

Two-Year Comparison - Partnership

2020

Name of partnership	Employer identification number
OVERHOLT INVESTMENTS, LLC	82-4164898

Description	Prior Year	Current Year	Increase (Decrease)
NUMBER OF PARTNERS	2.	2.	0.
TRADE OR BUSINESS INCOME OR LOSS:			
INCOME:			
GROSS RECEIPTS OR SALES	971,375.	934,720.	-36,655.
COST OF GOODS SOLD:			
INVENTORY AT BEGINNING OF YEAR	13,075.	11,213.	-1,862.
PURCHASES LESS ITEMS WITHDRAWN	313,836.	267,305.	-46,531.
COST OF LABOR	542,309.	298,290.	-244,019.
OTHER COSTS	0.	18,600.	18,600.
TOTAL	869,220.	595,408.	-273,812.
INVENTORY AT END OF YEAR	11,213.	6,645.	-4,568.
COST OF GOODS SOLD	858,007.	588,763.	-269,244.
GROSS PROFIT	113,368.	345,957.	232,589.
OTHER INCOME (LOSS)	21,598.	1,713.	-19,885.
TOTAL INCOME (LOSS)	134,966.	347,670.	212,704.
DEDUCTIONS:			
REPAIRS AND MAINTENANCE	23,938.	61,457.	37,519.
TAXES AND LICENSES	31,556.	27,480.	-4,076.
INTEREST	169,986.	83,195.	-86,791.
DEPRECIATION	21,586.	65,746.	44,160.
OTHER DEDUCTIONS	376,103.	264,401.	-111,702.
TOTAL DEDUCTIONS	623,169.	502,279.	-120,890.
ORDINARY INCOME (LOSS)	-488,203.	-154,609.	333,594.
SCHEDULE K:			
INCOME (LOSS):			
ORDINARY TRADE/BUSINESS INCOME/LOSS	-488,203.	-154,609.	333,594.
NET SECTION 1231 GAIN/LOSS	-181,083.	0.	181,083.
SELF-EMPLOYMENT:			
EARNINGS/LOSS FROM SELF-EMPLOYMENT	-488,203.	-154,609.	333,594.
GROSS NONFARM INCOME	134,966.	347,670.	212,704.

Two-Year Comparison - Partnership

2020

Name of partnership	Employer identification number
OVERHOLT INVESTMENTS, LLC	82-4164898

Description	Prior Year	Current Year	Increase (Decrease)
OTHER:			
OTHER TAX-EXEMPT INCOME	0.	153,238.	153,238.
OTHER ITEMS AND AMOUNTS	1,322,907.	1,711,332.	388,425.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-669,286.	-1,371.	667,915.
TOTAL- NET BOOK INC THROUGH EXPENSE	-669,286.	-1,371.	667,915.
OTHER BOOK INCOME NOT ON SCH K	0.	153,238.	153,238.
TOTAL- BOOK INC THROUGH SCH K DED	0.	153,238.	153,238.
INCOME (LOSS)	-669,286.	-154,609.	514,677.
SCHEDULE M-2:			
CAPITAL AT BEGINNING OF YEAR	-36,374.	-313,523.	-277,149.
CAPITAL CONTRIBUTED DURING YEAR	392,137.	222,043.	-170,094.
NET INCOME (LOSS) PER BOOKS	-669,286.	-1,371.	667,915.
TOTAL- BEGINNING CAP THROUGH INCR	-313,523.	-92,851.	220,672.
TOTAL- CASH CONT THROUGH OTHER DECR	0.	0.	
CAPITAL BALANCE AT END OF YEAR	-313,523.	-92,851.	220,672.

Expanded Capital Account Summary

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

Partner Number <u>1</u>	JOSHUA OVERHOLT 7441 DAYS WOODS CT KINGSVILLE, MD 21087	Partner's Identification Number <u>315-02-6750</u>
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Beginning Capital <u>-313,523.</u>	Capital Contributed <u>222,043.</u>	Schedule M-2, Lines 3, 4 & 7 <u>-1,371.</u>	Withdrawals <u></u>	Ending Capital <u>-92,851.</u>
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Partner Number <u>2</u>	CHRISTOPHER HARDING 8 WESLEY WOODS CT KINGSVILLE, MD 21087	Partner's Identification Number <u>218-70-9910</u>
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Beginning Capital <u></u>	Capital Contributed <u></u>	Schedule M-2, Lines 3, 4 & 7 <u></u>	Withdrawals <u></u>	Ending Capital <u></u>
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Partner Number <u></u>		Partner's Identification Number <u></u>
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Beginning Capital <u></u>	Capital Contributed <u></u>	Schedule M-2, Lines 3, 4 & 7 <u></u>	Withdrawals <u></u>	Ending Capital <u></u>
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Partner Number <u></u>		Partner's Identification Number <u></u>
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Beginning Capital <u></u>	Capital Contributed <u></u>	Schedule M-2, Lines 3, 4 & 7 <u></u>	Withdrawals <u></u>	Ending Capital <u></u>
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Total For All Partner's Capital Accounts

Beginning Capital <u>-313,523.</u>	Capital Contributed <u>222,043.</u>	Schedule M-2, Lines 3, 4 & 7 <u>-1,371.</u>	Withdrawals <u>0.</u>	Ending Capital <u>-92,851.</u>
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**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 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 2020, 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.)

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

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

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

Form **1065**Department of the Treasury
Internal Revenue Service

EXTENSION GRANTED TO 09/15/21

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2020, or tax year beginning _____, ending _____
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.**2020**

A Principal business activity FAST FOOD RESTAURANT	Type or Print	Name of partnership OVERHOLT INVESTMENTS, LLC	D Employer identification number 82-4164898
B Principal product or service FOOD/BEVERAGE		Number, street, and room or suite no. If a P.O. box, see instructions. 7441 DAYS WOODS CT	E Date business started 04/11/2018
C Business code number 722513		City or town, state or province, country, and ZIP or foreign postal code KINGSVILLE MD 21087	F Total assets \$ 1,915,250.

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ▶ ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

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

Income	1a Gross receipts or sales	1a	934,720.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 934,720.
	2 Cost of goods sold (attach Form 1125-A)			2 588,763.
	3 Gross profit. Subtract line 2 from line 1c			3 345,957.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
Deductions <small>(see instructions for limitations)</small>	7 Other income (loss) (attach statement) SEE STATEMENT 1		7 1,713.	
	8 Total income (loss). Combine lines 3 through 7			8 347,670.
	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11 61,457.
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses SEE STATEMENT 2			14 27,480.
	15 Interest (see instructions)			15 83,195.
	16a Depreciation (if required, attach Form 4562)	16a	65,746.	
b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 65,746.	
17 Depletion (Do not deduct oil and gas depletion.)			17	
18 Retirement plans, etc.			18	
19 Employee benefit programs			19	
20 Other deductions (attach statement) SEE STATEMENT 3			20 264,401.	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 502,279.	
22 Ordinary business income (loss). Subtract line 21 from line 8			22 -154,609.	
Tax and Payments	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)			23
	24 Interest due under the look-back method-income forecast method (attach Form 8866)			24
	25 BBA AAR imputed underpayment (see instructions)			25
	26 Other taxes (see instructions)			26
	27 Total balance due. Add lines 23 through 26			27
	28 Payment (see instructions)			28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed			29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment			30

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		Signature of partner or limited liability company member	Date	May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name FRANK S. LINKOUS, CP	Preparer's signature FRANK S. LINKOUS, CP	Date 09/13/21	Check <input type="checkbox"/> if self-employed	PTIN P01563712
	Firm's name ▶ WEYRICH, CRONIN & SORRA, LLC				Firm's EIN ▶ 81-4643077
	Firm's address ▶ 139 NORTH MAIN STREET BEL AIR, MD 21014				Phone no. 410-879-2237

Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No
a	<input type="checkbox"/> Domestic general partnership		
b	<input type="checkbox"/> Domestic limited partnership		
c	<input checked="" type="checkbox"/> Domestic limited liability company		
d	<input type="checkbox"/> Domestic limited liability partnership		
e	<input type="checkbox"/> Foreign partnership		
f	<input type="checkbox"/> Other ►		
2	At the end of the tax year:		
a	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		X
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	X	
3	At the end of the tax year, did the partnership:		
a	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		X
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
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		X
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity
4	Does the partnership satisfy all four of the following conditions?	Yes	No
a	The partnership's total receipts for the tax year were less than \$250,000.		
b	The partnership's total assets at the end of the tax year were less than \$ 1 million.		
c	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.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	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.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6	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?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2020, 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 ►		X
9	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		X
10 a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		X
	See instructions for details regarding a section 754 election.		
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		X

Schedule B Other Information (continued)

	Yes	No
c 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		X
11 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"/>		
12 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?		X
13 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		
14 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		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16 a Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		
18 Enter the number of partners that are foreign governments under section 892		
19 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)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938...		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ▶ \$		
23 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		X
24 Does the partnership satisfy one or more of the following? See instructions		X
a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions	X	
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 ▶ 2.		
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. 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. address of
designated
individual ▶U.S. phone
number of
designated
individual ▶

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 16 ▶ \$		
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
29 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
Percentage: By Vote By Value		X

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-154,609.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a 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: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c	6a	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Income (Loss)	9a 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	
	13a 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	14a Net earnings (loss) from self-employment	14a	-154,609.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	347,670.
Credits	15a 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	16a 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 Reserved for future use ▶ 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 Reserved for future use ▶ 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	17a 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	18a Tax-exempt interest income	18a	
	b Other tax-exempt income SEE STATEMENT 4	18b	153,238.
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a 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	-154,609.
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			-154,609.				

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		4,623.		33,596.
2a Trade notes and accounts receivable	1,675.			
b Less allowance for bad debts		1,675.		
3 Inventories		11,213.		6,645.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 6	0.		105,738.
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.		1,494,042.	
b Less accumulated depreciation	644,942.	804,939.	710,689.	783,353.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)		824,397.		824,397.
12a Intangible assets (amortizable only)	195,220.		195,220.	
b Less accumulated amortization	21,444.	173,776.	33,699.	161,521.
13 Other assets (attach statement)				
14 Total assets		1,820,623.		1,915,250.
Liabilities and Capital				
15 Accounts payable		10,524.		12,272.
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 7	65,953.		16,045.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		2,057,669.		1,979,784.
20 Other liabilities (attach statement)				
21 Partners' capital accounts		-313,523.		-92,851.
22 Total liabilities and capital		1,820,623.		1,915,250.

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	-1,371.	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)		STMT 8 153,238.	153,238.
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		8 Add lines 6 and 7	153,238.
5 Add lines 1 through 4	-1,371.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-154,609.

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-313,523.	6 Distributions: a Cash	
2 Capital contributed: a Cash	222,043.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-1,371.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	-92,851.
5 Add lines 1 through 4	-92,851.		

Cost of Goods Sold

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

OMB No. 1545-0123

Name OVERHOLT INVESTMENTS, LLC		Employer identification number 82-4164898	
1	Inventory at beginning of year	1	11,213.
2	Purchases	2	267,305.
3	Cost of labor	3	298,290.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 9	5	18,600.
6	Total. Add lines 1 through 5	6	595,408.
7	Inventory at end of year	7	6,645.
8	Cost of goods sold. 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	8	588,763.

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. August 2019)
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 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 2a (Question 3a for 2009 through 2017))

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 2b (Question 3b for 2009 through 2017))

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. 8-2019)

**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 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	Total. Add line 1 and line 2	3	2.

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

Depreciation and Amortization
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2020
Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OVERHOLT INVESTMENTS, LLC

Business or activity to which this form relates

Identifying number

82-4164898

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	44,161.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	21,585.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	65,746.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

Section B - Information on Use of Vehicles

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

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

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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.

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

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2020 tax year					43
					12,255.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					12,255.

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

Name of partnership OVERHOLT INVESTMENTS, LLC			Employer identification number 82-4164898	
1 a Ordinary income (loss) (Schedule K, line 1)	1a	-154,609.		
b Net income (loss) from CERTAIN rental real estate activities	1b			
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c			
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d			
e Other additions	1e			
f Combine lines 1a through 1e	1f	-154,609.		
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a			
b Other subtractions	2b			
c Add lines 2a and 2b	2c			
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	-154,609.		
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b			
c Subtract line 3b from line 3a				
			3c	-154,609.
4 a Guaranteed payments to partners (Schedule K, line 4a) derived from a trade or business as defined in section 1402(c)	4a			
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b			
c Subtract line 4b from line 4a				
			4c	
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5	-154,609.		

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, 2020

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

FORM 1065	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
MISC INCOME	1,713.
TOTAL TO FORM 1065, LINE 7	1,713.

FORM 1065	TAX EXPENSE	STATEMENT	2
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DESCRIPTION	AMOUNT
TAXES AND LICENSES EXPENSE	27,480.
TOTAL TO FORM 1065, LINE 14	27,480.

FORM 1065	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
ADVERTISING	34,927.
AMORTIZATION EXPENSE	12,255.
BANK SERVICE CHARGES	17,270.
DUES AND SUBSCRIPTION	3,496.
INSURANCE	16,716.
LICENSE FEE	4,312.
MISCELLANEOUS EXPENSES	13,098.
OFFICE SUPPLIES	18,854.
PAYROLL EXPENSES	2,302.
PROFESSIONAL FEES	42,648.
ROYALTIES	52,216.
UTILITIES	46,307.
TOTAL TO FORM 1065, LINE 20	264,401.

SCHEDULE K	OTHER TAX-EXEMPT INCOME	STATEMENT	4
DESCRIPTION	AMOUNT		
PPP LOAN FORGIVENESS	128,800.		
SBA 504 LOAN FORGIVENESS	24,438.		
TOTAL TO SCHEDULE K, LINE 18B	153,238.		

SCHEDULE K	OTHER ITEMS	STATEMENT	5
DESCRIPTION	AMOUNT		
SECTION 199A - ORDINARY INCOME (LOSS)	-154,609.		
SECTION 199A W-2 WAGES	298,290.		
SECTION 199A UNADJUSTED BASIS OF ASSETS	1,484,456.		
BUSINESS INTEREST EXPENSE	83,195.		

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
PREPAID EXPENSE	0.	12,051.	
TAX CREDIT RECEIVABLE	0.	93,687.	
TOTAL TO SCHEDULE L, LINE 6	0.	105,738.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCURED EXPENSES	50,196.	13,507.	
ESCHEAT (NET CHECKS)	1,361.	2,407.	
NET CHECKS	4,938.	0.	
WELLS FARGO CC	9,458.	131.	
TOTAL TO SCHEDULE L, LINE 17	65,953.	16,045.	

SCHEDULE M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 8

DESCRIPTION	AMOUNT
PPP LOAN FORGIVENESS	128,800.
SBA 504 LOAN FORGIVENESS	24,438.
TOTAL TO SCHEDULE M-1, LINE 6	153,238.

FORM 1125-A OTHER COSTS STATEMENT 9

DESCRIPTION	AMOUNT
OTHER COSTS	18,600.
TOTAL TO LINE 5	18,600.

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, 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 III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items****Part I Information About the Partnership****A** Partnership's employer identification number
82-4164898**B** Partnership's name, address, city, state, and ZIP code
OVERHOLT 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 SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
315-02-6750**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.
JOSHUA OVERHOLT
7441 DAYS WOODS CT
KINGSVILLE, MD 21087**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

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%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$ 72,194.	\$ 26,731.
Qualified nonrecourse financing	\$	\$
Recourse	\$ 2,057,669.	\$ 1,979,784.

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis****SEE STATEMENT**

Beginning capital account	\$ -313,523.
Capital contributed during the year	\$ 222,043.
Current year net income (loss)	\$ -1,371.
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ ()
Ending capital account	\$ -92,851.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

1 Ordinary business income (loss) -154,609.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4a Guaranteed payments for services	
4b Guaranteed payments for capital	
4c Total guaranteed payments	
5 Interest income	17 Alternative min tax (AMT) items
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	B* STMT
7 Royalties	19 Distributions
8 Net short-term capital gain (loss)	20 Other information
9a Net long-term capital gain (loss)	N* 83,195.
9b Collectibles (28%) gain (loss)	Z* STMT
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A -154,609. C 347,670.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 OTHER TAX-EXEMPT INCOME, BOX 18, CODE B

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
SBA 504 LOAN FORGIVENESS		24,438.
PPP LOAN FORGIVENESS		128,800.
TOTAL TO SCHEDULE K-1, BOX 18, CODE B		153,238.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	83,195.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		83,195.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
ORDINARY INCOME	-154,609.
SELF-EMPLOYMENT EARNINGS(LOSS)	-154,609.
W-2 WAGES	298,290.
UNADJUSTED BASIS OF ASSETS	1,484,456.

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 CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE 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.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND
OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-154,609.	
OTHER TAX-EXEMPT INCOME	153,238.	
SCHEDULE K-1 INCOME SUBTOTAL		-1,371.
NET INCOME (LOSS) PER SCHEDULE K-1		-1,371.

SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

BEGINNING CAPITAL ACCOUNT METHOD USED - TAX BASIS

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, 2020.

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, 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 SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

218-70-9910

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.CHRISTOPHER HARDING
8 WESLEY WOODS CT
KINGSVILLE, MD 21087**G** ☐ General partner or LLC member-manager☒ Limited partner or other LLC member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

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%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

Beginning

Ending

Nonrecourse	\$ 4,283.	\$ 1,586.
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis****SEE STATEMENT**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

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

1 Ordinary business income (loss)	15 Credits
0.	
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4a Guaranteed payments for services	
4b Guaranteed payments for capital	
4c Total guaranteed payments	
5 Interest income	17 Alternative min tax (AMT) items
6a Ordinary dividends	18 Tax-exempt income and nondeductible expenses
6b Qualified dividends	
6c Dividend equivalents	
7 Royalties	19 Distributions
8 Net short-term capital gain (loss)	20 Other information
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A 0.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	
*See attached statement for additional information.	

For IRS Use Only

SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

BEGINNING CAPITAL ACCOUNT METHOD USED - TAX BASIS

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, 2020.

**MARYLAND
FORM
510E**

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



20510E005

2020

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

824164898

Federal Employer Identification Number (9 digits)

OVERHOLT INVESTMENTS LLC

Name

7441 DAYS WOODS CT

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

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

KINGSVILLE

City or Town

MD

State

21087

ZIP Code

+4

For Office Use Only

ME	YE	EC	EC
----	----	----	----

STOP

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, INSTEAD FILE THE EXTENSION

AT: www.marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

TYPE OF ENTITY - Check the applicable box.

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

IMPORTANT: Composite Return filers use Form EL 102B (See instructions).

☐ Check here if you are a first time filer or your mailing address has changed

INSTRUCTIONS FOR TAX PAYMENT WORKSHEET

- Line 1 - **Tax liability** Enter the total amount of nonresident or Electing PTE tax the pass-through entity is expected to owe. Use Form 510/511 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	1.00
2. Estimated tax/local tax payments	2.	0.00
3. Tax due - Subtract line 2 from line 1	3.	0.00

TAX PAID WITH THIS EXTENSION ► \$ 0.00

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 OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

Make check payable to and mail to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)



205101005

OR FISCAL YEAR BEGINNING _____ 2020, 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
☐ 510C Filed☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.Amended
Return☐**This form may be used if the PTE is paying tax only on behalf of nonresident members and not electing to remit on all members' share of income.**

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the entity has decided not to make the entity election. If PTE is electing to pay tax for all members, you must use Form 511.

1. Number of members:

a. Individual (including fiduciary) residents of Maryland

2

c. Nonresident entities

b. Individual (including fiduciary) nonresidents

e. Total 2

d. Others

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

-154609.00

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.

.00

3b. Maryland apportionment factor from computation worksheet on Page 4 (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.

-154609.00

NOTE: Complete lines 5 through 19 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.

.00

7. Nonresident individual tax (Multiply line 6 by 5.75%.)

7.

.00

8. Special nonresident tax (Multiply line 6 by 2.25%.)

8.

.00



NAME OVERHOLT INVE FEIN 824164898

9.	Total Maryland tax on individual members (Add lines 7 and 8.)	9.	_____	.00
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.	_____	.00
12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	12.	_____	.00
13.	Total nonresident tax (Add lines 9 and 12.)	13.	_____	.00
14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here <input type="checkbox"/>	14.	_____	.00
15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	_____	.00
16a.	Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS	16a.	_____	.00
16b.	Pass-through entity nonresident tax paid with an extension request (Form 510E)	16b.	_____	.00
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.	_____	.00
16d.	Credit for pass-through entity election tax paid on nonresident shares of income by another pass-through entity. (Attach Schedule K-1 (510))	16d.	_____	.00
16e.	Total nonresident payments and credits (Add lines 16a through 16d.)	16e.	_____	.00
17.	Balance of tax due (If line 15 exceeds line 16e, enter the difference.)	17.	_____	.00
18.	Interest and/or penalty from Form 500UP _____ or late payment interest	18.	_____	.00
	TOTAL	18.	_____	.00
19.	Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return	19.	_____	.00

NOTE: The total tax paid from lines 16e 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 lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid.

20a.	Estimated pass-through entity resident tax paid with Form 510D	20a.	_____	.00
20b.	Pass-through entity resident tax paid with an extension request (Form 510E)	20b.	_____	.00
20c.	Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Schedule K-1 (510))	20c.	_____	.00
20d.	Total resident payments and credits (Add lines 20a through 20c.)	20d.	_____	.00
If Lines 20a- 20d are blank, STOP. PTE may not request a refund.				
21.	Total resident and nonresident payments and credits (add 16e and 20d.)	21.	_____	.00
22.	Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here)	22.	_____	.00



NAME OVERHOLT INVE FEIN 824164898

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
- If a multistate operation, provide the following:**
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 _____ Date _____
MEMBER
Title _____

WEYRICH CRONIN SORRA LLC
Printed name of the Preparer/Firm's name
FRANK S LINKOUS CPA
Signature of preparer other than taxpayer (Required by Law)
139 NORTH MAIN STREET
Street address of preparer or Firm's address
BEL AIR MD 21014
City, State, ZIP Code + 4
4108792237 **P01563712**
Telephone number of preparer Preparer's PTIN (Required by Law)

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.)

► _____
CODE NUMBERS (3 digits per line)



205101305

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)
1A. Receipts			
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.) ◀
1B. Receipts			
Multiply factor on line 1A, Column 3 times 4. Disregard this line if special apportionment formula is used ◀
2. Property			
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.) ◀
3. Payroll			
a. Compensation of officers			
b. Other salaries and wages			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ◀
4. Total of factors (Add entries in Column 3.)
5. Maryland apportionment factor Divide line 4 by seven 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.)

▶ ☐ Check here if special apportionment formula is used.

**MARYLAND
FORM
510
SCHEDULE B**

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



2020

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		0		<p>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.</p>
2	JOSHUA OVERHOLT 315026750	7441 DAYS WOODS CT KINGSVILLE MD 21087	X		-154609		
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:							



OR FISCAL YEAR BEGINNING _____ 2020, 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):

- Certain provisions of the federal CARES Act of 2020 have an impact on business interest expense deductions, limitation on excess business losses for non-corporate taxpayers, net operation losses (NOLs), and qualified improvement property (QIP) bonus depreciation. For more information, see Tax Alert 7-24 at www.marylandtaxes.gov.
- 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. Depreciation Deductions 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 (-).	65746.00	87730.00	-21984.00
2. NOL Deductions 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 (-).	.00	.00	.00
3. Original Issue Discounts 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 (-).	.00	.00	.00
4. Discharge of Business Indebtedness 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 (-).	.00	.00	.00
5. Other Changes (See instructions.)			.00
6. Net Decoupling Modification 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			-21984.00
7. Decoupling from PTE. Enter code letter dp. (See instructions.)			.00



OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

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

INFORMATION ABOUT THE MEMBER

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

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	-154609.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	.00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	.00
2. Tax preference items	2.	.00
3. Net decoupling modification	3.	.00
4. Net decoupling modification from another PTE	4.	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	.00

C. Subtractions

1. Income from U.S. obligations	1.	.00
2. Work opportunity credit salary expense	2.	.00
3. Net decoupling modification	3.	21984.00
4. Net decoupling modification from another PTE	4.	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	.00

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

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form. Please note that members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns	5.	.00

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

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	.00
2. Maryland Disability Employment Tax Credit***	2.	.00
3. Job Creation Tax Credit***	3.	.00
4. Community Investment Tax Credit***	4.	.00
5. Businesses that Create New Jobs Tax Credit	5.	.00
6. Reserved	6.	XXXXXXXXXXXX



NAME OVERHOLT INVESTMEN FEIN 824164898

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	_____	.00
8.	Security Clearance Cost Tax Credit***	8.	_____	.00
9.	Small Businesses First-Year Leasing Security Clearance Costs Tax Credit***	9.	_____	.00
10.	Research and Development Tax Credit***	10.	_____	.00
11.	Commuter Tax Credit	11.	_____	.00
12.	Maryland-Mined Coal Tax Credit***	12.	_____	.00
13.	Oyster Shell Recycling Tax Credit***	13.	_____	.00
14.	Energy Storage Systems Tax Credit***	14.	_____	.00
15.	Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or Cybersecurity Services***	15.	_____	.00
16.	Wineries and Vineyards Tax Credit***	16.	_____	.00
17.	Endow Maryland Tax Credit***	17.	_____	.00
18.	Preservation and Conservation Easements Tax Credit***	18.	_____	.00
19.	Apprentice Employee Tax Credit***	19.	_____	.00
20.	Qualified Farms Tax Credit***	20.	_____	.00
21.	Qualified Veteran Employees Tax Credit***	21.	_____	.00
22.	Endowments of Maryland Historically Black Colleges and Universities***	22.	_____	.00

Refundable Credits

23.	Cybersecurity Incentive Tax Credit for Investors in Cybersecurity***	23.	_____	.00
24.	Film Production Activity Tax Credit***	24.	_____	.00
25.	Biotechnology Investment Incentive Tax Credit***	25.	_____	.00
26.	Clean Energy Incentive Tax Credit***	26.	_____	.00
27.	Small Business Relief Tax Credit***	27.	_____	.00
28.	Small Business Research & Development Tax Credit***	28.	_____	.00
29.	Heritage Structure Rehabilitation Tax Credit***	29.	_____	.00
30.	Aerospace, Electronics, or Defense Contracts Tax Credit***	30.	_____	.00
31.	More Jobs for Marylanders Tax Credit***	31.	_____	.00

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

☐ Refundable ☐ Nonrefundable

32a.	Total number of "qualified employees"	32a.	_____	
32b.	If the amount on line 32a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

33.	Portion of PTE's income attributable to project	33.	_____	.00
34.	Amount of Maryland income tax required to be withheld from employees reported on line 32a of this form	34.	_____	.00
35.	Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	35.	_____	.00

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

☐ Refundable ☐ Nonrefundable

36a.	Total number of "qualified employees"	36a.	_____	
36b.	If the amount on line 36a is less than 25, has the PTE maintained at least 25 qualified 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:

37.	Portion of PTE's income attributable to project	37.	_____	.00
38.	Non-project taxable income from PTE	38.	_____	.00



NAME OVERHOLT INVESTMEN FEIN 824164898

39.	Number of "qualified employees" multiplied by \$10,000	39.	_____	.00
40.	Amount of Maryland income tax required to be withheld from employees reported on line 36a of this form	40.	_____	.00
41.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	41.	_____	.00
42.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	42.	_____	.00

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 Property payment from PTE	1.	_____	.00
----	---	----	-------	-----

G. Additional Information



OR FISCAL YEAR BEGINNING _____ 2020, 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.	_____	.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	_____	.00

B. Additions

1. Non-Maryland municipal interest and dividends	1.	_____	.00
2. Tax preference items	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other additions (Specify additions with amounts in part G of this form.)	5.	_____	.00

C. Subtractions

1. Income from U.S. obligations	1.	_____	.00
2. Work opportunity credit salary expense	2.	_____	.00
3. Net decoupling modification	3.	_____	.00
4. Net decoupling modification from another PTE	4.	_____	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.	_____	.00

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

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	_____	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	_____	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510)	3.	_____	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	_____	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form. Please note that members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns	5.	_____	.00

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

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.	_____	.00
2. Maryland Disability Employment Tax Credit***	2.	_____	.00
3. Job Creation Tax Credit***	3.	_____	.00
4. Community Investment Tax Credit***	4.	_____	.00
5. Businesses that Create New Jobs Tax Credit	5.	_____	.00
6. Reserved	6.	XXXXXXXXXXXX	



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7.	Employer-Provided Long-Term Insurance Tax Credit	7.	_____	.00
8.	Security Clearance Cost Tax Credit***	8.	_____	.00
9.	Small Businesses First-Year Leasing Security Clearance Costs Tax Credit***	9.	_____	.00
10.	Research and Development Tax Credit***	10.	_____	.00
11.	Commuter Tax Credit	11.	_____	.00
12.	Maryland-Mined Coal Tax Credit***	12.	_____	.00
13.	Oyster Shell Recycling Tax Credit***	13.	_____	.00
14.	Energy Storage Systems Tax Credit***	14.	_____	.00
15.	Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or Cybersecurity Services***	15.	_____	.00
16.	Wineries and Vineyards Tax Credit***	16.	_____	.00
17.	Endow Maryland Tax Credit***	17.	_____	.00
18.	Preservation and Conservation Easements Tax Credit***	18.	_____	.00
19.	Apprentice Employee Tax Credit***	19.	_____	.00
20.	Qualified Farms Tax Credit***	20.	_____	.00
21.	Qualified Veteran Employees Tax Credit***	21.	_____	.00
22.	Endowments of Maryland Historically Black Colleges and Universities***	22.	_____	.00

Refundable Credits

23.	Cybersecurity Incentive Tax Credit for Investors in Cybersecurity***	23.	_____	.00
24.	Film Production Activity Tax Credit***	24.	_____	.00
25.	Biotechnology Investment Incentive Tax Credit***	25.	_____	.00
26.	Clean Energy Incentive Tax Credit***	26.	_____	.00
27.	Small Business Relief Tax Credit***	27.	_____	.00
28.	Small Business Research & Development Tax Credit***	28.	_____	.00
29.	Heritage Structure Rehabilitation Tax Credit***	29.	_____	.00
30.	Aerospace, Electronics, or Defense Contracts Tax Credit***	30.	_____	.00
31.	More Jobs for Marylanders Tax Credit***	31.	_____	.00

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

☐ Refundable ☐ Nonrefundable

32a.	Total number of "qualified employees"	32a.	_____	
32b.	If the amount on line 32a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

33.	Portion of PTE's income attributable to project	33.	_____	.00
34.	Amount of Maryland income tax required to be withheld from employees reported on line 32a of this form	34.	_____	.00
35.	Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	35.	_____	.00

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

☐ Refundable ☐ Nonrefundable

36a.	Total number of "qualified employees"	36a.	_____	
36b.	If the amount on line 36a is less than 25, has the PTE maintained at least 25 qualified 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:

37.	Portion of PTE's income attributable to project	37.	_____	.00
38.	Non-project taxable income from PTE	38.	_____	.00



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39.	Number of "qualified employees" multiplied by \$10,000	39.	_____	.00
40.	Amount of Maryland income tax required to be withheld from employees reported on line 36a of this form	40.	_____	.00
41.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	41.	_____	.00
42.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	42.	_____	.00

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 Property payment from PTE	1.	_____	.00
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G. Additional Information
