	cd	dm
500X	Total Addition Modifications	No code required				Total Subtraction Modifications	No code required			
502X	Additions to Income	No code required				Subtractions from Income	No code required			
505X	Additions to Income	No code required				Subtractions from Income	No code required			



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

<u>OVERHOLT INVESTMENTS LLC</u>		<u>824164898</u>	
PTE Name		PTE FEIN	
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>	<u>21087</u>
Street Address	City	State	ZIP Code +4

**INFORMATION ABOUT THE MEMBER**

<u>1</u>	<u>JOSHUA OVERHOLT</u>	<u>315026750</u>
Member Number	Member Name	Member's SSN/FEIN
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>
Street Address	City	State
		ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Distributive or Pro Rata Share Percentage <u>VARIOUS</u> %		

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1 .....	1.	<u>-885512.</u>
2. Distributive or pro rata share allocable to Maryland (Nonresidents only) .....	2.	_____

**B. Additions**

1. Non-Maryland municipal interest and dividends .....	1.	_____
2. Tax preference items .....	2.	_____
3. Net decoupling modification .....	3.	<u>535289.</u>
4. Net decoupling modification from another PTE .....	4.	_____
5. Other additions (Specify additions with amounts in part F of this form.) .....	5.	_____

**C. Subtractions**

1. Income from U.S. obligations .....	1.	_____
2. Work opportunity credit salary expense .....	2.	_____
3. Net decoupling modification .....	3.	_____
4. Net decoupling modification from another PTE .....	4.	_____
5. Other subtractions (Specify subtractions with amounts in part F of this form.) .....	5.	_____

**D. Nonresident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid by this PTE .....	1.	_____
2. Nonresident tax paid by other PTEs on behalf of this entity .....	2.	_____
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part CC, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.) .....	3.	_____

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** .....	1.	_____
2. Maryland Disability Employment Tax Credit*** .....	2.	_____
3. Job Creation Tax Credit*** .....	3.	_____
4. Community Investment Tax Credit*** .....	4.	_____
5. Businesses that Create New Jobs Tax Credit .....	5.	_____
6. Qualified Vehicle Tax Credit*** .....	6.	_____
7. Employer-Provided Long-Term Insurance Tax Credit .....	7.	_____
8. Security Clearance Cost Tax Credit*** .....	8.	_____
9. Small Businesses First-Year Leasing Security Clearance Costs Tax Credit*** .....	9.	_____
10. Research and Development Tax Credit*** .....	10.	_____
11. Commuter Tax Credit .....	11.	_____
12. Maryland-Mined Coal Tax Credit*** .....	12.	_____



NAME OVERHOLT INVESTMEN FEIN 824164898

- |     |                                                                                                        |     |       |
|-----|--------------------------------------------------------------------------------------------------------|-----|-------|
| 13. | Oyster Shell Recycling Tax Credit***                                                                   | 13. | _____ |
| 14. | Energy Storage Systems Tax Credit***                                                                   | 14. | _____ |
| 15. | Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or<br>Cybersecurity Services | 15. | _____ |
| 16. | Wineries and Vineyards Tax Credit***                                                                   | 16. | _____ |
| 17. | Endow Maryland Tax Credit***                                                                           | 17. | _____ |
| 18. | Preservation and Conservation Easements Tax Credit***                                                  | 18. | _____ |
| 19. | Apprentice Employee Tax Credit***                                                                      | 19. | _____ |
| 20. | Qualified Farms Tax Credit***                                                                          | 20. | _____ |
| 21. | Qualified Veteran Employees Tax Credit***                                                              | 21. | _____ |

**Refundable Credits**

- |     |                                                                      |     |       |
|-----|----------------------------------------------------------------------|-----|-------|
| 22. | Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** | 22. | _____ |
| 23. | Film Production Activity Tax Credit***                               | 23. | _____ |
| 24. | Biotechnology Investment Incentive Tax Credit***                     | 24. | _____ |
| 25. | Clean Energy Incentive Tax Credit***                                 | 25. | _____ |
| 26. | Small Business Relief Tax Credit***                                  | 26. | _____ |
| 27. | Small Business Research & Development Tax Credit***                  | 27. | _____ |
| 28. | Heritage Structure Rehabilitation Tax Credit***                      | 28. | _____ |
| 29. | Aerospace, Electronics, or Defense Contracts Tax Credit***           | 29. | _____ |
| 30. | More Jobs for Marylanders Tax Credit***                              | 30. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                                                                                                                                                                                       |      |       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 31a. | Total number of "qualified employees"                                                                                                                                                                                                                                                 | 31a. | _____ |
| 31b. | If the amount on line 31a is less than the minimum number of qualified employees required<br>to qualify for the project tax credit, has the PTE maintained at least the minimum number of<br>qualified employees required to qualify for the project tax credit for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                              |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                                                                                                                                                                                                                                                        |     |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 32. | Portion of PTE's income attributable to project                                                                                                                                                                                                                                                                                        | 32. | _____ |
| 33. | Amount of Maryland income tax required to be withheld from employees reported on line 31a<br>of this form                                                                                                                                                                                                                              | 33. | _____ |
| 34. | Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:<br>For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.<br>For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.<br>For \$5,000,000 maximum credit, at least 50 qualified employees.) | 34. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                            |      |       |
|------|----------------------------------------------------------------------------------------------------------------------------|------|-------|
| 35a. | Total number of "qualified employees"                                                                                      | 35a. | _____ |
| 35b. | If the amount on line 35a is less than 25, has the PTE maintained at least 25 qualified<br>employees for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                           |     |       |
|-----|-----------------------------------------------------------------------------------------------------------|-----|-------|
| 36. | Portion of PTE's income attributable to project                                                           | 36. | _____ |
| 37. | Non-project taxable income from PTE                                                                       | 37. | _____ |
| 38. | Number of "qualified employees" multiplied by \$10,000                                                    | 38. | _____ |
| 39. | Amount of Maryland income tax required to be withheld from employees reported on<br>line 35a of this form | 39. | _____ |
| 40. | Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)                 | 40. | _____ |
| 41. | Total cumulative eligible start-up costs (\$500,000 PTE maximum)                                          | 41. | _____ |

**F. Withholding for Nonresident Sale of Real Property**

- |    |                                                                                                                     |    |       |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|
| 1. | Member's share of flow-through of a payment of withholding on Nonresident Sale of Real<br>Property payment from PTE | 1. | _____ |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|



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G. Additional Information

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OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

<u>OVERHOLT INVESTMENTS LLC</u>		<u>824164898</u>	
PTE Name		PTE FEIN	
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>	<u>21087</u>
Street Address	City	State	ZIP Code +4

**INFORMATION ABOUT THE MEMBER**

<u>2</u>	<u>CHRISTOPHER HARDING</u>	<u>218709910</u>
Member Number	Member Name	Member's SSN/FEIN
<u>8 WESLEY WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>
Street Address	City	State
		ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Distributive or Pro Rata Share Percentage <u>VARIOUS</u> %		

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1 .....	1.	<u>-49965.</u>
2. Distributive or pro rata share allocable to Maryland (Nonresidents only) .....	2.	_____

**B. Additions**

1. Non-Maryland municipal interest and dividends .....	1.	_____
2. Tax preference items .....	2.	_____
3. Net decoupling modification .....	3.	<u>30204.</u>
4. Net decoupling modification from another PTE .....	4.	_____
5. Other additions (Specify additions with amounts in part F of this form.) .....	5.	_____

**C. Subtractions**

1. Income from U.S. obligations .....	1.	_____
2. Work opportunity credit salary expense .....	2.	_____
3. Net decoupling modification .....	3.	_____
4. Net decoupling modification from another PTE .....	4.	_____
5. Other subtractions (Specify subtractions with amounts in part F of this form.) .....	5.	_____

**D. Nonresident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid by this PTE .....	1.	_____
2. Nonresident tax paid by other PTEs on behalf of this entity .....	2.	_____
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part CC, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.) .....	3.	_____

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** .....	1.	_____
2. Maryland Disability Employment Tax Credit*** .....	2.	_____
3. Job Creation Tax Credit*** .....	3.	_____
4. Community Investment Tax Credit*** .....	4.	_____
5. Businesses that Create New Jobs Tax Credit .....	5.	_____
6. Qualified Vehicle Tax Credit*** .....	6.	_____
7. Employer-Provided Long-Term Insurance Tax Credit .....	7.	_____
8. Security Clearance Cost Tax Credit*** .....	8.	_____
9. Small Businesses First-Year Leasing Security Clearance Costs Tax Credit*** .....	9.	_____
10. Research and Development Tax Credit*** .....	10.	_____
11. Commuter Tax Credit .....	11.	_____
12. Maryland-Mined Coal Tax Credit*** .....	12.	_____





NAME OVERHOLT INVESTMEN FEIN 824164898

- |     |                                                                                                       |     |       |
|-----|-------------------------------------------------------------------------------------------------------|-----|-------|
| 13. | Oyster Shell Recycling Tax Credit***                                                                  | 13. | _____ |
| 14. | Energy Storage Systems Tax Credit***                                                                  | 14. | _____ |
| 15. | Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or<br>Cybersecrity Services | 15. | _____ |
| 16. | Wineries and Vineyards Tax Credit***                                                                  | 16. | _____ |
| 17. | Endow Maryland Tax Credit***                                                                          | 17. | _____ |
| 18. | Preservation and Conservation Easements Tax Credit***                                                 | 18. | _____ |
| 19. | Apprentice Employee Tax Credit***                                                                     | 19. | _____ |
| 20. | Qualified Farms Tax Credit***                                                                         | 20. | _____ |
| 21. | Qualified Veteran Employees Tax Credit***                                                             | 21. | _____ |

**Refundable Credits**

- |     |                                                                      |     |       |
|-----|----------------------------------------------------------------------|-----|-------|
| 22. | Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** | 22. | _____ |
| 23. | Film Production Activity Tax Credit***                               | 23. | _____ |
| 24. | Biotechnology Investment Incentive Tax Credit***                     | 24. | _____ |
| 25. | Clean Energy Incentive Tax Credit***                                 | 25. | _____ |
| 26. | Small Business Relief Tax Credit***                                  | 26. | _____ |
| 27. | Small Business Research & Development Tax Credit***                  | 27. | _____ |
| 28. | Heritage Structure Rehabilitation Tax Credit***                      | 28. | _____ |
| 29. | Aerospace, Electronics, or Defense Contracts Tax Credit***           | 29. | _____ |
| 30. | More Jobs for Marylanders Tax Credit***                              | 30. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                                                                                                                                                                                       |      |       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 31a. | Total number of "qualified employees"                                                                                                                                                                                                                                                 | 31a. | _____ |
| 31b. | If the amount on line 31a is less than the minimum number of qualified employees required<br>to qualify for the project tax credit, has the PTE maintained at least the minimum number of<br>qualified employees required to qualify for the project tax credit for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                              |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                                                                                                                                                                                                                                                        |     |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 32. | Portion of PTE's income attributable to project                                                                                                                                                                                                                                                                                        | 32. | _____ |
| 33. | Amount of Maryland income tax required to be withheld from employees reported on line 31a<br>of this form                                                                                                                                                                                                                              | 33. | _____ |
| 34. | Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:<br>For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.<br>For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.<br>For \$5,000,000 maximum credit, at least 50 qualified employees.) | 34. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                            |      |       |
|------|----------------------------------------------------------------------------------------------------------------------------|------|-------|
| 35a. | Total number of "qualified employees"                                                                                      | 35a. | _____ |
| 35b. | If the amount on line 35a is less than 25, has the PTE maintained at least 25 qualified<br>employees for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                           |     |       |
|-----|-----------------------------------------------------------------------------------------------------------|-----|-------|
| 36. | Portion of PTE's income attributable to project                                                           | 36. | _____ |
| 37. | Non-project taxable income from PTE                                                                       | 37. | _____ |
| 38. | Number of "qualified employees" multiplied by \$10,000                                                    | 38. | _____ |
| 39. | Amount of Maryland income tax required to be withheld from employees reported on<br>line 35a of this form | 39. | _____ |
| 40. | Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)                 | 40. | _____ |
| 41. | Total cumulative eligible start-up costs (\$500,000 PTE maximum)                                          | 41. | _____ |

**F. Withholding for Nonresident Sale of Real Property**

- |    |                                                                                                                     |    |       |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|
| 1. | Member's share of flow-through of a payment of withholding on Nonresident Sale of Real<br>Property payment from PTE | 1. | _____ |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|



MARYLAND  
SCHEDULE K-1  
**(510)**

PASS-THROUGH ENTITY  
MEMBER'S INFORMATION

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G. Additional Information

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PARTNERS' COPY



DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
OFFICERS LIFE		612.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		612.

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS -	
Z	SECTION 199A QUALIFIED BUSINESS INCOME	-885,512.
AA	SECTION 199A W-2 WAGES	438,599.
AB	SECTION 199A UNADJUSTED BASIS	1,372,444.
AC	SECTION 199A REIT DIVIDENDS	0.
AD	SECTION 199A PTP INCOME	0.

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SCHEDULE K-1                      SECTION 199A ADDITIONAL INFORMATION

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THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODES Z, AA, AB, AC AND AD. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

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SCHEDULE K-1                      CURRENT YEAR INCREASES (DECREASES)

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DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-885,512.	
SCHEDULE K-1 INCOME SUBTOTAL		-885,512.
NET INCOME (LOSS) PER SCHEDULE K-1		-885,512.
NONDEDUCTIBLE EXPENSES	-612.	
OTHER INCREASES OR DECREASES SUBTOTAL		-612.
TOTAL TO SCHEDULE K-1, ITEM L		-886,124.

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SCHEDULE K-1                      ELECTION UNDER SECTION 1101(G)(4) OF BBA

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OVERHOLT INVESTMENTS, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2018.

**This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.**

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.		
Passive loss	J Work opportunity credit	See the Partner's Instructions
Passive income	K Disabled access credit	
Nonpassive loss	L Empowerment zone employment credit	
Nonpassive income	M Credit for increasing research activities	
	N Credit for employer social security and Medicare taxes	
	O Backup withholding	
2. Net rental real estate income (loss)	P Other credits	
3. Other net rental income (loss)	16. Foreign transactions	
Net income	A Name of country or U.S. possession	Form 1116, Part I
Net loss	B Gross income from all sources	
	C Gross income sourced at partner level	
4. Guaranteed payments	Foreign gross income sourced at partnership level	Form 1116, Part I
5. Interest income	D Section 951A category	
6a. Ordinary dividends	E Foreign branch category	
6b. Qualified dividends	F Passive category	
6c. Dividend equivalents	G General category	
7. Royalties	H Other	
8. Net short-term capital gain (loss)	Deductions allocated and apportioned at partner level	
9a. Net long-term capital gain (loss)	I Interest expense	Form 1116, Part I
9b. Collectibles (28%) gain (loss)	J Other	Form 1116, Part I
9c. Unrecaptured section 1250 gain	Deductions allocated and apportioned at partnership level to foreign source income	
10. Net section 1231 gain (loss)	K Section 951A category	Form 1116, Part I
11. Other income (loss)	L Foreign branch category	
	M Passive category	
	N General category	
	O Other	
Code	Other information	
A Other portfolio income (loss)	P Total foreign taxes paid	Form 1116, Part II
B Involuntary conversions	Q Total foreign taxes accrued	Form 1116, Part II
C Sec. 1256 contracts & straddles	R Reduction in taxes available for credit	Form 1116, line 12
D Mining exploration costs recapture	S Foreign trading gross receipts	Form 8873
E Cancellation of debt	T Extraterritorial income exclusion	Form 8873
F Section 951A income	U Section 951A(c)(1)(A) tested income	See the Partner's Instructions
G Section 965(a) inclusion	V Tested foreign income tax	
H Subpart F income other than sections 951A and 965 inclusion	W Section 965 information	
I Other income (loss)	X Other foreign transactions	
12. Section 179 deduction	17. Alternative minimum tax (AMT) items	
13. Other deductions	A Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251
A Cash contributions (60%)	B Adjusted gain or loss	
B Cash contributions (30%)	C Depletion (other than oil & gas)	
C Noncash contributions (50%)	D Oil, gas, & geothermal - gross income	
D Noncash contributions (30%)	E Oil, gas, & geothermal - deductions	
E Capital gain property to a 50% organization (30%)	F Other AMT items	
F Capital gain property (20%)	18. Tax-exempt income and nondeductible expenses	
G Contributions (100%)	A Tax-exempt interest income	Form 1040, line 2a
H Investment interest expense	B Other tax-exempt income	See the Partner's Instructions
I Deductions - royalty income	C Nondeductible expenses	See the Partner's Instructions
J Section 59(e)(2) expenditures	19. Distributions	
K Excess business interest expense	A Cash and marketable securities	See the Partner's Instructions
L Deductions - portfolio (other)	B Distribution subject to section 737	
M Amounts paid for medical insurance	C Other property	
N Educational assistance benefits	20. Other information	
O Dependent care benefits	A Investment income	Form 4952, line 4a
P Preproductive period expenses	B Investment expenses	Form 4952, line 5
Q Commercial revitalization deduction from rental real estate activities	C Fuel tax credit information	Form 4136
R Pensions and IRAs	D Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
S Reforestation expense deduction through V	E Basis of energy property	See the Partner's Instructions
T Other deductions	F Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
X Section 965(c) deduction	G Recapture of low-income housing credit (other)	Form 8611, line 8
14. Self-employment earnings (loss)	H Recapture of investment credit	See Form 4255
Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.	I Recapture of other credits	See the Partner's Instructions
A Net earnings (loss) from self-employment	J Look-back interest - completed long-term contracts	See Form 8697
B Gross farming or fishing income	K Look-back interest - income forecast method	See Form 8866
C Gross non-farm income	L Dispositions of property with section 179 deductions	See the Partner's Instructions
15. Credits	M Recapture of section 179 deduction	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	N Interest expense for corporate partners through Y	
B Low-income housing credit (other) from pre-2008 buildings	Z Section 199A income	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	AA Section 199A W-2 wages	
D Low-income housing credit (other) from post-2007 buildings	AB Section 199A unadjusted basis	
E Qualified rehabilitation expenditures (rental real estate)	AC Section 199A REIT dividends	
F Other rental real estate credits	AD Section 199A PTP income	
G Other rental credits	AE Excess taxable income	
H Undistributed capital gains credit	AF Excess business interest income	
I Biofuel producer credit	AG Gross receipts for section 59A(e)	
	AH Other information	

# Partner Basis Worksheet

Partner Number: <b>1</b>	Partner ID Number: <b>315-02-6750</b>
Partner Name: <b>JOSHUA OVERHOLT</b>	Ownership Percentage: <b>94.4000%</b>
Partnership Name: <b>OVERHOLT INVESTMENTS, LLC</b>	Partnership ID Number: <b>82-4164898</b>
	Year Ended: <b>DECEMBER 31, 2018</b>

## Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	0.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero)	2.	849,750.
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share)	3.	2,118,276.
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	
4. Items of income or gain this year including tax-exempt income		
a. Ordinary business income	a.	
b. Net rental real estate income	b.	
c. Other net rental income	c.	
d. Interest income	d.	
e. Ordinary dividends	e.	
f. Royalties	f.	
g. Net short-term capital gain	g.	
h. Net long-term capital gain	h.	
i. Net gain under Section 1231	i.	
j. Other income	j.	
k. Tax-exempt income	k.	
l. Other increases:	l.	
Total income and gain (Add 4(a) through 4(l))	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities)	5.	
6. Depletion (other than oil and gas) in excess of basis	6.	
Total increases (Add lines 2 through 6)		2,968,026.

## Decreases:

7. Withdrawals and distributions during the year	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share)	8.	
a. Less: Liabilities included in line 1 above (prior year Item K)	8a.	
9. Nondeductible expenses	9.	612.
10. Partnership losses and deductions:		
a. Ordinary business (loss)	a.	885,512.
b. Net rental real estate (loss)	b.	
c. Other net rental (loss)	c.	
d. Net short-term capital (loss)	d.	
e. Net long-term capital (loss)	e.	
f. Net loss under Section 1231	f.	
g. Other deductions	g.	
h. Charitable contributions	h.	
i. Section 179 deduction	i.	
j. Foreign taxes paid or accrued	j.	
k. Other decreases:	k.	
l. Disallowed prior year's losses and deductions	l.	
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		885,512.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	2,081,902.

## Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

## Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	886,124.
c. Less: Applied this year	c.	2,968,026.
d. End of year (not less than 0)	d.	0.





OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

<u>OVERHOLT INVESTMENTS LLC</u>		<u>824164898</u>	
PTE Name		PTE FEIN	
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>	<u>21087</u>
Street Address	City	State	ZIP Code +4

**INFORMATION ABOUT THE MEMBER**

<u>1</u>	<u>JOSHUA OVERHOLT</u>	<u>315026750</u>
Member Number	Member Name	Member's SSN/FEIN
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>
Street Address	City	State
		ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage <u>VARIOUS</u> %

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1 .....	1.	<u>-885512.</u>
2. Distributive or pro rata share allocable to Maryland (Nonresidents only) .....	2.	_____

**B. Additions**

1. Non-Maryland municipal interest and dividends .....	1.	_____
2. Tax preference items .....	2.	_____
3. Net decoupling modification .....	3.	<u>535289.</u>
4. Net decoupling modification from another PTE .....	4.	_____
5. Other additions (Specify additions with amounts in part F of this form.) .....	5.	_____

**C. Subtractions**

1. Income from U.S. obligations .....	1.	_____
2. Work opportunity credit salary expense .....	2.	_____
3. Net decoupling modification .....	3.	_____
4. Net decoupling modification from another PTE .....	4.	_____
5. Other subtractions (Specify subtractions with amounts in part F of this form.) .....	5.	_____

**D. Nonresident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid by this PTE .....	1.	_____
2. Nonresident tax paid by other PTEs on behalf of this entity .....	2.	_____
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part CC, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.) .....	3.	_____

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** .....	1.	_____
2. Maryland Disability Employment Tax Credit*** .....	2.	_____
3. Job Creation Tax Credit*** .....	3.	_____
4. Community Investment Tax Credit*** .....	4.	_____
5. Businesses that Create New Jobs Tax Credit .....	5.	_____
6. Qualified Vehicle Tax Credit*** .....	6.	_____
7. Employer-Provided Long-Term Insurance Tax Credit .....	7.	_____
8. Security Clearance Cost Tax Credit*** .....	8.	_____
9. Small Businesses First-Year Leasing Security Clearance Costs Tax Credit*** .....	9.	_____
10. Research and Development Tax Credit*** .....	10.	_____
11. Commuter Tax Credit .....	11.	_____
12. Maryland-Mined Coal Tax Credit*** .....	12.	_____



NAME OVERHOLT INVESTMEN FEIN 824164898

- |     |                                                                                                       |     |       |
|-----|-------------------------------------------------------------------------------------------------------|-----|-------|
| 13. | Oyster Shell Recycling Tax Credit***                                                                  | 13. | _____ |
| 14. | Energy Storage Systems Tax Credit***                                                                  | 14. | _____ |
| 15. | Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or<br>Cybersecrity Services | 15. | _____ |
| 16. | Wineries and Vineyards Tax Credit***                                                                  | 16. | _____ |
| 17. | Endow Maryland Tax Credit***                                                                          | 17. | _____ |
| 18. | Preservation and Conservation Easements Tax Credit***                                                 | 18. | _____ |
| 19. | Apprentice Employee Tax Credit***                                                                     | 19. | _____ |
| 20. | Qualified Farms Tax Credit***                                                                         | 20. | _____ |
| 21. | Qualified Veteran Employees Tax Credit***                                                             | 21. | _____ |

**Refundable Credits**

- |     |                                                                      |     |       |
|-----|----------------------------------------------------------------------|-----|-------|
| 22. | Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** | 22. | _____ |
| 23. | Film Production Activity Tax Credit***                               | 23. | _____ |
| 24. | Biotechnology Investment Incentive Tax Credit***                     | 24. | _____ |
| 25. | Clean Energy Incentive Tax Credit***                                 | 25. | _____ |
| 26. | Small Business Relief Tax Credit***                                  | 26. | _____ |
| 27. | Small Business Research & Development Tax Credit***                  | 27. | _____ |
| 28. | Heritage Structure Rehabilitation Tax Credit***                      | 28. | _____ |
| 29. | Aerospace, Electronics, or Defense Contracts Tax Credit***           | 29. | _____ |
| 30. | More Jobs for Marylanders Tax Credit***                              | 30. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                                                                                                                                                                                       |      |       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 31a. | Total number of "qualified employees"                                                                                                                                                                                                                                                 | 31a. | _____ |
| 31b. | If the amount on line 31a is less than the minimum number of qualified employees required<br>to qualify for the project tax credit, has the PTE maintained at least the minimum number of<br>qualified employees required to qualify for the project tax credit for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                              |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                                                                                                                                                                                                                                                        |     |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 32. | Portion of PTE's income attributable to project                                                                                                                                                                                                                                                                                        | 32. | _____ |
| 33. | Amount of Maryland income tax required to be withheld from employees reported on line 31a<br>of this form                                                                                                                                                                                                                              | 33. | _____ |
| 34. | Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:<br>For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.<br>For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.<br>For \$5,000,000 maximum credit, at least 50 qualified employees.) | 34. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                            |      |       |
|------|----------------------------------------------------------------------------------------------------------------------------|------|-------|
| 35a. | Total number of "qualified employees"                                                                                      | 35a. | _____ |
| 35b. | If the amount on line 35a is less than 25, has the PTE maintained at least 25 qualified<br>employees for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                           |     |       |
|-----|-----------------------------------------------------------------------------------------------------------|-----|-------|
| 36. | Portion of PTE's income attributable to project                                                           | 36. | _____ |
| 37. | Non-project taxable income from PTE                                                                       | 37. | _____ |
| 38. | Number of "qualified employees" multiplied by \$10,000                                                    | 38. | _____ |
| 39. | Amount of Maryland income tax required to be withheld from employees reported on<br>line 35a of this form | 39. | _____ |
| 40. | Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)                 | 40. | _____ |
| 41. | Total cumulative eligible start-up costs (\$500,000 PTE maximum)                                          | 41. | _____ |

**F. Withholding for Nonresident Sale of Real Property**

- |    |                                                                                                                     |    |       |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|
| 1. | Member's share of flow-through of a payment of withholding on Nonresident Sale of Real<br>Property payment from PTE | 1. | _____ |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|



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G. Additional Information

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

2018

For calendar year 2018, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

<b>Part I Information About the Partnership</b> <b>A</b> Partnership's employer identification number <b>82-4164898</b> <b>B</b> Partnership's name, address, city, state, and ZIP code <b>OVERHOLT INVESTMENTS, LLC</b> <b>7441 DAYS WOODS CT</b> <b>KINGSVILLE, MD 21087</b> <b>C</b> IRS Center where partnership filed return <b>E-FILE</b> <b>D</b> <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b> <b>1</b> Ordinary business income (loss) <b>-49,965.</b> <b>2</b> Net rental real estate income (loss) <b>3</b> Other net rental income (loss) <b>4</b> Guaranteed payments <b>5</b> Interest income <b>6a</b> Ordinary dividends <b>6b</b> Qualified dividends <b>6c</b> Dividend equivalents <b>7</b> Royalties <b>8</b> Net short-term capital gain (loss) <b>9a</b> Net long-term capital gain (loss) <b>9b</b> Collectibles (28%) gain (loss) <b>9c</b> Unrecaptured sec 1250 gain <b>10</b> Net section 1231 gain (loss) <b>11</b> Other income (loss) <b>12</b> Section 179 deduction <b>13</b> Other deductions <b>14</b> Self-employment earnings (loss) <b>0.</b>																																																						
<b>Part II Information About the Partner</b> <b>E</b> Partner's identifying number <b>218-70-9910</b> <b>F</b> Partner's name, address, city, state, and ZIP code <b>CHRISTOPHER HARDING</b> <b>8 WESLEY WOODS CT</b> <b>KINGSVILLE, MD 21087</b> <b>G</b> <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member <b>H</b> <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner <b>I1</b> What type of entity is this partner? <b>INDIVIDUAL</b> <b>I2</b> If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/> <b>J</b> Partner's share of profit, loss, and capital: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">VARIOUS%</td> <td style="text-align: center;">VARIOUS%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">VARIOUS%</td> <td style="text-align: center;">VARIOUS%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">VARIOUS%</td> <td style="text-align: center;">VARIOUS%</td> </tr> </tbody> </table> <b>K</b> Partner's share of liabilities: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$ 2,144.</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Recourse</td> <td style="text-align: center;">\$ 0.</td> <td style="text-align: center;">\$ 0.</td> </tr> </tbody> </table> <b>L</b> Partner's capital account analysis: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Beginning capital account</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>Capital contributed during the year</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50,000.</td> </tr> <tr> <td>Current year increase (decrease)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">-50,000.</td> </tr> <tr> <td>Withdrawals &amp; distributions</td> <td style="text-align: right;">\$(</td> <td></td> </tr> <tr> <td>Ending capital account</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.</td> </tr> </tbody> </table> <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) <b>M</b> Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement (see instructions)		Beginning	Ending	Profit	VARIOUS%	VARIOUS%	Loss	VARIOUS%	VARIOUS%	Capital	VARIOUS%	VARIOUS%		Beginning	Ending	Nonrecourse	\$	\$ 2,144.	Qualified nonrecourse financing	\$	\$	Recourse	\$ 0.	\$ 0.	Beginning capital account	\$		Capital contributed during the year	\$	50,000.	Current year increase (decrease)	\$	-50,000.	Withdrawals & distributions	\$(		Ending capital account	\$	0.	<b>15</b> Credits <b>16</b> Foreign transactions <b>17</b> Alternative min tax (AMT) items <b>18</b> Tax-exempt income and nondeductible expenses <b>C*</b> 35. <b>19</b> Distributions <b>20</b> Other information <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;">Z</td> <td style="width: 10%;">*</td> <td style="width: 80%;">-49,965.</td> </tr> <tr> <td>AA</td> <td>*</td> <td>24,748.</td> </tr> <tr> <td>AB</td> <td>*</td> <td>77,440.</td> </tr> <tr> <td>AC</td> <td>*</td> <td>0.</td> </tr> <tr> <td>AD</td> <td>*</td> <td>0.</td> </tr> </tbody> </table>	Z	*	-49,965.	AA	*	24,748.	AB	*	77,440.	AC	*	0.	AD	*	0.
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AD	*	0.																																																					

\*See attached statement for additional information.

For IRS Use Only

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
OFFICERS LIFE		35.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		35.

CODE	DESCRIPTION	AMOUNT
	TRADE OR BUSINESS -	
Z	SECTION 199A QUALIFIED BUSINESS INCOME	-49,965.
AA	SECTION 199A W-2 WAGES	24,748.
AB	SECTION 199A UNADJUSTED BASIS	77,440.
AC	SECTION 199A REIT DIVIDENDS	0.
AD	SECTION 199A PTP INCOME	0.

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SCHEDULE K-1                      SECTION 199A ADDITIONAL INFORMATION

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THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODES Z, AA, AB, AC AND AD. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

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SCHEDULE K-1                      CURRENT YEAR INCREASES (DECREASES)

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DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-49,965.	
SCHEDULE K-1 INCOME SUBTOTAL		-49,965.
NET INCOME (LOSS) PER SCHEDULE K-1		-49,965.
NONDEDUCTIBLE EXPENSES	-35.	
OTHER INCREASES OR DECREASES SUBTOTAL		-35.
TOTAL TO SCHEDULE K-1, ITEM L		-50,000.

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SCHEDULE K-1                      ELECTION UNDER SECTION 1101(G)(4) OF BBA

---

OVERHOLT INVESTMENTS, LLC HAS MADE THE ELECTION OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME UNDER SECTION 6221(B) FOR THE YEAR ENDING DECEMBER 31, 2018.

**This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.**

		Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.		J Work opportunity credit K Disabled access credit L Empowerment zone employment credit M Credit for increasing research activities N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	Report on
Passive loss	Report on		
Passive income	See the Partner's Instructions		
Nonpassive loss	Schedule E, line 28, column (h)		
Nonpassive income	See the Partner's Instructions		
2. Net rental real estate income (loss)	Schedule E, line 28, column (k)		
3. Other net rental income (loss)	See the Partner's Instructions		
Net income	Schedule E, line 28, column (h)		
Net loss	See the Partner's Instructions		
4. Guaranteed payments	Schedule E, line 28, column (k)		
5. Interest income	Form 1040, line 2b		
6a. Ordinary dividends	Form 1040, line 3b		
6b. Qualified dividends	Form 1040, line 3a		
6c. Dividend equivalents	See the Partner's Instructions		
7. Royalties	Schedule E, line 4		
8. Net short-term capital gain (loss)	Schedule D, line 5		
9a. Net long-term capital gain (loss)	Schedule D, line 12		
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D Instructions)		
9c. Unrecaptured section 1250 gain	See the Partner's Instructions		
10. Net section 1231 gain (loss)	See the Partner's Instructions		
11. Other income (loss)	See the Partner's Instructions		
Code			
A Other portfolio income (loss)	See the Partner's Instructions		
B Involuntary conversions	See the Partner's Instructions		
C Sec. 1256 contracts & straddles	Form 6781, line 1		
D Mining exploration costs recapture	See Pub. 535		
E Cancellation of debt	Schedule 1 (Form 1040), line 21 or Form 982		
F Section 951A income			
G Section 965(a) inclusion			
H Subpart F income other than sections 951A and 965 inclusion			
I Other income (loss)			
12. Section 179 deduction	See the Partner's Instructions		
13. Other deductions	See the Partner's Instructions		
A Cash contributions (60%)			
B Cash contributions (30%)			
C Noncash contributions (50%)			
D Noncash contributions (30%)			
E Capital gain property to a 50% organization (30%)			
F Capital gain property (20%)			
G Contributions (100%)			
H Investment interest expense	Form 4952, line 1		
I Deductions - royalty income	Schedule E, line 19		
J Section 59(e)(2) expenditures	See the Partner's Instructions		
K Excess business interest expense	See the Partner's Instructions		
L Deductions - portfolio (other)	Schedule A, line 16		
M Amounts paid for medical insurance	Schedule A, line 1 or Schedule 1 (Form 1040), line 29		
N Educational assistance benefits	See the Partner's Instructions		
O Dependent care benefits	Form 2441, line 12		
P Preproductive period expenses	See the Partner's Instructions		
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions		
R Pensions and IRAs	See the Partner's Instructions		
S Reforestation expense deduction through V	See the Partner's Instructions		
T through V	Reserved for future use		
W Other deductions	See the Partner's Instructions		
X Section 965(c) deduction	See the Partner's Instructions		
14. Self-employment earnings (loss)			
Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.			
A Net earnings (loss) from self-employment	Schedule SE, Section A or B		
B Gross farming or fishing income	See the Partner's Instructions		
C Gross non-farm income	See the Partner's Instructions		
15. Credits			
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings			
B Low-income housing credit (other) from pre-2008 buildings			
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings			
D Low-income housing credit (other) from post-2007 buildings			
E Qualified rehabilitation expenditures (rental real estate)			
F Other rental real estate credits			
G Other rental credits			
H Undistributed capital gains credit			
I Biofuel producer credit			
16. Foreign transactions			
A Name of country or U.S. possession			
B Gross income from all sources			
C Gross income sourced at partner level			
Foreign gross income sourced at partnership level			
D Section 951A category			
E Foreign branch category			
F Passive category			
G General category			
H Other			
Deductions allocated and apportioned at partner level			
I Interest expense			
J Other			
Deductions allocated and apportioned at partnership level to foreign source income			
K Section 951A category			
L Foreign branch category			
M Passive category			
N General category			
O Other			
Other information			
P Total foreign taxes paid			
Q Total foreign taxes accrued			
R Reduction in taxes available for credit			
S Foreign trading gross receipts			
T Extraterritorial income exclusion			
U Section 951A(c)(1)(A) tested income			
V Tested foreign income tax			
W Section 965 information			
X Other foreign transactions			
17. Alternative minimum tax (AMT) items			
A Post-1986 depreciation adjustment			
B Adjusted gain or loss			
C Depletion (other than oil & gas)			
D Oil, gas, & geothermal - gross income			
E Oil, gas, & geothermal - deductions			
F Other AMT items			
18. Tax-exempt income and nondeductible expenses			
A Tax-exempt interest income			
B Other tax-exempt income			
C Nondeductible expenses			
19. Distributions			
A Cash and marketable securities			
B Distribution subject to section 737			
C Other property			
20. Other information			
A Investment income			
B Investment expenses			
C Fuel tax credit information			
D Qualified rehabilitation expenditures (other than rental real estate)			
E Basis of energy property			
F Recapture of low-income housing credit (section 42(j)(5))			
G Recapture of low-income housing credit (other)			
H Recapture of investment credit			
I Recapture of other credits			
J Look-back interest - completed long-term contracts			
K Look-back interest - income forecast method			
L Dispositions of property with section 179 deductions			
M Recapture of section 179 deduction			
N Interest expense for corporate partners through Y			
Z Section 199A income			
AA Section 199A W-2 wages			
AB Section 199A unadjusted basis			
AC Section 199A REIT dividends			
AD Section 199A PTP income			
AE Excess taxable income			
AF Excess business interest income			
AG Gross receipts for section 59A(e)			
AH Other information			

# Partner Basis Worksheet

Partner Number: <b>2</b>	Partner ID Number: <b>218-70-9910</b>
Partner Name: <b>CHRISTOPHER HARDING</b>	Ownership Percentage: <b>5.6000%</b>
Partnership Name: <b>OVERHOLT INVESTMENTS, LLC</b>	Partnership ID Number: <b>82-4164898</b>
	Year Ended: <b>DECEMBER 31, 2018</b>

## Increases:

1. Adjusted basis at the end of the prior year (not less than zero) .....	1.	0.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero) .....	2.	50,000.
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share) .....	3.	2,144.
a. Less: Liabilities included in line 1 above (prior year Item K) .....	3a.	
4. Items of income or gain this year including tax-exempt income .....		
a. Ordinary business income .....	a.	
b. Net rental real estate income .....	b.	
c. Other net rental income .....	c.	
d. Interest income .....	d.	
e. Ordinary dividends .....	e.	
f. Royalties .....	f.	
g. Net short-term capital gain .....	g.	
h. Net long-term capital gain .....	h.	
i. Net gain under Section 1231 .....	i.	
j. Other income .....	j.	
k. Tax-exempt income .....	k.	
l. Other increases: .....	l.	
Total income and gain (Add 4(a) through 4(l)) .....	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities) .....	5.	
6. Depletion (other than oil and gas) in excess of basis .....	6.	
Total increases (Add lines 2 through 6) .....		52,144.

## Decreases:

7. Withdrawals and distributions during the year .....	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share) .....	8.	
a. Less: Liabilities included in line 1 above (prior year Item K) .....	8a.	
9. Nondeductible expenses .....	9.	35.
10. Partnership losses and deductions:		
a. Ordinary business (loss) .....	a.	49,965.
b. Net rental real estate (loss) .....	b.	
c. Other net rental (loss) .....	c.	
d. Net short-term capital (loss) .....	d.	
e. Net long-term capital (loss) .....	e.	
f. Net loss under Section 1231 .....	f.	
g. Other deductions .....	g.	
h. Charitable contributions .....	h.	
i. Section 179 deduction .....	i.	
j. Foreign taxes paid or accrued .....	j.	
k. Other decreases: .....	k.	
l. Disallowed prior year's losses and deductions .....	l.	
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property) .....	11.	
Total decreases (Add 10(a) through 10(k) and line 11) .....		49,965.
12. Adjusted Basis of partnership interest (If less than zero, enter zero) .....	12.	2,144.

## Gain on Distributions:

13. a. Cash distributions .....	a.	
b. Less: basis before distributions and allocable loss .....	b.	
c. Gain on distribution .....	c.	

## Carryover:

14. a. Prior year loss .....	a.	
b. Add: Losses and deductions this year .....	b.	50,000.
c. Less: Applied this year .....	c.	52,144.
d. End of year (not less than 0) .....	d.	0.





OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

<u>OVERHOLT INVESTMENTS LLC</u>		<u>824164898</u>	
PTE Name		PTE FEIN	
<u>7441 DAYS WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>	<u>21087</u>
Street Address	City	State	ZIP Code +4

**INFORMATION ABOUT THE MEMBER**

<u>2</u>	<u>CHRISTOPHER HARDING</u>	<u>218709910</u>
Member Number	Member Name	Member's SSN/FEIN
<u>8 WESLEY WOODS CT</u>	<u>KINGSVILLE</u>	<u>MD</u>
Street Address	City	State
		ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Distributive or Pro Rata Share Percentage <u>VARIOUS</u> %		

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1 .....	1.	<u>-49965.</u>
2. Distributive or pro rata share allocable to Maryland (Nonresidents only) .....	2.	_____

**B. Additions**

1. Non-Maryland municipal interest and dividends .....	1.	_____
2. Tax preference items .....	2.	_____
3. Net decoupling modification .....	3.	<u>30204.</u>
4. Net decoupling modification from another PTE .....	4.	_____
5. Other additions (Specify additions with amounts in part F of this form.) .....	5.	_____

**C. Subtractions**

1. Income from U.S. obligations .....	1.	_____
2. Work opportunity credit salary expense .....	2.	_____
3. Net decoupling modification .....	3.	_____
4. Net decoupling modification from another PTE .....	4.	_____
5. Other subtractions (Specify subtractions with amounts in part F of this form.) .....	5.	_____

**D. Nonresident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid by this PTE .....	1.	_____
2. Nonresident tax paid by other PTEs on behalf of this entity .....	2.	_____
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part CC, line 5; Form 504, line 29; Form 505, line 45; Form 510, line 16c.) .....	3.	_____

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** .....	1.	_____
2. Maryland Disability Employment Tax Credit*** .....	2.	_____
3. Job Creation Tax Credit*** .....	3.	_____
4. Community Investment Tax Credit*** .....	4.	_____
5. Businesses that Create New Jobs Tax Credit .....	5.	_____
6. Qualified Vehicle Tax Credit*** .....	6.	_____
7. Employer-Provided Long-Term Insurance Tax Credit .....	7.	_____
8. Security Clearance Cost Tax Credit*** .....	8.	_____
9. Small Businesses First-Year Leasing Security Clearance Costs Tax Credit*** .....	9.	_____
10. Research and Development Tax Credit*** .....	10.	_____
11. Commuter Tax Credit .....	11.	_____
12. Maryland-Mined Coal Tax Credit*** .....	12.	_____



NAME OVERHOLT INVESTMEN FEIN 824164898

- |     |                                                                                                       |     |       |
|-----|-------------------------------------------------------------------------------------------------------|-----|-------|
| 13. | Oyster Shell Recycling Tax Credit***                                                                  | 13. | _____ |
| 14. | Energy Storage Systems Tax Credit***                                                                  | 14. | _____ |
| 15. | Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or<br>Cybersecrity Services | 15. | _____ |
| 16. | Wineries and Vineyards Tax Credit***                                                                  | 16. | _____ |
| 17. | Endow Maryland Tax Credit***                                                                          | 17. | _____ |
| 18. | Preservation and Conservation Easements Tax Credit***                                                 | 18. | _____ |
| 19. | Apprentice Employee Tax Credit***                                                                     | 19. | _____ |
| 20. | Qualified Farms Tax Credit***                                                                         | 20. | _____ |
| 21. | Qualified Veteran Employees Tax Credit***                                                             | 21. | _____ |

**Refundable Credits**

- |     |                                                                      |     |       |
|-----|----------------------------------------------------------------------|-----|-------|
| 22. | Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** | 22. | _____ |
| 23. | Film Production Activity Tax Credit***                               | 23. | _____ |
| 24. | Biotechnology Investment Incentive Tax Credit***                     | 24. | _____ |
| 25. | Clean Energy Incentive Tax Credit***                                 | 25. | _____ |
| 26. | Small Business Relief Tax Credit***                                  | 26. | _____ |
| 27. | Small Business Research & Development Tax Credit***                  | 27. | _____ |
| 28. | Heritage Structure Rehabilitation Tax Credit***                      | 28. | _____ |
| 29. | Aerospace, Electronics, or Defense Contracts Tax Credit***           | 29. | _____ |
| 30. | More Jobs for Marylanders Tax Credit***                              | 30. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                                                                                                                                                                                       |      |       |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 31a. | Total number of "qualified employees"                                                                                                                                                                                                                                                 | 31a. | _____ |
| 31b. | If the amount on line 31a is less than the minimum number of qualified employees required<br>to qualify for the project tax credit, has the PTE maintained at least the minimum number of<br>qualified employees required to qualify for the project tax credit for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                              |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                                                                                                                                                                                                                                                        |     |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 32. | Portion of PTE's income attributable to project                                                                                                                                                                                                                                                                                        | 32. | _____ |
| 33. | Amount of Maryland income tax required to be withheld from employees reported on line 31a<br>of this form                                                                                                                                                                                                                              | 33. | _____ |
| 34. | Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.:<br>For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees.<br>For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees.<br>For \$5,000,000 maximum credit, at least 50 qualified employees.) | 34. | _____ |

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

☐ Refundable ☐ Nonrefundable

- |      |                                                                                                                            |      |       |
|------|----------------------------------------------------------------------------------------------------------------------------|------|-------|
| 35a. | Total number of "qualified employees"                                                                                      | 35a. | _____ |
| 35b. | If the amount on line 35a is less than 25, has the PTE maintained at least 25 qualified<br>employees for at least 5 years? |      |       |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |      |       |

**Enter Member's Distributive or Pro Rata share of the Following:**

- |     |                                                                                                           |     |       |
|-----|-----------------------------------------------------------------------------------------------------------|-----|-------|
| 36. | Portion of PTE's income attributable to project                                                           | 36. | _____ |
| 37. | Non-project taxable income from PTE                                                                       | 37. | _____ |
| 38. | Number of "qualified employees" multiplied by \$10,000                                                    | 38. | _____ |
| 39. | Amount of Maryland income tax required to be withheld from employees reported on<br>line 35a of this form | 39. | _____ |
| 40. | Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)                 | 40. | _____ |
| 41. | Total cumulative eligible start-up costs (\$500,000 PTE maximum)                                          | 41. | _____ |

**F. Withholding for Nonresident Sale of Real Property**

- |    |                                                                                                                     |    |       |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|
| 1. | Member's share of flow-through of a payment of withholding on Nonresident Sale of Real<br>Property payment from PTE | 1. | _____ |
|----|---------------------------------------------------------------------------------------------------------------------|----|-------|



MARYLAND  
SCHEDULE K-1  
**(510)**

**PASS-THROUGH ENTITY  
MEMBER'S INFORMATION**

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**G. Additional Information**

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