

GOLDEN STATE ACCOUNTING INC.
1221 BRIDGEWAY SUITE 2
SAUSALITO, CA 94965
415-331-9900

May 31, 2024

Craig M and Luise Jones
5540 Saint John's Ave
Edina, MN 55424

Dear Craig and Luise,

Your 2023 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$1,314.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 15, 2024 to:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Your 2023 California Individual Income Tax Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$815 will be directly deposited into your checking account.

Your 2023 Illinois Individual Income Tax Return will be electronically filed with the State of Illinois upon receipt of a signed Form IL-8453. No tax is payable with the filing of this return.

Your 2023 Minnesota Individual Income Tax Return will be electronically filed with the State of Minnesota. There is a balance due of \$25,041.

Mail your Minnesota payment voucher on or before April 15, 2024 and make your check payable to:

MINNESOTA REVENUE
P.O. BOX 64054
ST. PAUL, MN 55164-0054

Your 2024 estimated tax payment schedule is listed below. If not paying electronically, mail your payments to the address shown on your estimated tax payment vouchers.

Due Date	Minnesota
4/15/24	\$ 6,190
6/17/24	6,190
9/16/24	6,190
1/15/25	6,190

	\$ 24,760

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments for more information.

Please be sure to call if you have any questions.

Sincerely,

David Haase, CPA

	2023	2022	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	1,026,583	949,420	77,163
INTEREST INCOME.....	153	21	132
DIVIDEND INCOME.....	24,416	18,799	5,617
CAPITAL GAIN OR LOSS.....	-3,000	-3,000	0
TOTAL INCOME.....	1,048,152	965,240	82,912
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	1,048,152	965,240	82,912
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	10,000	0
INTEREST.....	47,677	20,582	27,095
TOTAL ITEMIZED DEDUCTIONS.....	57,677	30,582	27,095
TAX COMPUTATION			
STANDARD DEDUCTION.....	27,700	25,900	1,800
LARGER OF ITEMIZED OR STANDARD DEDUCTION.....	57,677	30,582	27,095
QUALIFIED BUSINESS INCOME DEDUCTION.....	220	128	92
TAXABLE INCOME.....	990,255	934,530	55,725
TAX BEFORE CREDITS.....	292,782	277,384	15,398
CREDITS			
FOREIGN TAX CREDIT.....	208	128	80
TOTAL CREDITS.....	208	128	80
TAX AFTER CREDITS.....	292,574	277,256	15,318
OTHER TAXES			
OTHER TAXES.....	7,938	7,133	805
TOTAL TAX.....	300,512	284,389	16,123
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD.....	296,112	282,556	13,556
ESTIMATED TAX PAYMENTS.....	0	13,840	-13,840
EXCESS FICA AND RRTA TAX WITHHELD.....	3,086	0	3,086
TOTAL PAYMENTS.....	299,198	296,396	2,802
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	0	12,007	-12,007
AMOUNT REFUNDED TO YOU.....	0	12,007	-12,007
AMOUNT YOU OWE.....	1,314	0	1,314
TAX RATES			
ORDINARY INCOME TAX BRACKET.....	37.0%	37.0%	0.0%
EFFECTIVE TAX RATE.....	30.3%	30.4%	-0.1%

	2023	2022	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	1,048,152	965,240	82,912
ADJUSTED GROSS INCOME			
ADJUSTED GROSS INCOME.....	1,048,152	965,240	82,912
ITEMIZED DEDUCTIONS			
ITEMIZED DEDUCTION BEFORE LIMITATION.....	78,512	32,436	46,076
ITEMIZED DEDUCTION LIMITATION.....	-34,445	-25,949	-8,496
CALIFORNIA ITEMIZED DEDUCTIONS.....	44,067	6,487	37,580
CALIFORNIA STANDARD DEDUCTION.....	10,726	10,404	322
TAX COMPUTATION			
TOTAL TAXABLE INCOME.....	1,004,085	954,836	49,249
TAX.....	91,405	86,503	4,902
CALIFORNIA ADJUSTED GROSS INCOME.....	22,760	52,687	-29,927
CALIFORNIA SOURCE INCOME DEDUCTION RATIO.....	2.17%	5.46%	-3.29%
CALIFORNIA TAXABLE INCOME.....	21,804	52,119	-30,315
CALIFORNIA SOURCE TAX RATE RATIO.....	9.10%	9.06%	0.04%
CALIFORNIA TAX BEFORE EXEMPTION CREDITS.....	1,984	4,722	-2,738
CALIFORNIA EXEMPTION CREDIT RATIO.....	2.17%	5.46%	-3.29%
CALIFORNIA REGULAR TAX BEFORE CREDITS.....	1,984	4,722	-2,738
NET TAX.....	1,984	4,722	-2,738
PAYMENTS			
CALIFORNIA INCOME TAX WITHHELD.....	2,799	6,638	-3,839
TOTAL PAYMENTS.....	2,799	6,638	-3,839
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	815	1,916	-1,101
AMOUNT YOU OWE.....	0	0	0
AMOUNT REFUNDED TO YOU.....	815	1,916	-1,101
TAX RATES			
MARGINAL TAX RATE.....	11.3%	11.3%	0.0%
EFFECTIVE TAX RATE.....	0.2%	0.5%	-0.3%

2023

ILLINOIS INCOME TAX SUMMARY

PAGE 1

CRAIG M JONES AND LUISE

472-21-2927

	2023	2022	DIFF
FEDERAL AGI TO ILLINOIS BASE INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	1,048,152	965,240	82,912
TOTAL SUBTRACTIONS.....	0	0	0
ILLINOIS BASE INCOME.....	1,048,152	965,240	82,912
TAX AND WITHHOLDING			
NET INCOME.....	1,048,152	965,240	82,912
ILLINOIS INCOME FROM SCH. NR.....	598	9,984	-9,386
NONRESIDENT INCOME SUBJECT TO TAX.....	598	9,984	-9,386
INCOME TAX.....	30	494	-464
TAX AFTER NONREF. CREDITS PLUS OTHER TAX	30	494	-464
ILLINOIS INCOME TAX WITHHELD.....	30	494	-464
TOTAL PAYMENTS AND REFUNDABLE CREDITS....	30	494	-464
REFUND OR AMOUNT DUE			
AMOUNT REFUNDED TO YOU.....	0	0	0
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	4.95%	4.95%	0.00%
EFFECTIVE TAX RATE.....	5.00%	4.90%	0.10%

	2023	2022	DIFF
MINNESOTA TAXABLE INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	1,048,152	965,240	82,912
ITEMIZED OR STANDARD DEDUCTION.....	11,535	7,806	3,729
TOTAL SUBTRACTIONS.....	11,535	7,806	3,729
TAX			
MINNESOTA TAXABLE INCOME.....	1,036,617	957,434	79,183
TAX.....	93,537	86,304	7,233
RESIDENT/PART YEAR/NONRESIDENT TAX.....	93,537	86,304	7,233
TAX BEFORE CREDITS.....	93,537	86,304	7,233
TOTAL NONREFUNDABLE CREDITS.....	3,724	6,713	-2,989
TAX AFTER NONREFUNDABLE CREDITS.....	89,813	79,591	10,222
NET TAX DUE.....	89,813	79,591	10,222
PAYMENTS AND CREDITS			
MINNESOTA INCOME TAX WITHHELD.....	65,087	59,306	5,781
MINNESOTA EST. TAX AND EXT. PAYMENT.....	0	12,400	-12,400
TOTAL PAYMENTS AND REFUNDABLE CREDITS....	65,087	71,706	-6,619
REFUND OR AMOUNT DUE			
AMOUNT YOU OWE.....	25,041	7,885	17,156
PENALTY FOR UNDERPAYMENT OF EST. TAX.....	315	0	315
TAX RATES			
MARGINAL TAX RATE.....	9.9%	9.9%	0.0%
EFFECTIVE TAX RATE.....	9.0%	9.0%	0.0%

2023

FINANCIAL TRANSACTION SUMMARY

PAGE 1

CRAIG M JONES AND LUISE

472-21-2927

CALIFORNIA

2023 CALIFORNIA FORM 540NR ELECTRONIC FINANCIAL TRANSACTION INFORMATION.

THE TAXPAYER WILL RECEIVE A REFUND OF \$815 WHICH WILL BE DEPOSITED
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: CHASE BANK

ROUTING TRANSIT NUMBER: 322271627

ACCOUNT NUMBER: *****6017

ACCOUNT TYPE: CHECKING

Client

Craig M Jones and Luise

472-21-2927

California Disclosure Statements**Statement: Use of information**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the California Franchise Tax Board, as applicable by law.

An ERO shall not disclose or use any tax return information for a purpose other than preparing, assisting in preparing, obtaining or providing services in connection with the preparation of tax returns. Disclosure among accepted participants in California's e-file Program for preparing and transmitting the return information is permissible.

Statement: Refund Expectations

California Franchise Tax Board is providing a URL about refund processing. Industry partners must use this URL or other method prescribed by the jurisdiction in all products. The messages must be shown to end-users within the software in a way to maximize the likelihood the message is read. For more information, please visit

<https://www.ftb.ca.gov/refund/index.asp>

Statement: Driver's License/ID Card Expectations

California driver's license or state ID card information is not required to e-file a California tax return and tax returns will not be rejected if this information isn't provided. Providing this information will help expedite the tax return process time, as well as combat stolen identity tax fraud. For more information, please visit

<https://www.ftb.ca.gov/file/ways-to-file/online/help-with-filing-online.html>

Illinois Disclosure Statements**Statement:**

The Illinois Department of Revenue (IDOR) is required to review returns and ensure the amounts requested as refunds are issued accurately and to the legitimate recipient. Once a return is received by IDOR, many different factors can affect the timing of a refund.

Some returns take longer to review than others for many reasons including, but not limited to:

- ?when and how the return was filed
- ?our current return inventory levels
- ?identity theft and fraud security measures
- ?the types of income tax credits claimed
- ?the type and amount of a refund

For information about state tax refund expectations see:

<https://tax.illinois.gov/individuals/refunds.html>

Client

Craig M Jones and Luise

472-21-2927

Illinois Disclosure Statements (continued)

For information about state tax due expectations see:
<https://tax.illinois.gov/individuals/pay.htmlx>

Statement:

Driver's license or state identification card information is not required but is preferred to be received with the e-file tax return. It can be used as a security measure to help prevent identity theft and fraud. If no driver's license or state ID card information is available or provided, you should be prompted to indicate this in the software.

Statement:

By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the Illinois Department of Revenue.

Minnesota Disclosure Statements**Statement:**

The most accurate and efficient way to make a payment is electronically. You can set up a return payment ? and up to four estimated payments ? to come out of your bank account on the date you choose. Electronic payments are secure and you receive credit on the selected payment date.

To pay electronically with your electronically filed return: Make the applicable entries in the Minnesota section of the Miscellaneous Info./Direct Deposit screen.

You may also make an electronic payment from the Minnesota Department of Revenue website: <https://www.revenue.state.mn.us/make-payment>

Statement:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Minnesota Department of Revenue, as applicable by law.

Statement:

You can apply a portion of your refund to next year's estimated tax and receive the remaining amount as a refund.

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 2, SCH 3, 1040-V, SCH A, SCH B, SCH D, SCH E P2, 1116
 2441, 8879, 8949, 8959, 8960, 8995-A
 CALIFORNIA: 540NR, SCH CA-NR, SCH D (540NR), E-FILE INSTRUCTIONS, E-FILE CONSENT
 E-FILE FORM 8879
 ILLINOIS: IL-1040, SCH NR, SCH IL-WIT, IL-8453
 MINNESOTA: M1, EST TAX PAYMENT, SCH M1C, SCH M1CD, SCH M1CR, SCH M1DQC
 SCH M1MA, SCH M1SA, SCH M1W, SCH M15, INC TAX RET PMT

PDF ATTACHMENTSFEDERAL

FORM 8949 EXCEPTION TO REPORTING, SCHWAB ST NONCOV STOCK SALES - BELISLE.PDF
 FORM 8949 EXCEPTION TO REPORTING, PRIMERICA LT COV STOCK SALES - BELISLE.PDF
 FORM 8949 EXCEPTION TO REPORTING, SCHWAB -1641 ST NONCOVERED SALES - BELISLE.PDF
 FORM 8949 EXCEPTION TO REPORTING, SCHWAB -1641 LT NONCOVERED SALES - BELISLE.PDF

TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	37.0%	30.3%
CALIFORNIA	11.3%	0.2%
ILLINOIS	5.0%	5.0%
MINNESOTA	9.9%	9.0%

UNDERPAYMENT PENALTY

MINNESOTA 315.

CARRYOVERS TO 2024FEDERAL CARRYOVERS

SHORT-TERM CAPITAL LOSS 79,922.
 LONG-TERM CAPITAL LOSS 11,179.
 AMT SHORT-TERM CAPITAL LOSS 79,922.
 AMT LONG-TERM CAPITAL LOSS 11,179.
 TAXPAYER ROTH CONTRIBUTION BASIS 19,034.
 DEDUCTIBLE STATE AND LOCAL TAXES - MINNESOTA 24,726.

CALIFORNIA CARRYOVERS

TAXPAYER ROTH CONTRIBUTION BASIS 19,034.
 STATE CAPITAL LOSS 91,101.
 AMT STATE CAPITAL LOSS 91,101.

ESTIMATES

MINNESOTA ESTIMATES

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/24	6,190.	0.	6,190.
6/17/24	6,190.	0.	6,190.
9/16/24	6,190.	0.	6,190.
1/15/25	6,190.	0.	6,190.
TOTAL	<u>\$ 24,760.</u>	<u>\$ 0.</u>	<u>\$ 24,760.</u>

THE TAXPAYER'S 2023 FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 1040

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 FEDERAL INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$1,314.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879

MAIL FORM 1040-V AND PAYMENT TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

CAUTION

DO NOT MAIL FORM 1040-V UNTIL THE INTERNAL REVENUE SERVICE HAS ACCEPTED FORM 1040.

EXCEPTION: MAIL FORM 1040-V WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

THE TAXPAYER'S 2023 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 540NR

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 CALIFORNIA INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

CA FORM 8453

IT IS NOT NECESSARY FOR THE TAXPAYER(S) TO SIGN CA FORM 8453 WHEN USING A PAPERLESS E-FILE PIN.

PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ AND, IF APPLICABLE, SIGN THE E-FILE SIGNATURE/CONSENT AUTHORIZATION.
THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

OVERPAYMENT

THE TAXPAYER(S) WILL RECEIVE A REFUND OF \$815.

THE CALIFORNIA FRANCHISE TAX BOARD WILL DEPOSIT THE REFUND OF \$815 DIRECTLY INTO THE FOLLOWING ACCOUNT:

NAME OF BANK: CHASE BANK
ROUTING TRANSIT NUMBER: *****1627
ACCOUNT NUMBER: *****6017
ACCOUNT TYPE: CHECKING

THE TAXPAYER(S) SHOULD DOUBLE CHECK THE BANK INFORMATION.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

E-FILE SIGNATURE/CONSENT AUTHORIZATION
FORM 8879

THE TAXPAYER'S 2023 ILLINOIS TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM IL-1040

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 ILLINOIS INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM IL-8453

THE TAXPAYER(S) SHOULD REVIEW, SIGN AND DATE FORM IL-8453 PRIOR TO E-FILING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR ILLINOIS ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM IL-8453 IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM IL-8453

THE TAXPAYER'S 2023 MINNESOTA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM M1

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 MINNESOTA INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$25,041.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR MINNESOTA ACKNOWLEDGEMENTS.

MAIL INCOME TAX RETURN PAYMENT AND PAYMENT TO:

MINNESOTA REVENUE
P.O. BOX 64054
ST. PAUL, MN 55164-0054

CAUTION

DO NOT MAIL INCOME TAX RETURN PAYMENT UNTIL THE MINNESOTA DEPARTMENT OF REVENUE HAS ACCEPTED FORM M1.

EXCEPTION: MAIL INCOME TAX RETURN PAYMENT WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

2024

Record of Estimated Tax Payments

PAGE 1

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Federal

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
Total						

State: MINNESOTA

State

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	4/15/24		6,190.			
2	6/17/24		6,190.			
3	9/16/24		6,190.			
4	1/15/25		6,190.			
5						
6						
7						
8						
Total			24,760.			

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2024 tax return.

WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
DOORDASH FKA PALO ALTO D ELIVERY	826,304.	249,934.	9,932.	17,882.	55,629.	
TOTAL	826,304.	249,934.	9,932.	17,882.	55,629.	0.
SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
SNAP INC	145,767.	30,999.	9,598.	2,245.	9,263.	
TARGET ENTERPRISE INC	53,533.	9,432.	3,359.	786.	2,995.	
EDINA COUNTRY CLUB	979.	9.	61.	14.	29.	
TOTAL	200,279.	40,440.	13,018.	3,045.	12,287.	0.
GRAND TOTAL	1,026,583.	290,374.	22,950.	20,927.	67,916.	0.

FORM 1040, 1040-SR, OR 1040-NR, LINE 3A
QUALIFIED DIVIDENDS

AMERICAN FUNDS	10,213.
AMERICAN FUNDS	975.
PRIMERICA -2717	3,761.
TD AMERITRADE -2081	5,799.
TOTAL	20,748.

FORM 1099-DIV
NONTAXABLE DISTRIBUTIONS

PRIMERICA -2717	26.
TD AMERITRADE -2081	1.
	27.

SCHEDULE D, LINE 13
CAPITAL GAIN DISTRIBUTIONS

AMERICAN FUNDS	18,095.
AMERICAN FUNDS	2,398.
TOTAL	20,493.

STATE AND LOCAL REFUNDS TAXABLE IN 2023
(REFUNDS ON PRIOR YEAR RETURN TAXABLE IN CURRENT YEAR)

1. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR)	1,916.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2022 PAYMENTS PER IRS PUB. 525	0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS	1,916.
4. STATE/LOCAL TAXES INCLUDED ON PRIOR YEAR SCH. A, LINE 5E	0.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION	0.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES	0.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6	0.

STATE AND LOCAL REFUNDS TAXABLE IN 2023 (CONTINUED)
(REFUNDS ON PRIOR YEAR RETURN TAXABLE IN CURRENT YEAR)

8. ITEMIZED DEDUCTIONS FROM PRIOR YEAR SCH. A, LINE 17		30,582.
9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS, IF STATE AND LOCAL TAXES WERE LIMITED		0.
10. PRIOR YEAR BASE STANDARD DEDUCTION	25,900.	
11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS	0.	
12. PRIOR YEAR TOTAL STANDARD DEDUCTION (ADD LINES 10 AND 11)		25,900.
13. ENTER THE LARGER OF LINE 9 OR LINE 12		25,900.
14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0)		4,682.
15. ENTER THE SMALLER OF LINE 7 OR LINE 14		0.
16. NEGATIVE TAXABLE INCOME (PRIOR YEAR)		0.
17. REFUND WITH NO BENEFIT DUE TO AMT, NONREFUNDABLE CREDITS, 0% CAPITAL GAIN RATE, SALT LIMIT		0.
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)		0.

STATE AND LOCAL REFUNDS TAXABLE IN 2024
(IRS PUB. 525)

1. STATE AND LOCAL INCOME TAX REFUNDS (CURRENT YEAR)	815.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2023 PAYMENTS PER IRS PUB. 525	0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS	815.
4. STATE AND LOCAL INCOME TAXES INCLUDED ON SCHEDULE A, LINE 5E	0.
5. ALLOWABLE GENERAL SALES TAX DEDUCTION	0.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES DEDUCTED	0.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6	0.
8. ITEMIZED DEDUCTIONS FROM SCHEDULE A, LINE 17	57,677.
9. RECOMPUTED ITEMIZED DEDUCTIONS, IF STATE/LOCAL TAXES LIMITED	0.
10. STANDARD DEDUCTION	27,700.
11. ENTER THE LARGER OF LINE 9 OR LINE 10	0.
12. SUBTRACT LINE 11 FROM LINE 8 (NOT LESS THAN 0)	0.
13. ENTER THE SMALLER OF LINE 7 OR LINE 12	0.
14. NEGATIVE TAXABLE INCOME (CURRENT YEAR)	0.
15. STATE AND LOCAL REFUNDS TAXABLE NEXT YEAR (ADD LINES 13 AND 14, BUT NOT LESS THAN 0)	0.

WORKSHEET FOR DETERMINING ROTH IRA BASIS AMOUNTS

TAXPAYER

BASIS IN CONTRIBUTIONS:

1. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONTRIBUTIONS AS OF DECEMBER 31, 2022	19,034.
2A. ROTH IRA CONTRIBUTIONS FOR 2023, ADJUSTED FOR ANY RECHARACTERIZATIONS	0.
2B. ROTH SEP AND ROTH SIMPLE IRA CONTRIBUTIONS	0.
3. ADD LINES 1, 2A, AND 2B	19,034.
4. ENTER THE AMOUNT OF NONQUALIFIED DISTRIBUTIONS FROM FORM 8606, LINE 19	0.
5. REMAINING BASIS IN CONTRIBUTIONS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 4 FROM LINE 3)	19,034.
6. QUALIFIED ROTH DISTRIBUTIONS	0.
7. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONTRIBUTIONS AS OF DECEMBER 31, 2023 (SUBTRACT LINE 6 FROM LINE 5)	19,034.

BASIS IN CONVERSIONS & ROLLOVERS:

8. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONVERSIONS AS OF DECEMBER 31, 2022	0.
9. ENTER THE AMOUNT FROM FORM 8606, LINE 16	0.
10. ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAS IN 2023	0.
11. ADD LINES 8, 9, AND 10	0.
12. ENTER THE AMOUNT FROM FORM 8606, LINE 23, REFIGURED WITHOUT TAKING INTO ACCOUNT THE AMOUNT ON LINE 20	0.
13. REMAINING BASIS IN CONVERSIONS AND ROLLOVERS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 12 FROM LINE 11)	0.
14. QUALIFIED ROTH DISTRIBUTIONS THAT DID NOT REDUCE BASIS IN CONTRIBUTIONS (SUBTRACT LINE 6 FROM LINE 7)	0.
15. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONVERSIONS & ROLLOVERS AS OF DECEMBER 31, 2023 (SUBTRACT LINE 14 FROM LINE 13)	0.

STATE DEDUCTION FOR EXEMPTIONS WORKSHEET

1. 4,800 PER EXEMPTION		4,800.
2. ENTER THE ADJUSTED GROSS INCOME	1,048,152.	
3. THRESHOLD FOR YOUR FILING STATUS	330,950.	
4. SUBTRACT LINE 3 FROM LINE 2	717,202.	
5. IS LINE 4 MORE THAN \$122,500 (\$61,250 IF MFS)?		
YES. YOUR EXEMPTION AMOUNT IS ZERO. DO NOT COMPLETE THE REST OF THIS WORKSHEET.		
NO. DIVIDE LINE 4 BY \$2,500 (\$1,250 IF MFS)	50.	
6. MULTIPLY LINE 5 BY 2% (.02)	1.00	
7. MULTIPLY LINE 1 BY LINE 6		4,800.
8. DEDUCTION FOR EXEMPTIONS (SUBTRACT LINE 7 FROM LINE 1)		0.

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

CAPITAL GAIN RATES (CAPITAL GAIN/SCH. D TAX WORKSHEET)		INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$22,000)		\$ 22,000.	\$ 2,200.
12% ORDINARY TAX BRACKET (\$22,001 - \$89,450)		67,450.	8,094.
22% ORDINARY TAX BRACKET (\$89,451 - \$190,750)		101,300.	22,286.
24% ORDINARY TAX BRACKET (\$190,751 - \$364,200)		173,450.	41,628.
32% ORDINARY TAX BRACKET (\$364,201 - \$462,500)		98,300.	31,456.
35% ORDINARY TAX BRACKET (\$462,501 - \$693,750)		231,250.	80,938.
37% ORDINARY TAX BRACKET (\$693,751 +)		275,757.	102,030.
TAXABLE ORDINARY INCOME		<u>\$ 969,507.</u>	
20% CAPITAL GAIN BRACKET		20,748.	4,150.
TOTAL USING CAPITAL GAIN RATES		<u>\$ 990,255.</u>	<u>\$ 292,782.</u>

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 15 990,255.
2. ENTER AMOUNT FROM FORM 1040, 1040-SR,
OR 1040-NR, LINE 3A 20,748.
3. ARE YOU FILING SCHEDULE D?
[X] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF
SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO
[] NO. ENTER AMOUNT FROM FORM 1040, 1040-SR,
OR 1040-NR, LINE 7 0.
4. ADD LINES 2 AND 3 20,748.
5. SUBTRACT LINE 4 FROM LINE 1. IF 0 OR LESS, ENTER 0. 969,507.
6. ENTER:
\$44,625 IF SINGLE OR MARRIED FILING SEPARATELY,
\$89,250 IF MARRIED FILING JOINTLY OR QUALIFYING
SURVIVING SPOUSE, \$59,750 IF HEAD OF HOUSEHOLD 89,250.
7. ENTER THE SMALLER OF LINE 1 OR LINE 6 89,250.
8. ENTER THE SMALLER OF LINE 5 OR LINE 7 89,250.
9. SUBTRACT LINE 8 FROM LINE 7. THIS AMOUNT IS TAXED AT 0% 0.
10. ENTER THE SMALLER OF LINE 1 OR LINE 4 20,748.
11. ENTER THE AMOUNT FROM LINE 9 0.
12. SUBTRACT LINE 11 FROM LINE 10 20,748.
13. ENTER:
\$492,300 IF SINGLE, \$276,900 IF MARRIED FILING
SEPARATELY, \$553,850 IF MARRIED FILING JOINTLY
OR QUALIFYING SURVIVING SPOUSE, \$523,050 IF HEAD
OF HOUSEHOLD. 553,850.
14. ENTER THE SMALLER OF LINE 1 OR LINE 13 553,850.
15. ADD LINES 5 AND 9 969,507.
16. SUBTRACT LINE 15 FROM LINE 14. IF 0 OR LESS, ENTER 0. 0.
17. ENTER THE SMALLER OF LINE 12 OR LINE 16 0.
18. MULTIPLY LINE 17 BY 15% (.15) 0.
19. ADD LINES 9 AND 17 0.
20. SUBTRACT LINE 19 FROM LINE 10 20,748.
21. MULTIPLY LINE 20 BY 20% (.20) 4,150.
22. FIGURE THE TAX ON THE AMOUNT ON LINE 5.
(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET) 288,632.
23. ADD LINES 18, 21, AND 22 292,782.
24. FIGURE THE TAX ON THE AMOUNT ON LINE 1.
(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET) 296,308.

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16) (CONTINUED)

25. TAX ON ALL TAXABLE INCOME (INCLUDING
CAPITAL GAIN DISTRIBUTIONS). ENTER THE
SMALLER OF LINE 23 OR LINE 24 HERE AND ON
FORM 1040, 1040-SR, OR 1040-NR, LINE 16

292,782.

FEDERAL INCOME TAX WITHHELD

DOORDASH FKA PALO ALTO D ELIVERY	249,934.
SNAP INC	30,999.
TARGET ENTERPRISE INC	9,432.
EDINA COUNTRY CLUB	9.
ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)	5,738.
TOTAL	<u><u>296,112.</u></u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A)

STATE AND LOCAL INCOME TAXES

	STATE	LOCAL
INCOME TAX WITHHELD	67,916.	0.
DISABILITY/UNEMPLOYMENT INSURANCE/TRANSIT TAX	0.	0.
ESTIMATED TAX PAYMENTS	0.	0.
CREDIT FOR PRIOR YEAR OVERPAYMENT	0.	0.
CREDIT FOR INCOME TAX WITHHELD (K-1)	0.	0.
1/23 PAYMENT ON 2022 ESTIMATE	0.	0.
PAID WITH 2022 EXTENSION	0.	0.
PAID WITH 2022 RETURN	7,885.	0.
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0.	0.
TOTAL INCOME TAXES	<u>75,801.</u>	<u>0.</u>

TOTAL STATE AND LOCAL INCOME TAXES 75,801.

STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:

ADJUSTED GROSS INCOME PER FORM 1040 OR 1040-SR	1,048,152.
TAX-EXEMPT INTEREST	0.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	0.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	<u><u>1,048,152.</u></u>

NUMBER OF EXEMPTIONS 3.

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A) (CONTINUED)

1. STATE GENERAL SALES TAXES PER TABLES	2,530.
2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF AL, AK, AZ, AR, CO, GA, IL, KS, LA, MO, MS, NC, NY, SC, TN, UT, AND VA (BASED ON A RATE OF 1%)	0.
3. LOCAL GENERAL SALES TAX RATE	
4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE. OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6	6.8750
5. DIVIDE LINE 3 BY LINE 4	
6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3.	0.
7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6)	2,530.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC.	0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8)	2,530.

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

1. GENERAL SALES TAXES PAID	0.
2. USE TAXES PAID	0.
3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2)	0.
4. SALES TAXES USING TABLES	2,530.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT	<u>2,530.</u>

STATE & LOCAL TAXES TO SCH. A, LN 5 (GREATER OF INCOME OR SALES TAX) 75,801.

EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET

NAME OF LENDER: BELL BANK

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (POST '17)	0.	931,000.	10,166.	920,834.	925,917.	47,159.
				TOTAL	<u>925,917.</u>	<u>47,159.</u>

NAME OF LENDER: CHASE

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (POST '17)	650,676.	0.	0.	650,676.	54,223.	2,362.
				TOTAL	<u>54,223.</u>	<u>2,362.</u>

EXCESS MORTGAGE - WORKSHEET TO FIGURE QUALIFIED LOAN LIMIT AND DEDUCTIBLE HOME MORTGAGE INTEREST FOR 2023 (IRS PUB 936)
PART I - QUALIFIED LOAN LIMIT

- | | |
|---|------------|
| 1. AVERAGE BALANCE OF ALL PRE-OCT 14, 1987 DEBT | 0. |
| 2. AVERAGE BALANCE OF HOME ACQUISITION DEBT INCURRED PRIOR TO DECEMBER 16, 2017 | 0. |
| 3. ENTER \$1,000,000 (\$500,000 IF MARRIED FILING SEPARATE) | 1,000,000. |
| 4. ENTER THE LARGER OF LINE 1 OR LINE 3 | 1,000,000. |
| 5. ADD THE AMOUNTS ON LINE 1 AND 2 | 0. |
| 6. ENTER THE SMALLER OF LINE 4 OR LINE 5 | 0. |

IF YOU HAVE NO HOME ACQUISITION DEBT INCURRED AFTER DECEMBER 15, 2017, OR THE AMOUNT ON LINE 6 IS GREATER THAN OR EQUAL TO THE LINE 8 LIMIT, LINE 6 IS YOUR QUALIFIED LOAN LIMIT. ENTER THIS AMOUNT ON LINE 11 AND GO TO PART II, LINE 12. IF YOU HAVE HOME ACQUISITION DEBT INCURRED AFTER DECEMBER 15, 2017, GO TO LINE 7.

- | | |
|--|----------|
| 7. AVERAGE BALANCE OF HOME ACQUISITION DEBT INCURRED AFTER DECEMBER 15, 2017 | 980,140. |
| 8. ENTER \$750,000, (\$375,000 IF MARRIED FILING SEPARATE) | 750,000. |
| 9. ENTER THE LARGER OF LINE 6 OR LINE 8 | 750,000. |
| 10. ADD THE AMOUNTS ON LINE 6 AND 7 | 980,140. |
| 11. QUALIFIED LOAN LIMIT (SMALLER OF LINE 9 OR LINE 10) | 750,000. |

PART II - DEDUCTIBLE HOME MORTGAGE INTEREST

- | | |
|---|----------|
| 12. TOTAL AVERAGE BALANCES OF ALL MORTGAGES FROM LINES 1, 2, AND 7 ON ALL QUALIFIED HOMES | 980,140. |
| 13. TOTAL AMOUNT OF INTEREST PAID ON THE LOANS FROM LINE 12 | 49,521. |
| 14. DIVIDE THE AMOUNT ON LINE 11 BY THE AMOUNT ON LINE 12 | .765 |
| 15. MULTIPLY LINE 13 BY LINE 14. THIS IS DEDUCTIBLE HOME MORTGAGE INTEREST | 37,884. |
| 16. SUBTRACT LINE 15 FROM LINE 13. THIS IS NOT HOME MORTGAGE INTEREST | 11,637. |

EXCESS MORTGAGE - ALLOCATION OF EXCESS HMI TO HOME EQUITY AND HOME ACQUISITION DEBT

TYPE OF TOTAL DEBT	EXCESS DEBT	RATIO	EXCESS HMI
TOTAL EXCESS HOME EQUITY DEBT	0.	N/A	0.
TOTAL EXCESS HOME ACQUISITION DEBT	230,140.	N/A	11,637.
TOTALS	230,140.		11,637.

ALLOCATION OF EXCESS HMI TO HOME ACQUISITION LOANS

NAME OF LENDER	ALLOCATED INTEREST	RATIO	EXCESS HMI
BELL BANK	47,159.	.952303	11,082.
CHASE	2,362.	.047697	555.
TOTALS	49,521.		11,637.

EXCESS MORTGAGE - ALLOCATION OF INTEREST TO TYPE OF DEBT AND FORMS/SCHEDULES

NAME OF LENDER: BELL BANK

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (POST 12/15/17)	47,159.	11,082.	36,077.	SCHEDULE A
TOTALS	47,159.	11,082.	36,077.	

NAME OF LENDER: CHASE

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (POST 12/15/17)	2,362.	555.	1,807.	SCHEDULE A
TOTALS	2,362.	555.	1,807.	

EXCESS MORTGAGE - ALLOCATION OF POINTS TO TYPE OF DEBT AND FORMS/SCHEDULES

NAME OF LENDER: BELL BANK

TYPE OF DEBT	TOTAL POINTS	EXCESS POINTS	* DEDUCTIBLE POINTS	WHERE REPORTED
HOME ACQUISITION (POST 12/15/17)	12,801.	3,008.	9,793.	SCHEDULE A
TOTALS	12,801.	3,008.	9,793.	

* THE RATIO USED TO COMPUTE THE DEDUCTIBLE POINTS COLUMN IS OBTAINED FROM LINE 14 OF THE "WORKSHEET TO FIGURE QUALIFIED LOAN LIMIT AND DEDUCTIBLE HOME MORTGAGE INTEREST" (0.765)

**CAPITAL LOSS CARRYOVER WORKSHEET
(IRS PUBLICATION 550)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040NR, LINE 15	990,255.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21	3,000.
3. COMBINE LINES 1 AND 2 (BUT NOT LESS THAN ZERO)	993,255.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3 - NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER ZERO ON LINE 5 AND GO TO LINE 9.	3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7	82,922.
6. ENTER GAIN FROM SCHEDULE D, LINE 15	0.
7. ADD LINES 4 AND 6	3,000.
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2024. SUBTRACT LINE 7 FROM LINE 5 - NOTE: IF LINE 15 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13	79,922.
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15	11,179.
10. ENTER GAIN FROM SCHEDULE D, LINE 7	0.
11. SUBTRACT LINE 5 FROM LINE 4	0.
12. ADD LINES 10 AND 11	0.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2024. SUBTRACT LINE 12 FROM LINE 9	11,179.

**FORM 1116, PAGE 1, LINE 3D
GROSS FOREIGN SOURCE INCOME**
CATEGORY OF INCOME - PASSIVE

DIVIDEND INCOME.....	\$	90.
GROSS QUALIFYING DIVIDENDS.....		2,825.
TOTAL	\$	<u>2,915.</u>

**FORM 1116, PAGE 1, LINE 3E
GROSS INCOME FROM ALL SOURCES**

WAGES, SALARIES, TIPS, ETC.....	1,026,583.
TAXABLE INTEREST.....	153.
ORDINARY DIVIDENDS.....	24,416.
CAPITAL GAIN AND OTHER GAINS.....	28,012.
TOTAL	\$ <u>1,079,164.</u>

**TAXABLE INCOME LIMITATION (FORM 1116, LINE 18)
(TAXPAYERS WHO COMPLETED SCHEDULE D)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 15	990,255.
2. ENTER YOUR WORLDWIDE 28% GAINS	0.
3. MULTIPLY LINE 2 BY 0.2432	0.
4. ENTER YOUR WORLDWIDE 25% GAINS	0.
5. MULTIPLY LINE 4 BY 0.3243	0.
6. ENTER WORLDWIDE 20% GAINS & QUALIFIED DIVIDENDS	20,748.
7. MULTIPLY LINE 6 BY 0.4595	9,534.
8. ENTER WORLDWIDE 15% GAINS & QUALIFIED DIVIDENDS	0.
9. MULTIPLY LINE 8 BY 0.5946	0.
10. ENTER WORLDWIDE 0% GAINS & QUALIFIED DIVIDENDS	0.
11. ADD LINES 3, 5, 7, 9 AND 10	9,534.
12. SUBTRACT LINE 11 FROM LINE 1. ENTER ON FORM 1116, LINE 18	<u>980,721.</u>

**TAXABLE INCOME LIMITATION (AMT) (FORM 1116, LINE 18)
(TAXPAYERS WHO COMPLETED PART III OF FORM 6251)**

1. ENTER THE AMOUNT FROM FORM 6251, LINE 4	1,000,255.
2. ENTER YOUR WORLDWIDE 28% GAINS	N/A
3. MULTIPLY LINE 2 BY N/A	N/A
4. ENTER YOUR WORLDWIDE 25% GAINS (FORM 6251, LINE 36)	0.
5. MULTIPLY LINE 4 BY 0.1071	0.
6. ENTER WORLDWIDE 20% GAINS & QUAL. DIV. (FORM 6251, LINE 33)	20,748.
7. MULTIPLY LINE 6 BY 0.2857	5,928.
8. ENTER WORLDWIDE 15% GAINS & QUAL. DIV. (FORM 6251, LINE 30)	0.
9. MULTIPLY LINE 8 BY 0.4643	0.
10. ENTER WORLDWIDE 0% GAINS & QUAL. DIV. (FORM 6251, LINE 23)	0.
11. ADD LINES 3, 5, 7, 9 AND 10	5,928.
12. SUBTRACT LINE 11 FROM LINE 1. ENTER ON FORM 1116, LINE 18	<u>994,327.</u>

**FORM 8960, LINE 7
OTHER MODIFICATIONS TO INVESTMENT INCOME**

DEDUCTION RECOVERY.....	\$	26.
TOTAL	\$	<u>26.</u>

**FORM 8960, LINE 9B
STATE, LOCAL, AND FOREIGN INCOME TAX WORKSHEET**STATE, LOCAL, AND FOREIGN INCOME TAX ALLOCABLE TO INVESTMENT INCOME

1. STATE AND LOCAL INCOME TAXES.....	\$	75,801.
2. INVESTMENT INCOME.....		21,595.
3. TOTAL ADJUSTED GROSS INCOME.....		1,048,152.
4. RATIO OF INVESTMENT INCOME TO TOTAL INCOME (LINE 2 / LINE 3).....		0.02060293
5. STATE AND LOCAL INCOME TAX ALLOCABLE TO INVESTMENT INCOME (LINE 1 * LINE 4).....		1,562.
5B. REAL ESTATE TAXES ON PROP. HELD FOR INVEST. (FORM 8960, LINE 9C)....		0.
6. ALLOWED STATE AND LOCAL TAXES (SCH. A, LINE 5E - LINE 5B ABOVE).....		10,000.
7. LESSER OF LINE 5 OR LINE 6.....		1,562.
8. FOREIGN INCOME TAXES.....		0.
9. FOREIGN INCOME TAXES ALLOCABLE TO INVEST. INCOME (LINE 8 * LINE 4)....		0.
10. STATE, LOCAL, AND FOREIGN INCOME TAXES ALLOCABLE TO INVESTMENT INCOME (ADD LINES 7 AND 9).....	\$	<u>1,562.</u>

**FORM 8960, LINE 13
MODIFIED ADJUSTED GROSS INCOME WORKSHEET**

1. ENTER YOUR ADJUSTED GROSS INCOME.....	\$	1,048,152.
2A. FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42).....		0.
2B. DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION.....		0.
3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS.....		0.
3A. ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT).....		0.
4. SUM OF LINES 1, 2A, 2B, 3, AND 3A.....	\$	<u>1,048,152.</u>

2023

FORM 8960 - RECOVERY OF STATE/LOCAL TAX REFUND

CLIENT 355614D9-205C-

472-21-2927

Line 7 – Deduction Recoveries Worksheet

Keep for Your Records

- 1 Enter total amount of recovery included in gross income 1 0.
- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1–6).
 - Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
 - Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.
- CAUTION!** This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.
- 2 Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2 1,916.
- 3 Total amount of recovery (add lines 1 and 2) 3 1,916.
- 4 Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4 1.726203
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68). 5 33.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

- 6 Multiply line 5 by 3.8% (0.038). 6 1.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11). 7 14,824.
- 8 Add the amount on line 5 to line 7. 8 14,857.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9 565.
- 10 Enter the NIIT reported for the year of the deduction 10 563.
- 11 Subtract line 10 from line 9. 11 2.
- 12 Enter the smaller of line 6 or line 11. 12 1.
- 13 Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7. 13 26.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number). 14 0.
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15 0.
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7. 16 0.

ACTIVITY NAME: AIR FUND I, A SERIES OF DOORDASH ANGELS

ADJUSTED BASIS AT BEGINNING OF YEAR	2,000.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	
OTHER TAX-EXEMPT INCOME	
CURRENT YEAR INCOME FROM PARTNERSHIP	0.
ADJUSTED BASIS USED FOR BASIS LIMITATION	2,000.
LOSS ALLOWED BY BASIS LIMITATION	0.
ADJUSTED BASIS AT END OF YEAR	2,000.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	2,000.
AMT INCOME	
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	2,000.
LOSS ALLOWED BY AMT BASIS	
AMT FINAL BASIS	2,000.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
TOTALS	<u>0.</u>	<u>0.</u>

2023

SCHEDULE OF LOSS LIMITATIONS

PAGE 1

CRAIG M JONES AND LUISE

472-21-2927

ACTIVITY NAME: AIR FUND I, A SERIES OF DOORDASH ANGELS

[illegible]

2023**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****CRAIG M JONES AND LUISE****472-21-2927**

MARRIED FILING JOINT GENERATED A TENTATIVE TAX SAVINGS OF \$6,061.

SUMMARY	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	832,581.	218,071.	1,050,652.	1,048,152.
Itemized deductions	28,839.	28,837.	57,676.	57,677.
Standard deduction	13,850.	13,850.	27,700.	27,700.
Taxable Income	803,660.	189,096.	992,756.	990,255.
Total tax	268,045.	38,529.	306,574.	300,512.
Tentative amount due or (overpayment)	12,373.	-4,998.	7,375.	1,314.
TAX SAVINGS BY FILING JOINTLY				6,061.
Marginal tax rate	37%	24%		37%
Amount of income taxed at marginal rate	452,004.	77,754.		275,757.
Current tax bracket remaining	TOP BRACKET	8,971.		TOP BRACKET
INCOME				
Wages, salaries, tips, etc.	828,804.	200,279.	1,029,083.	1,026,583.
Taxable interest income	85.	68.	153.	153.
Ordinary dividends	5,192.	19,224.	24,416.	24,416.
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss				
Capital gain or loss	-1,500.	-1,500.	-3,000.	-3,000.
Other gains or losses				
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.				
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	832,581.	218,071.	1,050,652.	1,048,152.
ADJUSTMENTS				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Other adjustments				
Total adjustments				
Federal adjusted gross income	832,581.	218,071.	1,050,652.	1,048,152.

Note: This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

2023

Married Filing Joint vs. Married Filing Separate Comparison

PAGE 2

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	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
ITEMIZED DEDUCTIONS				
Medical and dental				
Taxes	5,000.	5,000.	10,000.	10,000.
Interest	23,839.	23,837.	47,676.	47,677.
Contributions				
Casualty and theft				
Other miscellaneous deductions				
Total itemized deductions	28,839.	28,837.	57,676.	57,677.
TAX CALCULATION				
Standard deduction	13,850.	13,850.	27,700.	27,700.
Higher of itemized or standard deduction	28,839.	28,837.	57,676.	57,677.
Qualified business income deduction	82.	138.	220.	220.
Taxable income	803,660.	189,096.	992,756.	990,255.
Tax	261,498.	37,346.	298,844.	292,782.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit		208.	208.	208.
Child tax credit/credit for other dependents				
Education credits				
Retirement savings contributions credit				
Child care credit				
Residential energy credit				
General business credit				
Minimum tax credit				
Elderly and disabled credit				
Other credits				
Tax after credits	261,498.	37,138.	298,636.	292,574.
OTHER TAXES				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Other taxes	6,547.	1,391.	7,938.	7,938.
Section 965 net tax liability installment				
Total tax	268,045.	38,529.	306,574.	300,512.
PAYMENTS				
Federal income tax withheld	255,672.	40,441.	296,113.	296,112.
Estimated tax payments				
Earned income credit				
Additional child tax credit				
American opportunity credit				
Net premium tax credit				
Amount paid with extension				
Excess social security and RRTA tax withheld		3,086.	3,086.	3,086.
Other payments				
Total payments	255,672.	43,527.	299,199.	299,198.
Tentative amount due or (overpayment)	12,373.	-4,998.	7,375.	1,314.

2023

MULTI-STATE SUMMARY WORKSHEET

PAGE 1

CRAIG M JONES AND LUISE

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INCOME	FEDERAL	CALIFORNIA	ILLINOIS		
Wages, salaries, tips, etc.	1,026,583	22,760	598		
Taxable interest income	153				
Ordinary dividends	24,416				
Taxable refunds of state and local income taxes	0				
Alimony received	0				
Business income or loss	0				
Capital gain or loss	-3,000				
Other gains or losses	0				
Taxable IRA distributions	0				
Taxable pensions and annuities	0				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	0				
Farm income or loss	0				
Unemployment compensation	0				
Taxable social security benefits	0				
Other income	0				
Total income	1,048,152	22,760	598		
ADJUSTMENTS					
Educator expenses	0				
Certain business expenses of reservists, performing artists, and fee-basis government officials	0				
Health savings account deduction	0				
Moving expenses	0				
Deductible part of self-employment tax	0				
Self-employed SEP, SIMPLE, & qualified plans	0				
Self-employed health insurance deduction	0				
Penalty on early withdrawal of savings	0				
Alimony paid	0				
IRA deduction	0				
Student loan interest deduction	0				
Other adjustments	0				
Total adjustments	0				
Federal adjusted gross income	1,048,152	22,760	598		

CRAIG M JONES AND LUISE

472-21-2927

AIR FUND I, A SERIES OF DOORDASH ANGELS

87-2471009

PARTNERSHIP

PASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)						
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)						
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251.

CAPITAL LOSS CARRYOVER WORKSHEET

1. LOSS FROM SCHEDULE D, LINE 11.	3,000.
2. AMOUNT FROM FORM 540 OR FORM 540NR, LINE 17.	1,048,152.
3. AMOUNT FROM FORM 540 OR FORM 540NR, LINE 18.	44,067.
4. SUBTRACT LINE 3 FROM LINE 2.	1,004,085.
5. COMBINE LINE 1 AND LINE 4.	1,007,085.
6. LOSS FROM SCHEDULE D, LINE 8.	94,101.
7. ENTER THE SMALLER OF LINE 1 OR LINE 5.	<u>3,000.</u>
8. SUBTRACT LINE 7 FROM LINE 6.	
THIS IS YOUR CAPITAL LOSS CARRYOVER TO 2024.	<u><u>91,101.</u></u>

WORKSHEET FOR DETERMINING ROTH IRA BASIS AMOUNTSTAXPAYER

BASIS IN CONTRIBUTIONS:

1. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONTRIBUTIONS AS OF DECEMBER 31, 2022	19,034.
2A. ROTH IRA CONTRIBUTIONS FOR 2023, ADJUSTED FOR ANY RECHARACTERIZATIONS	0.
2B. ROTH SEP AND ROTH SIMPLE IRA CONTRIBUTIONS	0.
3. ADD LINES 1, 2A, AND 2B	19,034.
4. ENTER THE AMOUNT OF NONQUALIFIED DISTRIBUTIONS FROM FORM 8606, LINE 19	0.
5. REMAINING BASIS IN CONTRIBUTIONS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 4 FROM LINE 3)	19,034.
6. QUALIFIED ROTH DISTRIBUTIONS	0.
7. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONTRIBUTIONS AS OF DECEMBER 31, 2023 (SUBTRACT LINE 6 FROM LINE 5)	<u><u>19,034.</u></u>

BASIS IN CONVERSIONS & ROLLOVERS:

8. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONVERSIONS AS OF DECEMBER 31, 2022	0.
9. ENTER THE AMOUNT FROM FORM 8606, LINE 16	0.
10. ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAS IN 2023	0.
11. ADD LINES 8, 9, AND 10	0.
12. ENTER THE AMOUNT FROM FORM 8606, LINE 23, REFIGURED WITHOUT TAKING INTO ACCOUNT THE AMOUNT ON LINE 20	0.
13. REMAINING BASIS IN CONVERSIONS AND ROLLOVERS BEFORE QUALIFIED ROTH DISTRIBUTIONS (SUBTRACT LINE 12 FROM LINE 11)	0.
14. QUALIFIED ROTH DISTRIBUTIONS THAT DID NOT REDUCE BASIS IN CONTRIBUTIONS (SUBTRACT LINE 6 FROM LINE 7)	0.
15. BASIS IN ROTH/ROTH SEP/ROTH SIMPLE IRA CONVERSIONS & ROLLOVERS AS OF DECEMBER 31, 2023 (SUBTRACT LINE 14 FROM LINE 13)	<u><u>0.</u></u>

EXEMPTION CREDITS WORKSHEET (FORM 540NR, LINE 39)

A. ENTER THE AMOUNT FROM FORM 540NR, LINE 13		1,048,152.
B. IF YOUR FILING STATUS IS:		
SINGLE OR MFS	237,035	
MFJ OR QUALIFYING SURVIVING SPOUSE	474,075	
HEAD OF HOUSEHOLD	355,558	
ENTER THAT AMOUNT HERE		474,075.
C. SUBTRACT LINE B FROM LINE A		574,077.
D. DIVIDE LINE C BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATE)		230.
E. MULTIPLY LINE D BY \$6		1,380.
F. ADD THE NUMBERS FROM THE BOXES ON FORM 540NR, LINE 7, 8, AND 9		2.
G. MULTIPLY LINE E BY LINE F		2,760.
H. ENTER THE TOTAL AMOUNT FROM FORM 540NR, LINE 7, 8, AND 9		288.
I. SUBTRACT LINE G FROM LINE H		0.
J. ENTER THE NUMBER FROM THE BOX ON FORM 540NR LINE 10 (NOT THE AMOUNT)		1.
K. MULTIPLY LINE E BY LINE J		1,380.
L. ENTER THE AMOUNT FROM FORM 540NR, LINE 10		446.
M. SUBTRACT LINE K FROM LINE L		0.
N. ADD LINE I AND LINE M. ENTER RESULT HERE		0.
O. MULTIPLY LINE N BY THE CA EXEMPTION CREDIT PERCENTAGE ON FORM 540NR, LINE 38. ENTER RESULT HERE AND ON FORM 540NR, LINE 39		0.

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE CA(540NR), PART III, LINE 29)

1. AMOUNT FROM SCHEDULE CA(540NR), PART III, LINE 28		78,512.
2. ADD AMOUNTS ON FED. SCH. A, LINE 4, LINE 9, AND LINE 15 PLUS GAMBLING LOSSES INCLUDED ON LINE 16		0.
3. SUBTRACT LINE 2 FROM LINE 1		78,512.
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	62,810.	
5. ENTER AMOUNT FROM FORM 540NR, LINE 13	1,048,152.	
6. ENTER \$474,075 (\$355,558 IF HOH, \$237,035 IF MFS OR SINGLE)	474,075.	
7. SUBTRACT LINE 6 FROM LINE 5	574,077.	
8. MULTIPLY LINE 7 ABOVE BY 6% (.06)	34,445.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		34,445.
10. TOTAL ITEMIZED DEDUCTIONS (SUBTRACT LINE 9 FROM LINE 1)		44,067.

EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET

NAME OF LENDER: BELL BANK

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO-CATED INTEREST
HM ACQ (POST '17)	0.	931,000.	10,166.	920,834.	925,917.	47,159.
				TOTAL	925,917.	47,159.

EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET (CONTINUED)

NAME OF LENDER: CHASE

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (POST '17)	650,676.	0.	0.	650,676.	54,223.	2,362.
				TOTAL	54,223.	2,362.

EXCESS MORTGAGE - WORKSHEET TO FIGURE QUALIFIED LOAN LIMIT AND DEDUCTIBLE HOME MORTGAGE INTEREST FOR 2023 (IRS PUB 936)**PART I - QUALIFIED LOAN LIMIT**

1. AVERAGE BALANCE OF ALL PRE-OCT 14, 1987 DEBT	0.
2. AVERAGE BALANCE OF ALL HOME ACQUISITION DEBT	980,140.
3. ENTER \$1,000,000 (\$500,000 IF MARRIED FILING SEPARATE)	1,000,000.
4. ENTER THE LARGER OF LINE 1 OR LINE 3	1,000,000.
5. ADD THE AMOUNTS ON LINE 1 AND 2	980,140.
6. ENTER THE SMALLER OF LINE 4 OR LINE 5	980,140.
7. ENTER \$100,000 (\$50,000 IF MARRIED FILING SEPARATE)	100,000.
8. QUALIFIED LOAN LIMIT (ADD LINES 6 AND 7)	1,080,140.

PART II - DEDUCTIBLE HOME MORTGAGE INTEREST

9. TOTAL AVERAGE BALANCES OF ALL MORTGAGES ON ALL QUALIFIED HOMES	980,140.
10. ENTER THE TOTAL AMOUNT OF INTEREST PAID	49,521.
11. DIVIDE THE AMOUNT ON LINE 8 BY THE AMOUNT ON LINE 9	1.000
12. MULTIPLY LINE 10 BY LINE 11. THIS IS DEDUCTIBLE HOME MORTGAGE INTEREST	49,521.
13. SUBTRACT LINE 12 FROM LINE 10. THIS IS NOT HOME MORTGAGE INTEREST	0.

EXCESS MORTGAGE - ALLOCATION OF INTEREST TO TYPE OF DEBT AND FORMS/SCHEDULES

NAME OF LENDER: BELL BANK

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (POST 12/15/17)	47,159.	0.	47,159.	SCHEDULE A
TOTALS	47,159.	0.	47,159.	

NAME OF LENDER: CHASE

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (POST 12/15/17)	2,362.	0.	2,362.	SCHEDULE A
TOTALS	2,362.	0.	2,362.	

EXCESS MORTGAGE - ALLOCATION OF POINTS TO TYPE OF DEBT AND FORMS/SCHEDULES

NAME OF LENDER: BELL BANK

TYPE OF DEBT	*			WHERE REPORTED
	TOTAL POINTS	EXCESS POINTS	DEDUCTIBLE POINTS	
HOME ACQUISITION (POST 12/15/17)	12,801.	0.	12,801.	SCHEDULE A
TOTALS	12,801.	0.	12,801.	

* THE RATIO USED TO COMPUTE THE DEDUCTIBLE POINTS COLUMN IS OBTAINED FROM LINE 11 OF THE "WORKSHEET TO FIGURE QUALIFIED LOAN LIMIT AND DEDUCTIBLE HOME MORTGAGE INTEREST" (1)

INDIVIDUAL SHARED RESPONSIBILITY PENALTYSTEP 1 ALL FILERS

1. CAN SOMEONE CLAIM YOU AS A DEPENDENT?
- NO. CONTINUE.
2. DID YOU, AND EVERYONE IN YOUR APPLICABLE HOUSEHOLD, HAVE MEC FOR EVERY MONTH OF THIS TAX YEAR?
- YES. STOP. YOU DO NOT OWE AN INDIVIDUAL SHARED RESPONSIBILITY PENALTY.

STATE DEDUCTION FOR EXEMPTIONS WORKSHEET

1. 4,800 PER EXEMPTION		4,800.
2. ENTER THE ADJUSTED GROSS INCOME	1,048,152.	
3. THRESHOLD FOR YOUR FILING STATUS	330,950.	
4. SUBTRACT LINE 3 FROM LINE 2	717,202.	
5. IS LINE 4 MORE THAN \$122,500 (\$61,250 IF MFS)?		
YES. YOUR EXEMPTION AMOUNT IS ZERO. DO NOT COMPLETE THE REST OF THIS WORKSHEET.		
NO. DIVIDE LINE 4 BY \$2,500 (\$1,250 IF MFS)	50.	
6. MULTIPLY LINE 5 BY 2% (.02)	1.00	
7. MULTIPLY LINE 1 BY LINE 6		4,800.
8. DEDUCTION FOR EXEMPTIONS		
(SUBTRACT LINE 7 FROM LINE 1)		0.

SCHEDULE M1SA, LINE 26, WORKSHEET B
LIMITED MN ITEMIZED DEDUCTIONS (AGI > \$1 MILLION)

1. ENTER THE AMOUNT FROM LINE 25.....	57,677.
2. ENTER THE TOTAL AMOUNTS FROM LINES 4, 13 AND 19.....	
3. SUBTRACT STEP 2 FROM STEP 1. IF ZERO OR LESS, STOP.....	57,677.
4. MULTIPLY STEP 3 BY 80% (.80). ENTER RESULT ON LINE 26.....	46,142.

EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET

NAME OF LENDER: BELL BANK

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (POST '17)	0.	931,000.	10,166.	920,834.	925,917.	47,159.
				TOTAL	925,917.	47,159.

NAME OF LENDER: CHASE

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (POST '17)	650,676.	0.	0.	650,676.	54,223.	2,362.
				TOTAL	54,223.	2,362.

FTB e-file
Tax Return Signature / Consent to Disclosure

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2023 e-file Handbook for Authorized e-file Providers*.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 68474294965
(enter EFIN plus 5 Self-Selected numerics)

CRAIG M JONES AND LUISE

472-21-2927

AIR FUND I, A SERIES OF DOORDASH ANGELS

87-2471009

PARTNERSHIP

PASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)						
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)						
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251.

2023

2024 FEDERAL ESTIMATED TAX WORKSHEET

PAGE 1
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2024 Estimated Tax Worksheet

CRAIG M JONES AND LUISE

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions).....	1	1,048,152.
2a	Deductions.....	2a	57,677.
	<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. 		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction.....	2b	220.
c	Add lines 2a and 2b.....	2c	57,897.
3	Subtract line 2c from line 1.....	3	990,255.
4	Tax. Figure your tax on the amount on line 3 by using the 2024 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax.....	4	288,993.
5	Alternative minimum tax from Form 6251	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16.....	6	288,993.
7	Credits (see instructions). Do not include any income tax withholding on this line.....	7	208.
8	Subtract line 7 from line 6. If zero or less, enter -0-.....	8	288,785.
9	Self-employment tax (see instructions).....	9	
10	Other taxes (see instructions).....	10	7,938.
11a	Add lines 8 through 10..... 100% OF LINE 11C ELECTED	11a	296,723.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit.....	11b	
c	Total 2024 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-.....	11c	296,723.
12a	Multiply line 11c by 90% (66-2/3% for farmers and fishermen).....	12a	296,723.
b	Required annual payment based on prior year's tax (see instructions).....	12b	330,563.
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b..... Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.	12c	296,723.
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding).....	13	296,112.
14a	Subtract line 13 from line 12c.....	14a	611.
	Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 14b.		
b	Subtract line 13 from line 11c.....	14b	611.
	Is the result less than \$1,000? <input checked="" type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 15 to figure your required payment.		
15	Rounded balance.....	15	
16	Overpayment of estimated tax applied to next tax year.....	16	
17	Total of estimated tax payments to be mailed with vouchers.....	17	
18	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order.....	18	

2024 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

<u>INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
WAGES	1,026,583.	0.	1,026,583.
INTEREST	153.	0.	153.
ORDINARY DIVIDENDS	24,416.	0.	24,416.
SHORT-TERM CAP. GAIN (LOSS)	-3,000.	0.	-3,000.
TOTAL INCOME	1,048,152.	0.	1,048,152.

<u>ADDITIONAL CAPITAL GAIN INFORMATION</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
QUALIFIED DIVIDENDS	20,748.	0.	20,748.

ESTIMATED ADJUSTED GROSS INCOME 1,048,152.

2024 ESTIMATED TAX ITEMIZED DEDUCTIONS WORKSHEET

1. MEDICAL AND DENTAL EXPENSES	0.	
2. 7.5% OF 2024 AGI	0.	
3. ALLOWED MEDICAL AND DENTAL EXP. (LINE 2 - LINE 1)		0.
4. TAXES PAID (STATE & LOCAL TAXES - \$10,000 LIMIT)		10,000.
5. HOME MORTGAGE INTEREST AND POINTS	47,677.	
6. INVESTMENT INTEREST	0.	
7. TOTAL INTEREST PAID		47,677.
8. GIFTS TO CHARITY SUBJECT TO 60% (100%) LIMITATION	0.	
9. GIFTS TO CHARITY SUBJECT TO 50% LIMITATION	0.	
10. GIFTS TO CHARITY SUBJECT TO 30% LIMITATION	0.	
11. GIFTS TO CHARITY SUBJ. TO 30% CAP. GAIN LIMITATION	0.	
12. GIFTS TO CHARITY SUBJ. TO 20% CAP. GAIN LIMITATION	0.	
13. ALLOWED CONTRIBUTIONS		0.
14. CASUALTY AND THEFT LOSSES (NONBUSINESS PROPERTY)		0.
15. OTHER ITEMIZED DEDUCTIONS		0.
15. TOTAL ITEMIZED DEDUCTIONS		<u>0.</u>
(ADD LINES 3, 4, 7, 13, 14, AND 15)		<u><u>57,677.</u></u>

**2024 ESTIMATED TAX MAXIMUM CAPITAL GAINS RATE TAX COMPUTATION
(LINE NUMBERS ARE FROM SCHEDULE D TAX WORKSHEET)**

1. ENTER YOUR TAXABLE INCOME FOR NEXT YEAR		990,255.
2. ENTER YOUR QUALIFIED DIVIDENDS FOR NEXT YEAR	20,748.	
3. FORM 4952, LINE 4G AMOUNT	0.	
4. FORM 4952, LINE 4E AMOUNT	0.	
5. SUBTRACT LINE 4 FROM LINE 3 (NOT LESS THAN ZERO)	0.	
6. SUBTRACT LINE 5 FROM LINE 2 (NOT LESS THAN ZERO)	20,748.	
7. ENTER THE SMALLER OF LINE 15 OR 16 OF SCH D	0.	
8. ENTER THE SMALLER OF LINE 3 OR LINE 4	0.	
9. SUBTRACT LINE 8 FROM LINE 7 (NOT LESS THAN ZERO)	0.	
10. ADD LINES 6 AND 9	20,748.	
11. ADD LINES 18 AND 19 OF SCH D	0.	
12. ENTER THE SMALLER OF LINE 9 OR LINE 11	0.	
13. SUBTRACT LINE 12 FROM LINE 10		20,748.
14. SUBTRACT LINE 13 FROM LINE 1 (NOT LESS THAN ZERO)		969,507.
15. ENTER THE TAX BRACKET LIMIT	94,050.	
16. ENTER THE SMALLER OF LINE 1 OR LINE 15	94,050.	
17. ENTER THE SMALLER OF LINE 14 OR LINE 16	94,050.	
18. SUBTRACT LINE 10 FROM LINE 1 (NOT LESS THAN ZERO)	969,507.	
19. ENTER THE SMALLER OF LINE 1 OR THRESHOLD	383,900.	
20. ENTER THE SMALLER OF LINE 14 OR LINE 19	383,900.	
21. ENTER THE LARGER OF LINE 18 OR LINE 20	969,507.	
22. SUBTRACT LINE 17 FROM LINE 16. THIS IS TAXED AT 0%	0.	
23. ENTER THE SMALLER OF LINE 1 OR LINE 13	20,748.	
24. ENTER THE AMOUNT FROM LINE 22	0.	
25. SUBTRACT LINE 24 FROM LINE 23 (NOT LESS THAN ZERO)	20,748.	
26. ENTER THE HIGH INCOME THRESHOLD	583,750.	
27. ENTER THE SMALLER OF LINE 1 OR LINE 26	583,750.	
28. ADD LINES 21 AND 22	969,507.	
29. SUBTRACT LINES 28 FROM LINE 27 (NOT LESS THAN ZERO)	0.	
30. ENTER THE SMALLER OF LINE 25 OR LINE 29	0.	
31. MULTIPLY LINE 30 BY 15% (.15)		0.
32. ADD LINES 24 AND 30	0.	
33. SUBTRACT LINE 32 FROM LINE 23	20,748.	
34. MULTIPLY LINE 33 BY 20% (.20)		4,150.
44. FIGURE THE TAX ON THE AMOUNT ON LINE 21		284,843.
45. ADD LINES 31, 34, 40, 43, AND 44		288,993.
46. FIGURE THE TAX ON THE AMOUNT ON LINE 1		292,520.
47. TAX (ENTER THE SMALLER OF LINE 45 OR LINE 46)		<u>288,993.</u>

2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX
ALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 3 BELOW)	990,255.
2. TAXES FROM SCHEDULE A	10,000.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	<u>0.</u>
6. ALTERNATIVE MINIMUM TAXABLE INCOME	<u><u>1,000,255.</u></u>

2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX (CONTINUED)ALTERNATIVE MINIMUM TAX

7. EXEMPTION	133,300.
8. SUBTRACT LINE 7 FROM LINE 6	866,955.
9. TAX	236,436.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	208.
11. TENTATIVE MINIMUM TAX	236,228.
12. TAX FROM ES WORKSHEET	288,785.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	<u>0.</u>

TAX COMPUTATION USING MAXIMUM CAPITAL GAIN RATES

14. ALTERNATIVE MINIMUM TAXABLE INCOME LESS EXEMPTION	866,955.
15. AMT LONG-TERM CAP. GAIN, SECTION 1250, AND QUALIFIED DIVIDENDS	20,748.
16. INCOME SUBJECT TO 26%/28% AMT RATES (LINE 14 MINUS LINE 15)	846,207.
17. TAX ON 26% RATE INCOME (28% AND SUBTRACT \$4652 IF HIGH INCOME)	232,286.
18. CAPITAL GAIN INCOME SUBJECT TO 0% RATE	0.
19. TAX ON 0% CAPITAL GAIN INCOME	0.
20. CAPITAL GAIN INCOME SUBJECT TO 15% RATE	0.
21. TAX ON 15% CAPITAL GAIN INCOME	0.
22. CAPITAL GAIN INCOME SUBJECT TO 20% RATE	20,748.
23. TAX ON 20% CAPITAL GAIN INCOME	4,150.
24. CAPITAL GAIN INCOME SUBJECT TO 25% RATE	0.
25. TAX ON 25% CAPITAL GAIN INCOME	0.
26. ADD LINES 17, 19, 21, 23, AND 25	236,436.
27. MULTIPLY LINE 14 BY 26% (28% AND SUBTRACT \$4652 IF HIGH INCOME)	238,095.
28. TOTAL TAX (SMALLER OF LINE 26 OR LINE 27)	<u>236,436.</u>

2024 ESTIMATED TAX WORKSHEET - NONREFUNDABLE CREDITS

FOREIGN TAX CREDIT.....	\$ 208.
TOTAL	<u>\$ 208.</u>

2024 ESTIMATED TAX - OTHER TAXES WORKSHEETADDITIONAL MEDICARE TAX ON WAGES AND SE INCOME

1. WAGES & TIPS SUBJECT TO MEDICARE TAX	1,047,495.
2. THRESHOLD FOR FILING STATUS	250,000.
3. WAGES AND TIPS SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 2 FROM LINE 1)	797,495.
4. ADDITIONAL MEDICARE TAX ON WAGES (LINE 3 X .9%)	7,177.
5. SE MEDICARE INCOME	0.
6. THRESHOLD FOR FILING STATUS	250,000.
7. AMOUNT FROM LINE 1	1,047,495.
8. REMAINING THRESHOLD (SUBTRACT LINE 7 FROM LINE 6)	0.
9. SE INCOME SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 8 FROM LINE 5)	0.
10. ADDITIONAL MEDICARE TAX ON SE INCOME (LINE 9 X .9%)	0.
11. ADDITIONAL MEDICARE TAX ON RRTA COMPENSATION	0.
12. TOTAL ADDITIONAL MEDICARE TAX (ADD LINES 4, 10, AND 11)	7,177.

2024 ESTIMATED TAX - OTHER TAXES WORKSHEET (CONTINUED)NET INVESTMENT INCOME TAX

1. INTEREST		153.
2. DIVIDENDS		24,416.
3. ANNUITIES FROM NONQUALIFIED PLANS		0.
4A. RENTS, ROYALTIES, K-1, SCH C	0.	
4B. RENTS, ROYALTIES, K-1, SCH C NOT SUBJECT TO NIIT	0.	
4C. RENTS, ROYALTIES, K-1, SCH C SUBJECT TO NIIT		0.
5A. NET GAIN (LOSS) FROM DISPOSITIONS	-3,000.	
5B. NET GAIN (LOSS) FROM DISPOSITIONS NOT SUBJ. TO NIIT	0.	
5C. ADJUSTMENT FROM DISPOSITION OF PASS-THROUGH	0.	
5D. NET DISPOSITION GAIN (LOSS) SUBJECT TO NIIT		-3,000.
6. ADJUSTMENT FOR CERTAIN CFCS AND PFICS		0.
7. OTHER MODIFICATIONS TO INVESTMENT INCOME		26.
8. TOTAL INVESTMENT INCOME		21,595.
9. TOTAL DEDUCTIONS AND MODIFICATIONS		1,562.
10. NET INVESTMENT INCOME		20,033.
11. MODIFIED ADJUSTED GROSS INCOME		1,048,152.
12. THRESHOLD FOR FILING STATUS		250,000.
13. MAGI IN EXCESS OF THRESHOLD		798,152.
14. LESSER OF MAGI OVER EXCESS OR NET INVESTMENT INCOME		20,033.
15. NET INVESTMENT INCOME TAX (3.8% RATE)		761.

OTHER TAXES

ADDITIONAL MEDICARE TAX ON WAGES		7,177.
NET INVESTMENT INCOME TAX		761.
TOTAL	\$	<u><u>7,938.</u></u>

ESTIMATED TAX WORKSHEET

1. FEDERAL AGI EXPECTED IN 2024 (ES WORKSHEET LINE 1)		1,048,152.
2. ADJUSTMENTS EXPECTED IN 2024		
2A. ADDITIONS TO INCOME	0.	
2B. ITEMIZED/STANDARD DEDUCTION (BASED ON 2023 DEDUCTION)	11,535.	
2C. EXEMPTIONS (BASED ON 2023 EXEMPTIONS)	0.	
2D. SUBTRACTIONS FROM INCOME	0.	
3. TOTAL ADJUSTMENTS (LINE 2A LESS LINE 2B, 2C AND 2D)	<u>-11,535.</u>	
4. EXPECTED TAXABLE INCOME		<u>1,036,617.</u>
5. ESTIMATED TAX EXPECTED IN 2024 (BASED ON 2023 TAX RATES)		93,537.
6. ADDITIONAL TAXES		0.
7. CREDITS EXPECTED IN 2024		<u>3,724.</u>
8. TOTAL ESTIMATED TAX EXPECTED IN 2024 (LINE 5 PLUS LINE 6 LESS LINE 7)		89,813.
9. TOTAL REQUIRED ESTIMATED TAX (BASED ON 100% OF 2024 TAX)		89,813.
10. WITHHOLDING/REFUNDABLE CREDITS EXPECTED IN 2024		<u>65,087.</u>
11. NET REQUIRED ESTIMATED TAX (LN 9 LESS LN 10)		24,726.
12. ROUNDED BALANCE		24,760.
13. OVERPAYMENT APPLIED TO 2024		<u>0.</u>
14. ESTIMATED TAX DUE (LINE 12 LESS LINE 13)		<u><u>24,760.</u></u>



Individual Estimated Tax Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

DUE APRIL 15, 2024

MNIA0301L 09/11/23

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1033



Individual Estimated Tax Payment

CRAIG M JONES
LUISE JONES
5540 SAINT JOHN'S AVE
EDINA, MN 55424

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number: P02153415

Social Security
Number (required): 472212927
Spouse's Social
Security Number: 334889655

Tax-Year End: 123124

Amount of Check: 6190 00

00100000000000000000000012312430004722129273300033488965540000001033



Individual Estimated Tax Payment

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- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

DUE JUNE 17, 2024

MNIA0301L 09/11/23

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1033



Individual Estimated Tax Payment

CRAIG M JONES
LUISE JONES
5540 SAINT JOHN'S AVE
EDINA, MN 55424

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

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- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

DUE SEPT. 16, 2024

MNIA0301L 09/11/23

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1033



Individual Estimated Tax Payment

CRAIG M JONES
LUISE JONES
5540 SAINT JOHN'S AVE
EDINA, MN 55424

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number: P02153415

Social Security
Number (required): 472212927
Spouse's Social
Security Number: 334889655

Tax-Year End: 123124

Amount of Check: 6190 00

00100000000000000000000012312430004722129273300033488965540000001033



Individual Estimated Tax Payment

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- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

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The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

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- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

DUE JAN. 15, 2025

MNIA0301L 09/11/23

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1033



Individual Estimated Tax Payment

CRAIG M JONES
LUISE JONES
5540 SAINT JOHN'S AVE
EDINA, MN 55424

Make check payable to:
Minnesota Revenue
P.O. Box 64037, St. Paul, MN 55164-0037

Preparer Tax
Identification Number: P02153415

Social Security
Number (required): 472212927
Spouse's Social
Security Number: 334889655

Tax-Year End: 123124

Amount of Check: 6190 00

00100000000000000000000012312430004722129273300033488965540000001033

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name	Social security number
CRAIG M JONES	472-21-2927
Spouse's name	Spouse's social security number
LUISE JONES	334-88-9655

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	1,048,152.
2	Total tax	2	300,512.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	296,112.
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,314.

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GOLDEN STATE ACCOUNTING INC. to enter or generate my PIN 35561 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Date ►

Spouse's PIN: check one box only

☒ I authorize GOLDEN STATE ACCOUNTING INC. to enter or generate my PIN 47806 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

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

68474294965
Don't enter all zeros

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

ERO's signature ► DAVID HAASE, CPA Date ►

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2023 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Form 1040-V (2023)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2023

Form 1040-V Payment Voucher

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

Enter the amount of your payment ▶	1,314.
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FDIA8601L 07/26/23 1032



CRAIG M & LUISE JONES
5540 SAINT JOHN'S AVE
EDINA MN 55424

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE KY 40293-1000

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning _____, ending _____		See separate instructions.
Your first name and middle initial CRAIG M JONES		Your social security number 472-21-2927
Last name JONES		Spouse's social security number 334-88-9655
If joint return, spouse's first name and middle initial LUISE JONES		
Last name JONES		
Home address (number and street). If you have a P.O. box, see instructions. 5540 SAINT JOHN'S AVE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. EDINA, MN 55424		State MN
ZIP code 55424		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Head of household (HOH)
Check only one box.	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<input type="checkbox"/> Qualifying surviving spouse (QSS)
	<input type="checkbox"/> Married filing separately (MFS)	
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____		

Digital Assets	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------------	---	---

Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien
---------------------------	---

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind
----------------------	--	---

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here. <input type="checkbox"/>	LAINIE M	BELISLE	046-87-8263	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income	1 a Total amount from Form(s) W-2, box 1 (see instructions).....	1a	1,026,583.
	b Household employee wages not reported on Form(s) W-2.....	1b	
	c Tip income not reported on line 1a (see instructions).....	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions).....	1d	
	e Taxable dependent care benefits from Form 2441, line 26.....	1e	
	f Employer-provided adoption benefits from Form 8839, line 29.....	1f	
	g Wages from Form 8919, line 6.....	1g	
	h Other earned income (see instructions).....	1h	
	i Nontaxable combat pay election (see instructions).....	1i	
	z Add lines 1a through 1h.....	1z	1,026,583.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2 a Tax-exempt interest.....	2a	
	b Taxable interest.....	2b	153.
	3 a Qualified dividends.....	3a	20,748.
	b Ordinary dividends.....	3b	24,416.
	4 a IRA distributions.....	4a	
	b Taxable amount.....	4b	
	5 a Pensions and annuities.....	5a	
	b Taxable amount.....	5b	
	6 a Social security benefits.....	6a	
	b Taxable amount.....	6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here.....	<input type="checkbox"/>	7	-3,000.
8 Additional income from Schedule 1, line 10.....	8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	1,048,152.	
10 Adjustments to income from Schedule 1, line 26.....	10		
11 Subtract line 10 from line 9. This is your adjusted gross income	11	1,048,152.	
12 Standard deduction or itemized deductions (from Schedule A).....	12	57,677.	
13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13	220.	
14 Add lines 12 and 13.....	14	57,897.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	990,255.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	16	292,782.
	2	<input type="checkbox"/> 4972	3	<input type="checkbox"/>
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	292,782.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	208.
	21	Add lines 19 and 20	21	208.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	292,574.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	7,938.	
24	Add lines 22 and 23. This is your total tax	24	300,512.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	290,374.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	5,738.
	d	Add lines 25a through 25c	25d	296,112.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	3,086.	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	3,086.	
33	Add lines 25d, 26, and 32. These are your total payments	33	299,198.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	1,314.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)
	DAVID HAASE, CPA	(415)-331-9900	94965

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			CORPORATE STRATEGY	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SALES		
Phone no.	3125209776	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	DAVID HAASE, CPA	DAVID HAASE, CPA		P02153415	<input type="checkbox"/> Self-employed
	Firm's name	GOLDEN STATE ACCOUNTING INC.			Phone no.
	Firm's address	1221 BRIDGEWAY SUITE 2 SAUSALITO, CA 94965			Firm's EIN
				415-331-9900	20-5664372

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes****Attach to Form 1040, 1040-SR, or 1040-NR.**
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

CRAIG M JONES AND LUISE

Your social security number

472-21-2927

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	7,177.
12	Net investment income tax. Attach Form 8960.....	12	761.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 2 (Form 1040) 2023**

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:		
		17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation.	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Reserved for future use.	19	
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	7,938.

Schedule 2 (Form 1040) 2023

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments****Attach to Form 1040, 1040-SR, or 1040-NR.**
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **03**

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

CRAIG M JONES AND LUISE

Your social security number

472-21-2927**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required.	1	208.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5a	Residential clean energy credit from Form 5695, line 15.	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	208.

(continued on page 2)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 3 (Form 1040) 2023**

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.....	9	
10	Amount paid with request for extension to file (see instructions).....	10	
11	Excess social security and tier 1 RRTA tax withheld.....	11	3,086.
12	Credit for federal tax on fuels. Attach Form 4136.....	12	
13	Other payments or refundable credits:		
a	Form 2439.....	13a	
b	Credit for repayment of amounts included in income from earlier years.....	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i).....	13c	
d	Deferred amount of net 965 tax liability (see instructions).....	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z.....	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	15	3,086.

Schedule 3 (Form 1040) 2023

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

CRAIG M JONES AND LUISE

Your social security number

472-21-2927

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | | |
|---|---|---|--|----|
| 1 | Medical and dental expenses (see instructions) | 1 | | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11. | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | 0. |

**Taxes You
Paid**

- | | | | | |
|---|---|----|---------|---------|
| 5 | State and local taxes. | | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. | 5a | 75,801. | |
| b | State and local real estate taxes (see instructions) | 5b | 16,190. | |
| c | State and local personal property taxes | 5c | | |
| d | Add lines 5a through 5c | 5d | 91,991. | |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. | |
| 6 | Other taxes. List type and amount: | 6 | | |
| 7 | Add lines 5e and 6 | 7 | | 10,000. |

**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- | | | | | |
|----|---|----|---------|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. | | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 47,677. | |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address. | 8b | | |
| c | Points not reported to you on Form 1098. See instructions for special rules. | 8c | | |
| d | Reserved for future use | 8d | | |
| e | Add lines 8a through 8c | 8e | 47,677. | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | |
| 10 | Add lines 8e and 9 | 10 | | 47,677. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | | |
|----|--|----|--|----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | 11 | | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | | |
| 13 | Carryover from prior year | 13 | | |
| 14 | Add lines 11 through 13 | 14 | | 0. |

**Casualty and
Theft Losses**

- | | | | | |
|----|--|----|--|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. | 15 | | 0. |
|----|--|----|--|----|

**Other
Itemized
Deductions**

- | | | | | |
|----|--|----|--|----|
| 16 | Other—from list in instructions. List type and amount: | | | |
| | | | | |
| | | | | |
| | | 16 | | 0. |

**Total
Itemized
Deductions**

- | | | | | |
|----|--|----|--|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12. | 17 | | 57,677. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. | | | |

**SCHEDULE B
(Form 1040)**Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **08**

Name(s) shown on return

CRAIG M JONES AND LUISE

Your social security number

472-21-2927

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: <u>CHARLES SCHWAB -1641</u> <u>CHARLES SCHWAB -6502</u> <u>CHASE CHECKING</u> <u>CHASE SAVINGS</u> <u>PRIMERICA -2717</u> <u>TD AMERITRADE -2081</u>	2. 8. 8. 2. 101. 32.
		1
2	Add the amounts on line 1.....	153.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.....	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b....	153.

Note: If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary
Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

		Amount
5	List name of payer: <u>AMERICAN FUNDS</u> <u>AMERICAN FUNDS</u> <u>PRIMERICA -2717</u> <u>TD AMERITRADE -2081</u>	13,058. 975. 4,117. 6,266.
		5
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b....	24,416.

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign
Accounts
and Trusts****Caution:** If required,
failure to file FinCEN
Form 114 may
result in substantial
penalties.
Additionally, you may
be required to file
Form 8938, Statement
of Specified Foreign
Financial Assets.
See instructions.You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions..... If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.....		X
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.....		X

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **12**

Name(s) shown on return

CRAIG M JONES AND LUISE

Your social security number

472-21-2927

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

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

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

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

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	6,894.	6,465.		429.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	580,170.	588,988.		-8,818.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				(74,533.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				-82,922.

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

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

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	56,099.	49,638.	95.	6,556.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	40,453.	72,355.		-31,902.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				
13 Capital gain distributions. See the instrs.				20,493.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				(6,326.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				-11,179.

Part III Summary

16 Combine lines 7 and 15 and enter the result.	16	-94,101.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
<input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

CRAIG M JONES AND LUISE

472-21-2927

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE -2081 LT COVERED SECUR			43,624.	37,672.	W	1.	5,953.
	PRIMERICA -2717 LT COVERED SECUR - SEE ATTACHED STATEMENT			12,475.	11,966.	MW	94.	603.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).....			56,099.	49,638.		95.	6,556.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

CRAIG M JONES AND LUISE

472-21-2927

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHWAB -1641 LT NONCOVERED SECUR - SEE ATTACHED STATEMENT			40,453.	72,355.	M		-31,902.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).....			40,453.	72,355.		0.	-31,902.

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

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

Your social security number

CRAIG M JONES AND LUISE

472-21-2927

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

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	AIR FUND I, A SERIES OF DOORDASH ANGEL	P		87-2471009		
B						
C						
D						

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

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34 a Totals.....		
b Totals.....		
35 Add columns (d) and (f) of line 34a.....		35
36 Add columns (c) and (e) of line 34b.....		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36.....		37

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

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

Part V Summary

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

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2023

Attachment
Sequence No. 19

Name

CRAIG M JONES AND LUISE

ID no. as shown on page 1 of your tax return

472-21-2927

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

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

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession.	OTHER COUNTRY			
	VARIOUS			
1 a Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 1</u>				
	1,617.			1 a 1,617.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions. <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	1,760.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	1,760.			
d Gross foreign source income (see instructions)	2,915.			
e Gross income from all sources (see instructions)	1,079,164.			
f Divide line 3d by line 3e (see instructions)	0.002701			
g Multiply line 3c by line 3f.	5.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense.				
5 Losses from foreign sources.				
6 Add lines 2, 3g, 4a, 4b, and 5	5.			6 5.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 1,612.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency			(p) Other foreign taxes paid or accrued	In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest	
A	1099 TAXES					208.				208.
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 208.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	208.	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions).	10		
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10.	11	208.	
12	Reduction in foreign taxes (see instructions).	12		
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14		208.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions.	15	1,612.	
16	Adjustments to line 15 (see instructions).	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,612.	
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18	980,721.	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19		0.001643689
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions.	20		292,782.
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit).	21		481.
22	Increase in limitation (section 960(c)) (see instructions).	22		
23	Add lines 21 and 22.	23		481.
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions.	24		208.

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income.	25		
26	Credit for taxes on foreign branch category income.	26		
27	Credit for taxes on passive category income.	27		
28	Credit for taxes on general category income.	28		
29	Credit for taxes on section 901(j) income.	29		
30	Credit for taxes on certain income re-sourced by treaty.	30		
31	Credit for taxes on lump-sum distributions.	31		
32	Add lines 25 through 31.	32		
33	Enter the smaller of line 20 or line 32.	33		208.
34	Reduction of credit for international boycott operations. See instructions for line 12.	34		
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a.	35		208.

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2023

Attachment
Sequence No. 21Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

CRAIG M JONES AND LUISE

472-21-2927

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box. ☐

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box. ☐

Part I Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box. ☐

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
	CASA DE CORAZON EDINA	5101 FRANCE AVE S MINNEAPOLIS, MN 55410	26-2862666	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19,197.
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box. ☐

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
First	Last		
LAINIEY M	BELISLE	046-87-8263	19,197.

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31. **3**

4 Enter your **earned income**. See instructions. **4**

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4. **5**

6 Enter the **smallest** of line 3, 4, or 5. **6**

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. **7**

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is :			If line 7 is :			If line 7 is :		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20
21,000—23,000		.31	33,000—35,000		.25			
23,000—25,000		.30	35,000—37,000		.24			

9a Multiply line 6 by the decimal amount on line 8. **9a**

b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c. **9b**

c Add lines 9a and 9b and enter the result. **9c**

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10**

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2. **11**

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	5,000.
13	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions	13	
14	If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15	Combine lines 12 through 14. See instructions.	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	16	19,197.
17	Enter the smaller of line 15 or 16.	17	5,000.
18	Enter your earned income . See instructions.	18	826,304.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	200,279.
20	Enter the smallest of line 17, 18, or 19.	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	5,000.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15.	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions.	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-.	25	5,000.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e.	26	0.

To claim the child and dependent care credit,
complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons).	27	3,000.
28	Add lines 24 and 25.	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2022 expenses in 2023, see the instructions for line 9b.	29	-2,000.
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11.	31	

Form **2441** (2023)

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2023**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

CRAIG M JONES AND LUISE

472-21-2927

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions.	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13.	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4		
5 Multiply line 4 by 50% (0.50).	5		
6 Multiply line 4 by 25% (0.25).	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property.	7		
8 Multiply line 7 by 2.5% (0.025).	8		
9 Add lines 6 and 8.	9		
10 Enter the greater of line 5 or line 9.	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10.	11		
12 Phased-in reduction. Enter the amount from line 26, if any.	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12.	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions.	14		
15 Qualified business income component. Subtract line 14 from line 13.	15		
16 Total qualified business income component. Add all amounts reported on line 15.	16		

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

Form **8995-A** (2023)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3.....	17			
18	Enter the amounts from line 10.....	18			
19	Subtract line 18 from line 17.....	19			
20	Taxable income before qualified business income deduction.....	20			
21	Threshold. Enter \$182,100 (\$364,200 if married filing jointly).....	21			
22	Subtract line 21 from line 20.....	22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly).....	23			
24	Phase-in percentage. Divide ln 22 by ln 23.....	24	%		
25	Total phase-in reduction. Multiply line 19 by line 24.....	25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business.....	26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16.....	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions.....	28	1,100.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years.....	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-.....	30	1,100.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20).....	31	220.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31.....	32		220.	
33	Taxable income before qualified business income deduction.....	33	990,475.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....	34	20,748.		
35	Subtract line 34 from line 33. If zero or less, enter -0-.....	35		969,727.	
36	Income limitation. Multiply line 35 by 20% (0.20).....	36		193,945.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36.....	37		220.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.....	38			
39	Total qualified business income deduction. Add lines 37 and 38.....	39		220.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.....	40	()		

Form 8995-A (2023)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **71**

Name(s) shown on return

CRAIG M JONES AND LUISE

Your social security number

472-21-2927

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . .	1	1,047,495.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	1,047,495.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		797,495.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		7,177.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		7,177.
----	--	----	--	--------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	20,927.	
20	Enter the amount from line 1	20	1,047,495.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	15,189.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		5,738.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		5,738.

Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax –
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023Attachment
Sequence No. **72**

Name(s) shown on your tax return

CRAIG M JONES AND LUISE

Your social security number or EIN

472-21-2927

Part I Investment Income

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

1	Taxable interest (see instructions)	1	153.
2	Ordinary dividends (see instructions)	2	24,416.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	26.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	21,595.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	1,562.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	1,562.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	1,562.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	20,033.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	1,048,152.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	798,152.
16	Enter the smaller of line 12 or line 15	16	20,033.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	761.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

2023

FEDERAL STATEMENTS

PAGE 1

CRAIG M JONES AND LUISE

472-21-2927

STATEMENT 1
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY VARIOU

DIVIDENDS.....	\$	90.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....	2,825.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....	<u>-1,298.</u>	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		<u>1,527.</u>
	TOTAL \$	<u><u>1,617.</u></u>

TAXABLE YEAR

FORM

2023**California e-file Signature Authorization for Individuals****8879**

Your name

CRAIG M JONES

Your SSN or ITIN

472-21-2927

Spouse's/RDP's name

LUISE JONES

Spouse's/RDP's SSN or ITIN

334-88-9655**Part I Tax Return Information** (whole dollars only)

- 1 California adjusted gross income (AGI). See instructions 1 **22,760.**
- 2 Amount you owe. See instructions 2
- 3 Refund or no amount due. See instructions 3 **815.**

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **GOLDEN STATE ACCOUNTING INC.** to enter my PIN **35561**
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

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

Your signature ▶

Date ▶

Spouse's/RDP's PIN: check one box only

☒ I authorize **GOLDEN STATE ACCOUNTING INC.** to enter my PIN **47806**
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

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

Spouse's/RDP's
signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

68474294965

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ **DAVID HAASE, CPA**

Date ▶

2023

California Nonresident or Part-Year Resident Income Tax Return

CALIFORNIA FORM

540NR

APE

ATTACH FEDERAL RETURN

472-21-2927	JONE	334-88-9655	23
CRAIG	M JONES		
LUISE	JONES		

AR²P

5540 SAINT JOHNS AV
EDINA MN 55424

04-27-1990 08-04-1991

Filing Status

If your California filing status is different from your federal filing status, check the box here. ☐

- | | | | | | |
|----------|-------------------------------------|--|----------|--------------------------|---|
| 1 | <input type="checkbox"/> | Single | 4 | <input type="checkbox"/> | Head of household (with qualifying person). See instructions. |
| 2 | <input checked="" type="checkbox"/> | Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. | 5 | <input type="checkbox"/> | Qualifying surviving spouse/RDP. Enter year spouse/RDP died. _____
See instructions. _____ |
| 3 | <input type="checkbox"/> | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____ | | | |

- 6** If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. **• 6**

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

- 7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ☒ 7 X \$144 = ☒ \$ 288.
- 8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$144 = ☒ \$ _____
- 9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☐ 9 X \$144 = ☒ \$ _____
- 10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> LAINEY M	<input type="radio"/>	<input type="radio"/>
Last Name	<input checked="" type="radio"/> BELISLE	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input checked="" type="radio"/> 046878263	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you.	<input checked="" type="radio"/> DAUGHTER	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions ● 10 1 X \$446 = ● \$ 446.

Your name: **CRAIG M JONES**Your SSN or ITIN: **472-21-2927****11 Exemption amount:** Add line 7 through line 10. **11** \$ **734.****Total Taxable Income**

- 12** Total California wages from your federal Form(s) W-2, box 16. **12** **22,760.**
- 13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11. **13** **1,048,152.**
- 14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B. **14** _____
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. **15** **1,048,152.**
- 16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C. **16** _____
- 17** Adjusted gross income from all sources. Combine line 15 and line 16. **17** **1,048,152.**
- 18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions. **18** **44,067.**
- 19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0-. **19** **1,004,085.**

CA Taxable Income

- ☐ Tax Table ☒ Tax Rate Schedule
- 31** Tax. Check the box if from: ☐ FTB 3800 ☐ FTB 3803. **31** **91,405.**
- 32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. **32** **22,760.**
- 35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. **35** **21,804.**
- 36** CA Tax Rate. Divide line 31 by line 19. **36** **0.0910**
- 37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. **37** **1,984.**
- 38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. **38** **0.0217**
- 39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions. **39** _____
- 40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-. **40** **1,984.**
- 41** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A **41** _____
- 42** Add line 40 and line 41. **42** **1,984.**

Special Credits

- 50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. **50** _____
- 51** Credit for joint custody head of household. See instructions. **51** _____
- 52** Credit for dependent parent. See instructions. **52** _____
- 53** Credit for senior head of household. See instructions. **53** _____
- 54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. **54** _____
- 55** Credit amount. See instructions. **55** _____

Your name: **CRAIG M JONES**

Your SSN or ITIN: **472-21-2927**

Special Credits

- 58 Enter credit name _____ code ● _____ and amount ● 58 _____
- 59 Enter credit name _____ code ● _____ and amount ● 59 _____
- 60 To claim more than two credits, see instructions. Attach Schedule P (540NR). ● 60 _____
- 61 Nonrefundable Renter's Credit. See instructions. ● 61 _____
- 62 Add line 50 and line 55 through line 61. These are your total credits. (●) 62 _____
- 63 Subtract line 62 from line 42. If less than zero, enter -0-. (●) 63 _____ **1,984.**

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR). ● 71 _____
- 72 Mental Health Services Tax. See instructions. ● 72 _____
- 73 Other taxes and credit recapture. See instructions. ● 73 _____
- 74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 _____ **1,984.**

Payments

- 81 California income tax withheld. See instructions. ● 81 _____ **2,799.**
- 82 2023 California estimated tax and other payments. See instructions. ● 82 _____
- 83 Withholding (Form 592-B and/or Form 593). See instructions. ● 83 _____
- 84 Excess SDI (or VPD) withheld. See instructions. ● 84 _____
- 85 Earned Income Tax Credit (EITC). See instructions. ● 85 _____
- 86 Young Child Tax Credit (YCTC). See instructions. ● 86 _____
- 87 Foster Youth Tax Credit (FYTC). See instructions. ● 87 _____
- 88 Add line 81 through line 87. These are your total payments. See instructions. (●) 88 _____ **2,799.**

ISR Penalty

- 91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● ☒ **X**
If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions. ● 91 _____

Overpaid Tax / Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. (●) 92 _____ **2,799.**
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. (●) 93 _____
- 101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. (●) 101 _____ **815.**
- 102 Amount of line 101 you want applied to your **2024** estimated tax. ● 102 _____
- 103 Overpaid tax available this year. Subtract line 102 from line 101. ● 103 _____ **815.**

Your name: **CRAIG M JONES**

Your SSN or ITIN: **472-21-2927**

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74. **104**

Contributions

Code Amount

California Seniors Special Fund. See instructions **400**

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund **401**

Rare and Endangered Species Preservation Voluntary Tax Contribution Program **403**

California Breast Cancer Research Voluntary Tax Contribution Fund **405**

California Firefighters' Memorial Voluntary Tax Contribution Fund **406**

Emergency Food for Families Voluntary Tax Contribution Fund **407**

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund **408**

California Sea Otter Voluntary Tax Contribution Fund **410**

California Cancer Research Voluntary Tax Contribution Fund **413**

School Supplies for Homeless Children Voluntary Tax Contribution Fund **422**

State Parks Protection Fund/Parks Pass Purchase **423**

Protect Our Coast and Oceans Voluntary Tax Contribution Fund **424**

Keep Arts in Schools Voluntary Tax Contribution Fund **425**

California Senior Citizen Advocacy Voluntary Tax Contribution Fund **438**

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund **439**

Rape Kit Backlog Voluntary Tax Contribution Fund **440**

Suicide Prevention Voluntary Tax Contribution Fund **444**

Mental Health Crisis Prevention Voluntary Tax Contribution Fund **445**

120 Add amounts in code 400 through code 445. This is your total contribution. **120**

Your name: **CRAIG M JONES**

Your SSN or ITIN: **472-21-2927**

Amount You Owe

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **121** _____

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

122 Interest, late return penalties, and late payment penalties. **122** _____

123 Underpayment of estimated tax. Check the box:

● ☐ FTB 5805 attached

● ☐ FTB 5805F attached.

● **123** _____

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **124** _____

Refund and Direct Deposit

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **125** _____ **815.**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.

See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type			
● Routing number	<input checked="" type="checkbox"/> Checking	● Account number	● 126 Direct deposit amount
<u>322271627</u>		<u>386096017</u>	<u>815.</u>
	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type			
● Routing number	<input type="checkbox"/> Checking	● Account number	● 127 Direct deposit amount
_____		_____	_____
	<input type="checkbox"/> Savings		

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize

the FTB to share limited information from your tax return with Covered California. See instructions ☐ Yes ☒ No

Sign your tax return on Side 6

Your name: **CRAIG M JONES**

Your SSN or ITIN: **472-21-2927**

IMPORTANT: Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

X

☒ Your email address. Enter only one email address.

☒ Preferred phone number

3125209776

**Sign
Here**

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

DAVID HAASE, CPA

It is unlawful
to forge a
spouse's/
RDP's
signature.

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

GOLDEN STATE ACCOUNTING INC.

● PTIN

P02153415

Firm's address

**1221 BRIDGEWAY SUITE 2
SAUSALITO, CA 94965**

● Firm's FEIN

205664372

Joint tax return?
See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions ● ☒ Yes

☐ No

Print Third Party Designee's Name

Telephone Number

DAVID HAASE, CPA

(415)-331-9900

2023

California Adjustments – Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Page 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

CRAIG M JONES AND LUISE

472-21-2927

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.

During 2023:

1 My California (CA) Residency (Check one)

a Myself ☒ Nonresident ☐ Part-Year Resident ☐ Resident b Spouse ☒ Nonresident ☐ Part-Year Resident ☐ Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> MN	<input checked="" type="radio"/> MN
b I was in the military and stationed in (enter two letter code)	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A
5 I was a CA nonresident the entire year (enter state of residence)	<input checked="" type="radio"/> MN	<input checked="" type="radio"/> MN
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N
8 Before 2023: I was a CA resident for the period of	<input checked="" type="radio"/> 1/01/2020 <input checked="" type="radio"/> 7/31/2020	<input checked="" type="radio"/> 1/01/2020 <input checked="" type="radio"/> 7/26/2020

Part II Income Adjustment Schedule

Section A – Income

from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 a Total amount from federal Form(s) W-2, box 1. See instructions.	1a <input checked="" type="radio"/> 1026583.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1026583.	<input checked="" type="radio"/> 22,760.
b Household employee wages not reported on federal Form(s) W-2.	1b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Tip income not reported on line 1a.	1c <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions.	1d <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26.	1e <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29.	1f <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Wages from federal Form 8919, line 6.	1g <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Other earned income. See instr.	1h <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i Nontaxable combat pay election See instructions.	1i <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Add line 1a through line 1i.	1z <input checked="" type="radio"/> 1026583.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1026583.	<input checked="" type="radio"/> 22,760.
2 Taxable interest. a <input checked="" type="radio"/>	2b <input checked="" type="radio"/> 153.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 153.	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 20,748.	3b <input checked="" type="radio"/> 24,416.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 24,416.	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/>	4b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/>	5b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/>	6b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Capital gain or (loss). See instructions.	7 <input checked="" type="radio"/> -3,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> -3,000.	<input checked="" type="radio"/>

CAIA4912L 01/02/24

		A	B	C	D	E
Section B – Additional Income from federal Schedule 1 (Form 1040)		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Taxable refunds, credits, or offsets of state and local income taxes.	<input type="radio"/>	<input type="radio"/>			
2a	Alimony received. See instructions.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Business income or (loss). See instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Other gains or (losses).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Farm income or (loss).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Unemployment compensation.	<input type="radio"/>	<input type="radio"/>			
8	Other income:					
a	Federal net operating loss.	<input type="radio"/> ()		<input type="radio"/>		
b	Gambling.	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
c	Cancellation of debt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555.	<input type="radio"/> ()		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Income from federal Form 8853.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Income from federal Form 8889.	<input type="radio"/>	<input type="radio"/>			
g	Alaska Permanent Fund dividends.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Jury duty pay.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Prizes and awards.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Activity not engaged in for profit income.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k	Stock options.	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m	Olympic and Paralympic medals and USOC prize money.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
n	IRC Section 951(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
o	IRC Section 951A(a) inclusion.	<input type="radio"/>	<input type="radio"/>			
p	IRC Section 461(l) excess business loss adjustment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Taxable distributions from an ABL account.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
r	Scholarship and fellowship grants not reported on federal Form(s) W-2.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d.	<input type="radio"/> ()			<input type="radio"/> ()	<input type="radio"/> ()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
u	Wages earned while incarcerated.	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9a	Total other income. Add line 8a through line 8z.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B – Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V. 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809. 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10	<input checked="" type="radio"/> 1048152.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1048152.	<input checked="" type="radio"/> 22,760.

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)	A	B	C	D	E
Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
11 Educator expenses. 11	<input checked="" type="radio"/>	<input type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction. 13	<input checked="" type="radio"/>	<input type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions. 14	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Deductible part of self-employment tax. See inst. 15	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans. 16	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
17 Self-employed health ins. deduction. See instr. 17	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18 Penalty on early withdrawal of savings. 18	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ _____ Last name <input checked="" type="radio"/> _____ 19a	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 IRA deduction. 20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction. 21	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Reserved for future use. 22					
23 Archer MSA deduction. 23	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
24 Other adjustments:					
a Jury duty pay. 24a	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. 24c	<input checked="" type="radio"/>	<input type="radio"/>			
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974. 24e	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans. 24f	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans. 24g	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims. 24h	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>

Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555	24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____	24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z	25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E	26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions	27	<input checked="" type="radio"/> 1048152.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1048152.	<input checked="" type="radio"/> 22,760.

Part III Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒**A Federal Amounts**
(from federal Schedule
A (Form 1040))**B Subtractions**
See instructions**C Additions**
See instructions**Medical and Dental Expenses** See instructions.

1 Medical and dental expenses	1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11.	2	<input checked="" type="radio"/>		
3 Multiply line 2 by 7.5% (0.075).	3	<input checked="" type="radio"/>		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes	5a	<input checked="" type="radio"/> 75,801.	<input checked="" type="radio"/> 75,801.	
5b State and local real estate taxes	5b	<input checked="" type="radio"/> 16,190.		
5c State and local personal property taxes	5c	<input checked="" type="radio"/>		
5d Add line 5a through line 5c	5d	<input checked="" type="radio"/> 91,991.		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C.	5e	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 75,801.	<input checked="" type="radio"/> 81,991.
6 Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6.	7	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 75,801.	<input checked="" type="radio"/> 81,991.

Interest You Paid

8a Home mortgage interest and points reported to you on fed. Form 1098. SEE ST.	18a	<input checked="" type="radio"/> 47,677.		<input checked="" type="radio"/> 14,645.
8b Home mortgage interest not reported to you on federal Form 1098	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d Reserved for future use.	8d			
8e Add line 8a through line 8c	8e	<input checked="" type="radio"/> 47,677.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 14,645.
9 Investment interest	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9.	10	<input checked="" type="radio"/> 47,677.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 14,645.

Gifts to Charity

11 Gifts by cash or check	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part III Adjustments to Federal Itemized Deductions

Continued

A Federal Amounts
(from federal Schedule
A (Form 1040))**B** Subtractions
See instructions**C** Additions
See instructions**Casualty and Theft Losses**

15 Casualty or theft loss(es) (other than net qualified disaster losses).
Attach federal Form 4684. See instructions **15** ☒ ☐ ☐

Other Itemized Deductions

16 Other—from list in federal instructions **16** ☒ ☐ ☐

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17** ☒ 57,677. ☐ 75,801. ☐ 96,636.

18 Total. Combine line 17 column A less column B plus column C. ☒ **18** 78,512.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions ☒ **19** ☐

20 Tax preparation fees ☒ **20** ☐

21 Other expenses: investment, safe deposit box, etc. List type ☒ SEE STATEMENT 2 ☐ **21** 5,244.

22 Add line 19 through line 21 ☒ **22** 5,244.

23 Enter amount from federal Form 1040 or 1040-SR, line 11 ☒ 1,048,152.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ☒ **24** 20,963.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. ☒ **25** 0.

26 Total Itemized Deductions. Add line 18 and line 25 ☒ **26** 78,512.

27 Other adjustments. See instructions.
Specify.. ☒ ☐ **27** ☐

28 Combine line 26 and line 27 ☒ **28** 78,512.

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately.....	\$237,035	REDUCTION
Head of household.....	\$355,558	-34,445.
Married/RDP filing jointly or qualifying surviving spouse/RDP.....	\$474,075	

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 ☒ **29** 44,067.

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions	\$5,363	<input checked="" type="radio"/> 30 44,067.
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP.....	\$10,726	

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E. ☒ **1** 22,760.

2 Enter your deductions from line 30. ☒ **2** 44,067.

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D.
Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000.
If less than zero, enter -0-. ☒ **3** 0.0217

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. ☒ **4** 956.

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35.
If less than zero, enter -0-. ☒ **5** 21,804.

2023

California Capital Gain or Loss Adjustment

D (540NR)

Name(s) as shown on return

SSN or ITIN

CRAIG M JONES AND LUISE

472-21-2927

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> SCHWAB -6502 ST NONCOVERED SECUR - SEE ATTACHED STATEMENT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	<input checked="" type="radio"/>	<input checked="" type="radio"/> 572,083.	<input checked="" type="radio"/> 581,435.	<input checked="" type="radio"/> 9,352.	<input checked="" type="radio"/>
c	<input checked="" type="radio"/> TD AMERITRADE -2081 ST COVERED SECUR	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	<input checked="" type="radio"/>	<input checked="" type="radio"/> 5,018.	<input checked="" type="radio"/> 4,633.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 385.
e	<input checked="" type="radio"/> PRIMERICA -2717 ST COVERED SECUR	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,876.	<input checked="" type="radio"/> 1,832.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 44.
g	<input checked="" type="radio"/> TD AMERITRADE -2081 LT COVERED SECUR	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	<input checked="" type="radio"/>	<input checked="" type="radio"/> 43,624.	<input checked="" type="radio"/> 37,672.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 5,952.
i	<input checked="" type="radio"/> WASH SALE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1.
j	<input checked="" type="radio"/> PRIMERICA -2717 LT COVERED SECUR - SEE ATTACHED STATEMENT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
k	<input checked="" type="radio"/>	<input checked="" type="radio"/> 12,475.	<input checked="" type="radio"/> 11,966.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 509.
l	<input checked="" type="radio"/> WASH SALE	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 94.
m	<input checked="" type="radio"/> SCHWAB -1641 ST NONCOVERED SECUR - SEE ATTACHED STATEMENT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
n	<input checked="" type="radio"/>	<input checked="" type="radio"/> 8,087.	<input checked="" type="radio"/> 7,553.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 534.
o	<input checked="" type="radio"/> SCHWAB -1641 LT NONCOVERED SECUR - SEE ATTACHED STATEMENT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
p	<input checked="" type="radio"/>	<input checked="" type="radio"/> 40,453.	<input checked="" type="radio"/> 72,355.	<input checked="" type="radio"/> 31,902.	<input checked="" type="radio"/>
q	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
r	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
s	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
t	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
u	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
v	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... 2 ☒

3 Capital gain distributions (federal Form 1099-DIV, box 2a)..... ☒ 3 20,493.

4 Total 2023 gain from all sources. Add column (e) amounts of line 1, line 2,
and line 3..... ☒ 4 28,012.

5 2023 loss. Add column (d) amounts of line 1 and line 2..... ☒ 5 (41,254.) CAIA6501L 10/19/23

6 California capital loss carryover from 2022, if any. See instructions..... ☒ 6 (80,859.)

7 Total 2023 loss. Add line 5 and line 6..... ☒ 7 (122,113.)

8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10..... ☒ 8 -94,101.

9 If line 8 is a loss, enter the smaller of: **a** the loss on line 8.
b \$3,000 (\$1,500 if married/RDP filing separate). See instructions.. ☒ 9 (3,000.)

10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7..... ☒ 10 -3,000.

11 Enter the California gain from line 8 or (loss) from line 9..... ☒ 11 -3,000.

12a If line 10 is more than line 11, enter the difference here and on Sch. CA (540NR), Part II, Section A, line 7, col. B..... ☒ 12a

b If line 10 is less than line 11, enter the difference here and on Sch. CA (540NR), Part II, Section A, line 7, col. C..... ☒ 12b

2023

CALIFORNIA STATEMENTS

PAGE 1

CRAIG M JONES AND LUISE

472-21-2927

STATEMENT 1
SCHEDULE CA-NR, PART III, LINE 8A
ADJUSTMENTS TO HOME MORTGAGE INTEREST ON FORM 1098

HOME MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098.....	\$	14,645.
TOTAL	\$	<u>14,645.</u>

STATEMENT 2
SCHEDULE CA-NR, PART III, LINE 21
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT

INVESTMENT EXPENSE	\$	5,244.
TOTAL	\$	<u>5,244.</u>

**2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration**

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type	<u>CRAIG M JONES AND LUISE</u>	<u>472-21-2927</u>		
	First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
	<u>5540 SAINT JOHN'S AVE</u>	<u>334-88-9655</u>		
	Mailing address	Spouse's Social Security number		
	<u>EDINA, MN 55424</u>	<u>3125209776</u>		
	City	State	ZIP	Daytime phone number

Step 2: Complete information from tax returnChoose one: ☒ IL-1040 ☐ IL-1040-X

1	Net income from Form IL-1040 or IL-1040-X, Line 11	1	<u>598.00</u>
2	Tax from Form IL-1040 or IL-1040-X, Line 14	2	<u>30.00</u>
3	Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none)	3	<u>30.00</u>
4	Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35	4	<u>00</u>
5	Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38	5	<u>00</u>
6	Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household		

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7	Routing no. (RN):	
8	Account no. (AN):	
9	Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
10	Date the payment is to be electronically withdrawn:	
11	Electronic funds withdrawal amount:	<u>00</u>
12	Name on account:	

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- ☐ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☒ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here	Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
-----------	----------------	------	--	------

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO use only	<u>DAVID HAASE, CPA</u>	<u></u>	Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.)	
	ERO's signature	Date		
	<u>GOLDEN STATE ACCOUNTING INC.</u>	<u>P02153415</u>		
	Firm's name or your name if self-employed	Your PTIN		
	<u>1221 BRIDGEWAY SUITE 2</u>	<u>20-5664372</u>		
	Mailing address	Federal employer identification number (FEIN)		
	<u>SAUSALITO, CA 94965</u>	<u>415-331-9900</u>		
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).**Do not mail Form IL-8453 and these documents unless requested for review.**



Illinois Department of Revenue
2023 Form IL-1040
Individual Income Tax Return

or for fiscal year ending

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A Your first name and middle initial	Your last name	Year of birth	Your social security number	
CRAIG M	JONES	1990	472-21-2927	
Spouse's first name and middle initial	Spouse's last name	Spouse's year of birth	Spouse's social security number	
LUISE	JONES	1991	334-88-9655	
Mailing address (See inst. if foreign address)	Apartment number	City	State	Zip or postal code
5540 SAINT JOHN'S AVE		EDINA	MN	55424
Foreign nation if not US (do not abbreviate)	County (Illinois only)	Email address		
		CRAIGBELISLE@GMAIL.COM		
B Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household				
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. <input type="checkbox"/> You <input type="checkbox"/> Spouse				
D Check the box if this applies to you during 2023: <input checked="" type="checkbox"/> Nonresident - Attach Sch. NR <input type="checkbox"/> Part-year resident - Attach Sch. NR				

Step 2: Income

(Whole dollars only)

- 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. **1** 1,048,152.
- 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. **2**
- 3 Other additions. **Attach** Schedule M. **3**
- 4 **Total income.** Add Lines 1 through 3. **4** 1,048,152.

Step 3: Base Income

- 5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5**
- 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. **6**
- 7 Other subtractions. **Attach** Schedule M. **7**
- 8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8**
- 9 **Illinois base income.** Subtract Line 8 from Line 4. **9** 1,048,152.

Step 4: Exemptions - See instructions for income limitations

- 10 **a** Enter the exemption amount for yourself and your spouse. **See instructions.** **a**
- b** Check if 65 or older: ☐ You + ☐ Spouse **# of checkboxes** x \$1,000 = **b**
- c** Check if legally blind: ☐ You + ☐ Spouse **# of checkboxes** x \$1,000 = **c**
- d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Schedule IL-E/EIC. **d**
- Exemption allowance.** Add Lines 10a through 10d. **10**

Step 5: Net Income and Tax

- 11 **Residents: Net income.** Subtract Line 10 from Line 9. **11** 598.
- Nonresidents and part-year residents:** Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR. **11**
- 12 **Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **12** 30.
- Nonresidents and part-year residents:** Enter the tax from Schedule NR. **13**
- 13 Recapture of investment tax credits. **Attach** Schedule 4255. **13**
- 14 **Income tax.** Add Lines 12 and 13. Cannot be less than zero. **14** 30.

Step 6: Tax After Nonrefundable Credits

- 15 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15**
- 16 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. **Attach** Schedule ICR. **16**
- 17 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17**
- 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. **18**
- 19 **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. **19** 30.

Step 7: Other Taxes

- 20 Household employment tax. See instructions. **20**
- 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank. **21** 0.
- 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22**
- 23 **Total Tax.** Add Lines 19, 20, 21, and 22. **23** 30.

ILIA0112L 09/18/23

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24 Total tax from Page 1, Line 23.

24 30.

Step 8: Payments and Refundable Credit25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT.

25 30.

26 Estimated payments from Forms IL-1040-ES and IL-505-I,
including any overpayment applied from a prior year return.

26

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T.

27

28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T.

28

29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. **Attach** Schedule IL-E/EIC.

29

30 Total payments and refundable credit. Add Lines 25 through 29.

30 30.

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.

31

32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.

32 0.

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax.

33

a ☐ Check if at least two-thirds of your federal gross income is from farming.b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.**Attach** Form IL-2210.d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.34 Voluntary charitable donations. **Attach** Schedule G.

34

35 Total penalty and donations. Add Lines 33 and 34.

35

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.

This is your **overpayment**.

36

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions.

37

38 I choose to receive my refund by

a ☐ **direct deposit** - Complete the information below if you check this box.You may also contribute
to college savings funds
here. See instructions!

Routing number

☐ Checking or ☐ Savings

Account number

b ☐ **paper check**.39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions.

39

40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the **amount you owe**. See instructions.

40 0.

Step 12: Health Insurance Checkbox and Signature41 ☐ Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.**Signature - Note:** If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
					312 520-9776	
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	DAVID HAASE, CPA		DAVID HAASE, CPA			Paid Preparer's PTIN P02153415
	Firm's name	GOLDEN STATE ACCOUNTING INC.			Firm's FEIN	20-5664372
	Firm's address	1221 BRIDGEWAY SUITE 2 SAUSALITO, CA 94965			Firm's phone	415 331-9900
Third Party Designee	Designee's name (please print)		Designee's phone number		<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
	DAVID HAASE, CPA		(415) -331-9900			

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2023 Schedule NR
Attach to your Form IL-1040

**Nonresident and Part-Year Resident
Computation of Illinois Tax**

IL Attachment No. 2

CRAIG M JONES

Your name as shown on your Form IL-1040

472-21-2927

Your Social Security number

Step 1: Provide the following information

1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?

☐ Yes

☒ No

If you answered "Yes," **STOP** you cannot use this form (see instructions).

2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.

a I lived in **Illinois** from 2 3 to 2 3 I lived in _____ from 2 3 to 2 3
Month Day Year Month Day Year State Month Day Year Month Day Year

b My spouse lived in **Illinois** from 2 3 to 2 3, and _____ from 2 3 to 2 3
Month Day Year Month Day Year State Month Day Year Month Day Year

3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.

☐ Iowa

☐ Kentucky

☐ Michigan

☐ Wisconsin

☐ Military Spouse

4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

CA MN _____

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	<u>5</u> <u>1,026,583.</u>	<u>598.</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> <u>153.</u>	
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> <u>24,416.</u>	
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> _____	
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> _____	
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> _____	
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> <u>-3,000.</u>	
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> _____	
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> _____	
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> _____	
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> _____	
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> _____	
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> _____	
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> _____	
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> _____	
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 _____	<u>598.</u>

Continue with Step 3 on Page 2 →

Step 3: Continued - Adjustments to Income

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	598.
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	
33 RESERVED	33	
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	
35 Other adjustments (see instructions)	35	
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 1,048,152.	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	598.

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	
40 Other additions (Form IL-1040, Line 3)	40	
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	598.
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	
44 Other subtractions (Form IL-1040, Line 7)	44	
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	598.
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
47 Enter the base income from Form IL-1040, Line 9.	47 1,048,152.	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.001	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	
51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11.	51	598.
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax .	52	30.



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

CRAIG M JONES

Your name as shown on Form IL-1040

472-21-2927

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1		\$ 00	\$ 00	\$ 00
2		\$ 00	\$ 00	\$ 00
3		\$ 00	\$ 00	\$ 00
4		\$ 00	\$ 00	\$ 00
5		\$ 00	\$ 00	\$ 00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

LUISE JONES

Your spouse's name as shown on Form IL-1040

334-88-9655

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	45-5452795 000 4	\$ 145,767.00	\$ 598.00	\$ 30.00
7		\$ 00	\$ 00	\$ 00
8		\$ 00	\$ 00	\$ 00
9		\$ 00	\$ 00	\$ 00
10		\$ 00	\$ 00	\$ 00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 30.00

ILIA2513L 10/31/23 ID: 2BN

→ Attach all Schedules IL-WIT to your IL-1040. ←

IL-1040 Schedule IL-WIT Front (R-12/23)

Printed by authority of the state of Illinois. Electronic only, one copy.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits – characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to www.revenue.state.mn.us and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

MAIL INCOME TAX RETURN PAYMENT TO:

MINNESOTA REVENUE
P.O. BOX 64054
ST. PAUL, MN 55164-0054

MNIA1701L 09/11/23

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1033



Income Tax Return Payment

CRAIG M JONES
LUISE JONES
5540 SAINT JOHN'S AVE
EDINA, MN 55424

Make check payable to:
Minnesota Revenue
P.O. Box 64054, St. Paul, MN 55164-0054

Preparer Tax Identification Number: P02153415

Social Security
Number (required): 472212927
Spouse's Social
Security Number: 334889655

Tax-Year End: 123123

Amount of Check: 25041 00

[illegible]



2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

<u>CRAIG</u> Your First Name and Initial	<u>M</u>	<u>JONES</u> Last Name	<u>472212927</u> Your Social Security Number	<u>04271990</u> Your Date of Birth (MM/DD/YYYY)
<u>LUISE</u> If a Joint Return, Spouse's First Name and Initial		<u>JONES</u> Spouse's Last Name	<u>334889655</u> Spouse's Social Security Number	<u>08041991</u> Spouse's Date of Birth
<u>5540 SAINT JOHN'S AVE</u> Current Home Address			Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign	
<u>EDINA</u> City	<u>MN</u> State	<u>55424</u> ZIP Code		

2023 Federal Filing Status (place an X in one box):

☐ (1) Single
 ☒ (2) Married Filing Jointly
 ☐ (3) Married Filing Separately
 ☐ (4) Head of Household
 ☐ (5) Qualifying Surviving Spouse

Spouse Name _____

Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:
 Republican 11
 Grassroots/Legalize Cannabis . . 14
 Legal Marijuana Now. 17
 Democratic/Farmer-Labor 12
 Libertarian 16
 General Campaign Fund 99

Your Code Spouse's Code

From Your Federal Return (see instructions)

<u>1026583</u> A Wages, salaries, tips, etc.	<u> </u> B IRA, pensions, and annuities	<u> </u> C Unemployment	<u>990255</u> D Federal taxable income
---	---	---	---

1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	<u>1048152</u>
2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	<u> </u>
3 Add lines 1 and 2	3	<u>1048152</u>
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	<u>11535</u>
5 Exemptions (from Schedule M1DQC)	5	<u> </u>
6 State income tax refund from line 1 of federal Schedule 1	6	<u> </u>
7 Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7	<u> </u>
8 Total subtractions. Add lines 4 through 7	8	<u>11535</u>
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank	9	<u>1036617</u>
10 Tax from the table or schedules in the Form M1 instructions	10	<u>93537</u>
11 Alternative minimum tax (enclose Schedule M1MT)	11	<u> </u>
12 Add lines 10 and 11	12	<u>93537</u>
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	<u>93537</u>
13a <u> </u> 13b <u> </u>		



14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)

☐ (a) Schedule M1HOME ☐ (b) Schedule M1529 ☐ (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14. 15 _____ 93537

16 Amount from line 21 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C). 16 ■ _____ 3724

17 Subtract line 16 from line 15 (if result is zero or less, leave blank). 17 _____ 89813

18 Nongame Wildlife Fund contribution (see instructions)

This will reduce your refund or increase the amount you owe. 18 ■ _____

19 Add lines 17 and 18. 19 _____ 89813

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report

Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF. 20 ■ _____ 65087

21 Minnesota estimated tax and extension payments made for 2023. 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF). 22 ■ _____

23 Total payments. Add lines 20 through 22. 23 _____ 65087

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).

For direct deposit, complete line 25. 24 ■ _____

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):

☐ Checking ☐ Savings _____
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions). 26 ■ _____ 25041

27 Penalty amount from Schedule M15 (see instructions). Also subtract

this amount from line 24 or add it to line 26 (enclose Schedule M15). 27 ■ _____ 315

28 Penalty and interest (see instructions). 28 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you. 29 ■ _____

30 Amount from line 24 you want applied to your 2024 estimated tax. 30 ■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

MNIA0112L 12/18/23

Your Signature

3125209776

Daytime Phone

DAVID HAASE, CPA

Paid Preparer's Signature

4153319900

Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly)

CRAIGBELISLE@GMAIL.COM

Email Address

Date (MM/DD/YYYY)

DAVE@GOLDENSTATEACCOUNTING.CO

Preparer's Email Address

Date (MM/DD/YYYY)

P02153415

PTIN or VITA/TCE # (required)

☐ I do not want my paid preparer to file my return electronically.

☒ I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

GOLDEN STATE ACCOUNTING INC.
1221 BRIDGEWAY SUITE 2
SAUSALITO, CA 94965

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

FEIN: 20-5664372

1033

CRAIG M JONES

472212927



2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

CRAIG <small>Your First Name and Initial</small>	M	JONES <small>Last Name</small>	472212927 <small>Your Social Security Number</small>
LUISE <small>If a Joint Return, Spouse's First Name and Initial</small>		JONES <small>Spouse's Last Name</small>	334889655 <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
<small>If the Form W-2 is for:</small>	<small>If Retirement Plan box is checked, mark an X below.</small>	<small>Employer's seven-digit Minnesota Tax ID Number</small>	<small>State wages, tips, etc. (round to nearest whole dollar)</small>	<small>Minnesota tax withheld (round to nearest whole dollar)</small>
<ul style="list-style-type: none"> • you, enter 1 • spouse, enter 2 				
a1 <u>1</u>	b1 <input checked="" type="checkbox"/>	c1 MN <u>4060813</u>	d1 <u>826304</u>	e1 <u>52871</u>
a2 <u>2</u>	b2 <input checked="" type="checkbox"/>	c2 MN <u>4462112</u>	d2 <u>145767</u>	e2 <u>9192</u>
a3 <u>2</u>	b3 <input checked="" type="checkbox"/>	c3 MN <u>1816022</u>	d3 <u>53533</u>	e3 <u>2995</u>
a4 <u>2</u>	b4 <input type="checkbox"/>	c4 MN <u>8219545</u>	d4 <u>979</u>	e4 <u>29</u>
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 65087

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
<small>If the Form 1099, W-2G, or 1042-S is for:</small>	<small>Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)</small>	<small>Income amount (see the table on the back for amounts to include)</small>	<small>Minnesota tax withheld (round to nearest whole dollar)</small>
<ul style="list-style-type: none"> • you, enter 1 • spouse, enter 2 			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries

(from line 7 on page 2) **3 ■ _____**

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.

Enter the total here and on line 20 of Form M1 **4 ■ 65087**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2023 Schedule M1CD, Child and Dependent Care Credit

If you received dependent care benefits, you must complete Parts 1 through 4. If you did not receive dependent care benefits, complete only Parts 1 and 2. You cannot claim child and dependent care expenses if your filing status is Married Filing Separately, unless you meet the requirements listed in the instructions under "Married persons filing separately."

CRAIG M

Your First Name and Initial

JONES

Your Last Name

472212927

Your Social Security Number

☐ Place an X in this box if you meet the requirements to claim the credit under "Married Persons Filing Separately" in the instructions.

☐ Place an X in this box if you operate a licensed family day care home and are claiming the credit for your own child(ren).
Enter your day care license number: _____

☐ Place an X in this box if you are claiming the credit for your child born in 2023.

Part 1 – Table 1. Persons or organizations providing the care (if more than two care providers, see instructions)

(a) Care Provider Name	(b) Address	(c) ID Number (SSN or FEIN)	(d) Amount Paid
CASA DE CORAZON E	5101 FRANCE AVE S MINNEAPOLIS MN	262862666	19197

Part 2 – Table 2. Credit for dependent care expenses: Information about qualifying persons

(If more than two qualifying persons, see instructions.)

(a) Qualifying Person Name	(b) Date of Birth (MM/DD/YYYY)	(c) ID Number (SSN)	(d) Qualifying Expenses
LAINY M BELISLE	11202021	046878263	19197

Round amounts to the nearest whole dollar.

- 1 Add the amounts in column (d) of Table 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more qualifying persons. If you completed Part 4, enter the amount from line 32. **1** ■ _____
- 2 Enter your earned income (*see instructions*). **2** ■ _____
- 3 If Married Filing Jointly, enter your spouse's earned income.
If your spouse was a student or was disabled, see instructions. All others, enter the amount from line 2 **3** ■ _____
- 4 Enter the smallest of 1, 2, or 3 **4** ■ _____
- 5 Adjusted gross income (*see instructions*). **5** ■ 1048152
- 6 Enter the decimal amount shown in Table 3 of the instructions that applies to the amount from line 5. **6** ■ 0.20
- 7 Multiply line 6 by line 4. If you paid 2022 expenses in 2023, see the instructions **7** ■ _____
- 8 If line 5 is \$59,210 or less, skip line 8 and enter the amount from line 7 on line 9. If line 5 is greater than \$59,210, enter the amount from step 6 of the Worksheet for Line 8 **8** ■ _____
- 9 Enter the amount from line 7 or line 8, whichever is less
Full-year residents: Enter the result here and on line 1 of Schedule M1REF.
Enter the number of qualifying persons on line 1a of Schedule M1REF **9** ■ _____
- Part-Year Residents, Nonresidents, and American Indians Living on a Reservation**
- 10 If you are married, add lines 2 and 3. If you are single, enter the amount from line 2. **10** ■ _____
- 11 Amount of income on line 10 taxable to Minnesota **11** ■ _____
- 12 Divide line 11 by line 10. Enter the result as a decimal (*carry to five decimal places*). **12** ■ _____
- 13 Multiply line 9 by line 12. Enter the result here and on line 1 of Schedule M1REF.
Enter the number of qualifying persons on line 1a of Schedule M1REF **13** ■ _____

Continued



**Part 3 — Dependent Care Benefits**

14	Enter the total amounts of dependent care benefits you received in 2023 (see instructions)	14 ■	<u>5000</u>
15	Enter the amount of benefits you carried over from 2022 and used in 2023 (see instructions)	15 ■	<u> </u>
16	Enter the amount you forfeited or carried forward to 2024 as a negative amount (see instructions).	16 ■	<u>0</u>
17	Combine lines 14 through 16.	17 ■	<u>5000</u>
18	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	18 ■	<u>19197</u>
19	Enter the smaller of line 17 or 18.	19 ■	<u>5000</u>
20	Enter your earned income (see instructions).	20 ■	<u>826304</u>
21	Enter the amount from the instructions based on your filing status (see instructions).	21 ■	<u>200279</u>
22	Enter the smallest of lines 19, 20, or 21.	22 ■	<u>5000</u>
23	Enter \$5,000 (\$2,500 if Married Filing Separately and you were required to enter your spouse's earned income on line 21)	23 ■	<u>5000</u>
24	Enter the total amount from line 14 and line 15 that was from your sole proprietorship or partnership. If you entered an amount on line 24, check this box: <input type="checkbox"/>	24 ■	<u> </u>
25	Subtract line 24 from line 17.	25	<u>5000</u>
26	Deductible benefits. Enter the smaller of line 22, 23, or 24.	26 ■	<u> </u>
27	Excluded benefits. If you did not check the box on line 24, enter the smaller of line 22 or line 23. Otherwise, subtract line 26 from the smaller of line 22 or line 23. If zero or less, enter 0	27 ■	<u>5000</u>

Part 4 — Complete lines 28 through 32 to claim the child and dependent care credit in Part 2

28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28 ■	<u>3000</u>
29	Add lines 26 and 27.	29	<u>5000</u>
30	Subtract line 29 from 28. If zero or less, STOP HERE. You do not qualify. If you paid 2022 expenses in 2023, see the instructions for line 7.	30 ■	<u> </u>
31	Complete the Table 2 for expenses of qualifying persons on page 1. Do not include any amount in qualifying expenses in column (d) which are included on line 29. Enter the total of column d on line 31.	31 ■	<u> </u>
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 1 to claim the Dependent Care Credit in Part 2.	32 ■	<u> </u>

Include this schedule with your Form M1.



2023 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

CRAIG M _____ JONES _____ 472212927 _____
Your First Name and Initial Your Last Name Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) 1 ■ 1710
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) 2 ■ _____
- 3 Credit for taxes paid to another state (*enclose Schedules M1CR and M1RCR*) 3 ■ 2014
- 4 Credit for Past Military Service (*see instructions*) 4 ■ _____
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) 5 ■ _____
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) 6 ■ _____
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) 7 ■ _____
- 8 Credit for Attaining Master's Degree in Teacher's Licensure Field (*enclose Schedule M1CMD*) 8 ■ _____
- 9 Student Loan Credit (*enclose Schedule M1SLC*) 9 ■ _____
- 10 Beginning Farmer Management Credit 10 ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 23 - _____
- 11 Film Production Credit 11 ■ _____
Enter the credit certificate number: TAXC - _____
- 12 Tax Credit for Owners of Agricultural Assets 12 ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 23 - _____
AO 23 - _____
AO 23 - _____
- 13 Credit for Sales of Manufactured Home Parks to Cooperatives 13 ■ _____
- 14 Short Line Railroad Infrastructure Modernization Credit 14 ■ _____
- 15 Housing Tax Credit 15 ■ _____
Enter the credit certificate number:
SHTC - _____
- 16 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) 16 ■ _____
- 17 Carryforward of prior-year Beginning Farmer Management Credits (*see instructions*) 17 ■ _____
BF ____- _____
BF ____- _____
- 18 Carryforward of prior-year Owners of Agricultural Assets Credits (*see instructions*) 18 ■ _____
AO ____- _____
AO ____- _____





- 19

Carryforward of prior-year Credit for Increasing Research Activities

19

List the years the credits were reported to you on Schedule KPI, KS, or KF:
- 20

Alternative Minimum Tax Credit (*enclose Schedule M1MTC*)

20
- 21

Add lines 1 through 20. Enter total here and on line 16 of Form M1.

21

3724

You must include this schedule with your Form M1.

MNIA0101L 10/04/23





2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

CRAIG M _____ JONES _____ 472212927 _____
Your First Name and Initial Last Name Social Security Number

	A – Child 1	B – Child 2	C – Child 3
First name and middle initial	a1 <u>LAINY M</u>	b1 _____	c1 _____
Last name	a2 <u>BELISLE</u>	b2 _____	c2 _____
Social Security Number or Individual Taxpayer Identification Number	a3 <u>046878263</u>	b3 _____	c3 _____
Date of Birth	a4 <u>11202021</u>	b4 _____	c4 _____
Relationship to you	a5 <u>DAUGHTER</u>	b5 _____	c5 _____
Check the box if you are claiming them as a dependent.	a6 <input checked="" type="checkbox"/>	b6 <input type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you	a7 <u>12</u>	b7 _____	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student	a8 <input type="checkbox"/>	b8 <input type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023.	a9 <input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child	a10 <input checked="" type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child.	a11 <input type="checkbox"/>	b11 <input type="checkbox"/>	c11 <input type="checkbox"/>





2023 Schedule M15, Underpayment of Estimated Income Tax
For Individuals (Form M1)

CRAIG M	JONES	472212927
Your First Name and Initial	Last Name	Social Security Number

Required Annual Payment

1 Minnesota income tax for 2023 (from line 17 of Form M1)	1	89813
2 Minnesota withholding and credits for 2023 (add lines 20 and 22 of Form M1)	2	65087
3 Subtract line 2 from line 1. If less than \$500, STOP HERE ; you do not owe an underpayment penalty.	3	24726
4 Multiply line 1 by 90% (.90). Farmers and commercial fishermen: Multiply line 1 by 66.7% (.667)	4	80832
5 Minnesota income tax for 2022 (from line 17 of Form M1). See instructions if your 2022 federal adjusted gross income was more than \$150,000 or if you did not file a 2022 return.	5	87550
6 Required annual payment. Amount from line 4 or line 5, whichever is less.	6	80832

• If line 6 is less than or equal to line 2, **STOP HERE**; you do not owe an underpayment penalty.
 • If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

Optional Short Method (see instructions to determine which method to use)

7 Quarterly estimated tax payments you made for 2023	7	
8 Add line 2 and line 7.	8	65087
9 Total underpayment for the year. Subtract line 8 from line 6 (if result is zero or less, STOP HERE ; you do not owe an underpayment penalty)	9	15745
10 Multiply line 9 by 2% (.02)	10	315
11 • If the amount on line 9 will be paid on or after April 15, 2024, enter 0. • If the amount was paid before April 15, 2024, use the following computation and enter the result on line 11:		
Amount on line 9 15745	x	Number of days paid before 4/15/24 x.000137
	11	
12 Penalty. Subtract line 11 from line 10. Enter result here and on line 27 of Form M1	12	315

	A April 18, 2023	B June 15, 2023	C Sept. 15, 2023	D Jan. 16, 2024
Regular Method				
13 Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions	13			
14 Credits. See instructions.	14			
15 Overpayment. If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments.	15			
16 Underpayment. If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below.	16			
17 Enter the date of payment or April 15, 2024, whichever is earlier (see instructions).	17			
18 Number of days between the payment due date and the date on line 17.	18			
19 Divide line 18 by 365. The result is a decimal.	19			
20 Multiply line 19 by 5% (.05). Enter as a decimal.	20			
21 Multiply line 20 by line 16.	21			
22 Penalty. Add columns A-D on line 21. Enter result here and on line 27 of Form M1.	22			


2023 Schedule M1CR, Credit for Income Tax Paid to Another State
CRAIG M

Your First Name and Initial

JONES

Last Name

472212927

Social Security Number

CALIFORNIA

State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

You must complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax paid to Wisconsin, use Schedule M1RCR, *Credit for Tax Paid to Wisconsin*.

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2023
- You paid 2023 state income tax to both Minnesota and another state or Canadian province **on the same income**
- You were a Minnesota resident when both states taxed the same income

☐ Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (*see instructions*).

Full-Year Residents and Part-Year Residents

Round amounts to the
nearest whole dollar.

- 1 Amount of adjusted gross income you received while
a Minnesota resident that was taxed by the other state (*see instructions*) **1** 22760
- 2 Your adjusted gross income adjusted by U.S. bond interest and
bonds of another state (*determine from instructions*).
Part-year residents: See instructions **2** SEE STATEMENT 1 1048152
- 3 Divide line 1 by line 2. Enter the result as a decimal (*carry to*
five decimal places; if line 1 is more than line 2, enter 1.00000) **3** 0.02171
- 4 Complete the lines below to determine your Minnesota tax after credits.
 - a Tax from line 13 of Form M1. **4a** 93537
 - b Add lines 1-2 and 4-9 of Schedule M1C **4b** 1710
- Subtract line 4b from line 4a. If the result is zero or less, **STOP HERE**. You do not qualify for this credit. **4** 91827
- 5 Multiply line 4 by line 3. **5** 1994
- 6 From the other state's income tax return, enter the tax amount before
you subtract any tax withheld or estimated tax payments (*see instructions*).
If you paid taxes to a Canadian province or territory, see instructions. **6** 1984

Full-Year Residents

- 7 Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C. **7** 1984

Part-Year Residents

- 8 From the other state's income tax return, enter the amount of income
taxed by that state before subtracting itemized or standard deductions **8** _____
- 9 Divide line 1 by line 8. Enter the result as a decimal (*carry to*
five decimal places; if line 1 is more than line 8, enter 1.00000) **9** _____
- 10 Multiply line 6 by line 9. **10** _____
- 11 Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C **11** _____

You must include this schedule with your Form M1.




2023 Schedule M1CR, Credit for Income Tax Paid to Another State

CRAIG M JONES 472212927
Your First Name and Initial Last Name Social Security Number
ILLINOIS
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota

You must complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax paid to Wisconsin, use Schedule M1RCR, *Credit for Tax Paid to Wisconsin*.

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2023
- You paid 2023 state income tax to both Minnesota and another state or Canadian province **on the same income**
- You were a Minnesota resident when both states taxed the same income

☐ Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (*see instructions*).

Full-Year Residents and Part-Year Residents

Round amounts to the nearest whole dollar.

- 1 Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state (*see instructions*) 1 598
- 2 Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (*determine from instructions*).
Part-year residents: *See instructions* SEE STATEMENT 2 2 1048152
- 3 Divide line 1 by line 2. Enter the result as a decimal (*carry to five decimal places; if line 1 is more than line 2, enter 1.00000*) 3 0.00057
- 4 Complete the lines below to determine your Minnesota tax after credits.
 - a Tax from line 13 of Form M1 4a 93537
 - b Add lines 1-2 and 4-9 of Schedule M1C 4b 1710
- Subtract line 4b from line 4a. If the result is zero or less, **STOP HERE**. You do not qualify for this credit. 4 91827
- 5 Multiply line 4 by line 3. 5 52
- 6 From the other state's income tax return, enter the tax amount before you subtract any tax withheld or estimated tax payments (*see instructions*).
If you paid taxes to a Canadian province or territory, see instructions. 6 ■ 30

Full-Year Residents

- 7 Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C. 7 30

Part-Year Residents

- 8 From the other state's income tax return, enter the amount of income taxed by that state before subtracting itemized or standard deductions 8 _____
- 9 Divide line 1 by line 8. Enter the result as a decimal (*carry to five decimal places; if line 1 is more than line 8, enter 1.00000*) 9 _____
- 10 Multiply line 6 by line 9. 10 _____
- 11 Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C 11 _____

You must include this schedule with your Form M1.





2023 Schedule M1MA, Marriage Credit

CRAIG
Your First Name and Initial

JONES
Your Last Name

472212927
Your Social Security Number

LUISE
Spouse's First Name and Initial

JONES
Spouse's Last Name

334889655
Spouse's Social Security Number

		A — Taxpayer	B — Spouse
1	Wages, salaries, tips, and other employee compensation (see instructions)	826304	200279
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE)		
3	Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions)		
4	Taxable Social Security benefits (see instructions)		
5	Add lines 1 through 4 for each column	826304	200279
6	Amount from line 5, Column A or B, whichever is less (If less than \$28,000, STOP HERE . You do not qualify).		200279
7	Joint taxable income from line 9 of Form M1. (If less than \$44,000, STOP HERE . You do not qualify)		1036617
8	If line 6 is less than \$114,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. — Full-year residents: Enter the result here and on line 1 of Schedule M1C — Part-year residents and nonresidents: Skip ahead to Part 3		
If line 6 is \$114,000 or more, continue to Part 2			

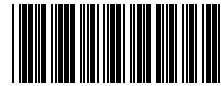
Part 2 — If Line 6 is \$114,000 or More

9	Enter the amount from line 6	200279
10	Value of one-half of the standard deduction for Married Filing Jointly	13,825
11	Subtract line 10 from line 9	186454
12	Using the tax rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11.	13226
13	Amount from line 7	1036617
14	Amount from line 11	186454
15	Subtract line 14 from line 13 (If zero or less, STOP HERE . You do not qualify).	850163
16	Using the tax rate schedule for single persons in the Form M1 instructions, compute the tax for the amount on line 15	78601
17	Tax from line 10 of Form M1	93537
18	Add lines 12 and 16	91827
19	Subtract line 18 from line 17. If the result is more than \$1,710, enter \$1,710. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 1 of Schedule M1C. Part-year residents and nonresidents: Continue to Part 3.	1710

Part 3 — Part-Year Residents and Nonresidents

20	Part-year residents and nonresidents: Enter the decimal from line 30 of Schedule M1NR.	
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C.	

Include this schedule when you file Form M1. Keep a copy for your records.



2023 Schedule M1SA, Minnesota Itemized Deductions

CRAIG M
Your First Name and Initial

JONES
Last Name

472212927
Your Social Security Number

Medical and Dental Expenses

- 1 Medical and dental expenses (see instructions) 1 ■ _____
- 2 Adjusted gross income (see instructions) 2 1048152
- 3 Multiply line 2 by 10% (.10) 3 104815
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ■ 0

Taxes You Paid

- 5 Real estate taxes (see instructions) 5 ■ 16190
- 6 Personal property taxes (see instructions) 6 ■ _____
- 7 Add lines 5 and 6 7 ■ 16190
- 8 Enter the lesser of line 7 or \$10,000 (\$5,000 if Married Filing Separately) 8 ■ 10000
- 9 Other taxes. List the type and amount 9 ■ _____
- 10 Add lines 8 and 9 10 ■ 10000

Interest You Paid

- 11 Home mortgage interest and points on federal Form 1098 11 47677
- 12 Home mortgage interest and points not reported to you on Form 1098
(see instructions) 12 _____
- 13 Investment interest expense 13 _____
- 14 Add lines 11 through 13 14 ■ 47677

Charitable Contributions

- 15 Charitable contributions by cash or check (see instructions) 15 _____
- 16 Charitable contributions by other than cash or check (see instructions) .. 16 _____
- 17 Carryover of charitable contributions from a prior year 17 _____
- 18 Add lines 15 through 17 18 ■ _____

Casualty and Theft Losses

- 19 Casualty or theft loss (enclose Schedule M1CAT) 19 ■ _____

Unreimbursed Employee Business Expenses

- 20 Unreimbursed employee expenses (enclose Schedule M1UE) 20 ■ _____
- 21 Adjusted gross income (see instructions) 21 1048152
- 22 Multiply line 21 by 2% (.02) 22 20963
- 23 Subtract line 22 from line 20. If zero or less, enter 0 23 ■ 0

Other Miscellaneous Deductions

- 24 Other miscellaneous deductions (see instructions) 24 ■ _____
List type and amount _____
- 25 Add lines 4, 10, 14, 18, 19, 23, and 24 25 ■ 57677
- 26 Complete the worksheet in the instructions if Line 1 of Form M1
is more than \$220,650 (\$110,325 if your filing status is Married Filing Separately) 26 ■ 46142
- 27 Subtract line 26 from line 25. Enter the result here and on line 4 of Form M1 27 ■ 11535



STATEMENT 1
SCHEDULE M1CR LINE 2 FOR: CALIFORNIA
FULL YEAR RESIDENTS ONLY

1. ADD LINES 1 AND 2 OF SCHEDULE M1M.....	\$	0.
2. ADJUSTED GROSS INCOME (SEE LINE 1 INSTRUCTIONS).....		1,048,152.
3. ADD STEP 1 AND STEP 2.....		1,048,152.
4. NET INTEREST YOU RECEIVED FROM U.S. BONDS FROM..... LINE 14 OF SCHEDULE M1M		0.
5. SUBTRACT STEP 4 FROM STEP 3. ENTER RESULT HERE..... AND ON LINE 2 OF SCHEDULE M1CR		1,048,152.

STATEMENT 2
SCHEDULE M1CR LINE 2 FOR: ILLINOIS
FULL YEAR RESIDENTS ONLY

1. ADD LINES 1 AND 2 OF SCHEDULE M1M.....	\$	0.
2. ADJUSTED GROSS INCOME (SEE LINE 1 INSTRUCTIONS).....		1,048,152.
3. ADD STEP 1 AND STEP 2.....		1,048,152.
4. NET INTEREST YOU RECEIVED FROM U.S. BONDS FROM..... LINE 14 OF SCHEDULE M1M		0.
5. SUBTRACT STEP 4 FROM STEP 3. ENTER RESULT HERE..... AND ON LINE 2 OF SCHEDULE M1CR		1,048,152.