

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

May 31, 2024

Joseph W and Stacy T Smith  
16023 Via Del Alba  
Rancho Santa Fe, CA 92067

Dear Joe and Stacy,

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 \$700.

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 802501  
CINCINNATI, OH 45280-2501

The deductible contribution to your spouse's Health Savings Account for 2023 is \$5,350. To ensure that your spouse's contribution is allowable, \$5,350 must be deposited to your spouse's account on or before April 15, 2024.

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 \$5,553 will be directly deposited into your checking account.

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	Federal
4/15/24	\$ 1,000
6/17/24	1,000
9/16/24	1,000
1/15/25	1,000
	-----
	\$ 4,000

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](http://www.irs.gov/payments) for more information.

Please be sure to call if you have any questions.

Sincerely,

David Haase, CPA

JOSEPH W AND STACY T SMITH

007-80-5653

	2023	2022	DIFF
<b>INCOME</b>			
WAGES, SALARIES, TIPS, ETC.....	266,350	249,408	16,942
INTEREST INCOME.....	9,553	13,389	-3,836
DIVIDEND INCOME.....	23,877	23,931	-54
BUSINESS INCOME.....	0	3,196	-3,196
CAPITAL GAIN OR LOSS.....	-3,000	-3,000	0
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	-10,744	589	-11,333
TOTAL INCOME.....	286,036	287,513	-1,477
<b>ADJUSTMENTS TO INCOME</b>			
HEALTH SAVINGS ACCOUNT DEDUCTION.....	5,350	0	5,350
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX...	0	43	-43
TOTAL ADJUSTMENTS.....	5,350	43	5,307
ADJUSTED GROSS INCOME.....	280,686	287,470	-6,784
<b>ITEMIZED DEDUCTIONS</b>			
TAXES.....	10,000	10,000	0
INTEREST.....	26,508	26,082	426
CONTRIBUTIONS.....	7,410	7,600	-190
TOTAL ITEMIZED DEDUCTIONS.....	43,918	43,682	236
<b>TAX COMPUTATION</b>			
STANDARD DEDUCTION.....	27,700	25,900	1,800
LARGER OF ITEMIZED OR STANDARD DEDUCTION	43,918	43,682	236
QUALIFIED BUSINESS INCOME DEDUCTION.....	89	543	-454
TAXABLE INCOME.....	236,679	243,245	-6,566
TAX BEFORE CREDITS.....	42,354	44,896	-2,542
<b>CREDITS</b>			
CHILD TAX CREDIT & OTHER DEPENDENT CR....	4,000	4,000	0
FOREIGN TAX CREDIT.....	513	483	30
TOTAL CREDITS.....	4,513	4,483	30
TAX AFTER CREDITS.....	37,841	40,413	-2,572
<b>OTHER TAXES</b>			
SELF-EMPLOYMENT TAX.....	0	86	-86
OTHER TAXES.....	1,388	1,337	51
TOTAL TAX.....	39,229	41,836	-2,607
<b>PAYMENTS &amp; REFUNDABLE CREDITS</b>			
FEDERAL INCOME TAX WITHHELD.....	34,691	31,646	3,045
ESTIMATED TAX PAYMENTS.....	0	167	-167
EXCESS FICA AND RRTA TAX WITHHELD.....	3,838	3,680	158
TOTAL PAYMENTS.....	38,529	35,493	3,036
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT YOU OWE.....	700	6,343	-5,643
<b>TAX RATES</b>			
ORDINARY INCOME TAX BRACKET.....	24.0%	24.0%	0.0%
EFFECTIVE TAX RATE.....	16.6%	17.2%	-0.6%

**2023****CALIFORNIA INCOME TAX SUMMARY****PAGE 1****JOSEPH W AND STACY T SMITH****007-80-5653**

	<b>2023</b>	<b>2022</b>	<b>DIFF</b>
<b>FEDERAL ADJUSTED GROSS INCOME</b>			
FEDERAL ADJUSTED GROSS INCOME.....	280,686	287,470	-6,784
<b>CALIFORNIA SUBTRACTIONS</b>			
ADJUSTMENTS TO INCOME.....	-5,350	0	-5,350
TOTAL SUBTRACTIONS FROM FEDERAL AGI.....	-5,350	0	-5,350
<b>ADJUSTED GROSS INCOME</b>			
ADJUSTED GROSS INCOME.....	286,036	287,470	-1,434
<b>ITEMIZED DEDUCTIONS</b>			
ITEMIZED DEDUCTION BEFORE LIMITATION.....	76,686	71,343	5,343
CALIFORNIA ITEMIZED DEDUCTIONS.....	76,686	71,343	5,343
CALIFORNIA STANDARD DEDUCTION.....	10,726	10,404	322
<b>TAX COMPUTATION</b>			
TOTAL TAXABLE INCOME.....	209,350	216,127	-6,777
TAX.....	12,775	13,607	-832
EXEMPTION CREDITS.....	1,180	1,146	34
NET TAX.....	11,595	12,461	-866
<b>PAYMENTS</b>			
CALIFORNIA INCOME TAX WITHHELD.....	17,148	15,824	1,324
TOTAL PAYMENTS.....	17,148	15,824	1,324
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT OVERPAID.....	5,553	3,363	2,190
AMOUNT YOU OWE.....	0	0	0
AMOUNT REFUNDED TO YOU.....	5,553	3,363	2,190
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	9.3%	9.3%	0.0%
EFFECTIVE TAX RATE.....	5.5%	5.8%	-0.3%

2023

FINANCIAL TRANSACTION SUMMARY

PAGE 1

JOSEPH W AND STACY T SMITH

007-80-5653

**CALIFORNIA**

**2023 CALIFORNIA FORM 540 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$5,553 WHICH WILL BE DEPOSITED  
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: CHASE

ROUTING TRANSIT NUMBER: 322271627

ACCOUNT NUMBER: \*\*\*\*\*7286

ACCOUNT TYPE: CHECKING

**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>

JOSEPH W AND STACY T SMITH

007-80-5653

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 1040, SCH 1, SCH 2, SCH 3, 1040-ES, 1040-V, SCH A, SCH B, SCH D  
 SCH E P2, 1116, 4952, 8582, 8812, 8867, 8879, 8889, 8959, 8960, 8995  
 CALIFORNIA: 540, SCH CA, SCH D (540), 3526, E-FILE INSTRUCTIONS, E-FILE CONSENT  
 E-FILE FORM 8879

**TAX RATES**

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	24.0%	16.6%
CALIFORNIA	9.3%	5.5%

**CARRYOVERS TO 2024**FEDERAL CARRYOVERS

SHORT-TERM CAPITAL LOSS	55,651.
LONG-TERM CAPITAL LOSS	474,240.
AMT SHORT-TERM CAPITAL LOSS	55,651.
AMT LONG-TERM CAPITAL LOSS	474,240.
TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD (QBI)	11,209.

CALIFORNIA CARRYOVERS

STATE CAPITAL LOSS	529,891.
AMT STATE CAPITAL LOSS	529,891.

**ESTIMATES****FEDERAL ESTIMATES**

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/24	1,000.	0.	1,000.
6/17/24	1,000.	0.	1,000.
9/16/24	1,000.	0.	1,000.
1/15/25	1,000.	0.	1,000.
TOTAL	<u>\$ 4,000.</u>	<u>\$ 0.</u>	<u>\$ 4,000.</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 \$700.

## 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 802501  
CINCINNATI, OH 45280-2501

### 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 540

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 \$5,553.

THE CALIFORNIA FRANCHISE TAX BOARD WILL DEPOSIT THE REFUND OF \$5,553 DIRECTLY INTO THE FOLLOWING ACCOUNT:

NAME OF BANK: CHASE  
ROUTING TRANSIT NUMBER: \*\*\*\*\*1627  
ACCOUNT NUMBER: \*\*\*\*\*7286  
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

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	4/15/24		1,000.			
2	6/17/24		1,000.			
3	9/16/24		1,000.			
4	1/15/25		1,000.			
5						
6						
7						
8						
Total.....			4,000.			

State: \_\_\_\_\_

## 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						
2						
3						
4						
5						
6						
7						
8						
Total.....						

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

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	SDI
DEFENSE FINANCE & ACTG SERV	207,266.	29,596.	9,932.	3,477.	16,026.	
UNIVERSITY OF CALIFORNIA	59,084.	4,874.	3,838.	898.	1,122.	
GRAND TOTAL	<u>266,350.</u>	<u>34,470.</u>	<u>13,770.</u>	<u>4,375.</u>	<u>17,148.</u>	<u>0.</u>

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

CHARLES SCHWAB -0881	13,088.
CHARLES SCHWAB -7318	29.
METAVASI FUND LP	768.
TOTAL	<u>13,885.</u>

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)	3,363.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2022 PAYMENTS PER IRS PUB. 525	0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS	3,363.
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.
8. ITEMIZED DEDUCTIONS FROM PRIOR YEAR SCH. A, LINE 17	43,682.
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)	17,782.
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	<u>0.</u>
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)	<u>0.</u>

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

1. STATE AND LOCAL INCOME TAX REFUNDS (CURRENT YEAR)	5,553.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2023 PAYMENTS PER IRS PUB. 525	0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS	5,553.
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	43,918.

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

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.

**STUDENT LOAN INTEREST DEDUCTION WORKSHEET (SCHEDULE 1, LINE 21)**

1. TOTAL QUALIFIED STUDENT LOAN INTEREST PAID, NOT MORE THAN \$2,500	245.
2. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, LINE 9	286,036.
3. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25	5,350.
4. SUBTRACT LINE 3 FROM LINE 2	280,686.
5. ENTER \$75,000 (\$155,000 IF MFJ)	155,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN LINE 5	
- IF NO, SKIP LINES 6 AND 7, ENTER 0 ON LINE 8, AND GO TO LINE 9	
- IF YES, SUBTRACT LINE 5 FROM LINE 4	125,686.
7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MFJ) BUT NOT MORE THAN 1	1.000
8. MULTIPLY LINE 1 BY LINE 7	245.
9. STUDENT LOAN INTEREST DEDUCTION (SUBTRACT LINE 8 FROM LINE 1)	0.

**QUALIFIED BUSINESS INCOME**

TRADE OR BUSINESS NAME:	OXAZON LLC
TAXPAYER IDENTIFICATION NUMBER:	85-2364868
BUSINESS INCOME.....	-11,209.
QUALIFIED BUSINESS INCOME	-11,209.

**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).....	32,044.	7,691.
TAXABLE ORDINARY INCOME	\$ 222,794.	
15% CAPITAL GAIN BRACKET.....	13,885.	2,083.
TOTAL USING CAPITAL GAIN RATES	\$ 236,679.	\$ 42,354.

\* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$141,406  
 TO BEGIN BEING TAXED IN THE NEXT 32% TAX BRACKET (\$364,201 - \$462,500)

**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  | 236,679.       |
| 2. ENTER AMOUNT FROM FORM 1040, 1040-SR,<br>OR 1040-NR, LINE 3A   | 13,885.        |
| 3. ARE YOU FILING SCHEDULE D?<br>[X] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF<br>SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO<br>[ ] NO. ENTER AMOUNT FROM FORM 1040, 1040-SR,<br>OR 1040-NR, LINE 7 | 0.             |
| 4. ADD LINES 2 AND 3  | 13,885.        |
| 5. SUBTRACT LINE 4 FROM LINE 1. IF 0 OR LESS, ENTER 0.  | 222,794.       |
| 6. ENTER:<br>\$44,625 IF SINGLE OR MARRIED FILING SEPARATELY,<br>\$89,250 IF MARRIED FILING JOINTLY OR QUALIFYING<br>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   | 13,885.        |
| 11. ENTER THE AMOUNT FROM LINE 9  | 0.             |
| 12. SUBTRACT LINE 11 FROM LINE 10   | 13,885.        |
| 13. ENTER:<br>\$492,300 IF SINGLE, \$276,900 IF MARRIED FILING<br>SEPARATELY, \$553,850 IF MARRIED FILING JOINTLY<br>OR QUALIFYING SURVIVING SPOUSE, \$523,050 IF HEAD<br>OF HOUSEHOLD.               | 553,850.       |
| 14. ENTER THE SMALLER OF LINE 1 OR LINE 13  | 236,679.       |
| 15. ADD LINES 5 AND 9   | 222,794.       |
| 16. SUBTRACT LINE 15 FROM LINE 14. IF 0 OR LESS, ENTER 0.   | 13,885.        |
| 17. ENTER THE SMALLER OF LINE 12 OR LINE 16   | 13,885.        |
| 18. MULTIPLY LINE 17 BY 15% (.15)   | 2,083.         |
| 19. ADD LINES 9 AND 17  | 13,885.        |
| 20. SUBTRACT LINE 19 FROM LINE 10   | 0.             |
| 21. MULTIPLY LINE 20 BY 20% (.20)   | 0.             |
| 22. FIGURE THE TAX ON THE AMOUNT ON LINE 5.<br>(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)   | 40,271.        |
| 23. ADD LINES 18, 21, AND 22  | 42,354.        |
| 24. FIGURE THE TAX ON THE AMOUNT ON LINE 1.<br>(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)   | 43,603.        |
| 25. TAX ON ALL TAXABLE INCOME (INCLUDING<br>CAPITAL GAIN DISTRIBUTIONS). ENTER THE<br>SMALLER OF LINE 23 OR LINE 24 HERE AND ON<br>FORM 1040, 1040-SR, OR 1040-NR, LINE 16                            | <u>42,354.</u> |

**CREDIT LIMIT WORKSHEET A (SCHEDULE 8812)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18. 42,354.
2. ADD THE AMOUNTS FROM:
- |                     |      |  |
|---------------------|------|--|
| SCHEDULE 3, LINE 1  | 513. |  |
| SCHEDULE 3, LINE 2  | 0.   |  |
| SCHEDULE 3, LINE 3  | 0.   |  |
| SCHEDULE 3, LINE 4  | 0.   |  |
| SCHEDULE 3, LINE 5B | 0.   |  |
| SCHEDULE 3, LINE 6D | 0.   |  |
| SCHEDULE 3, LINE 6F | 0.   |  |
| SCHEDULE 3, LINE 6L | 0.   |  |
| SCHEDULE 3, LINE 6M | 0.   |  |
| ENTER THE TOTAL.    | 513. |  |
3. SUBTRACT LINE 2 FROM LINE 1. 41,841.
- COMPLETE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:
1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS.
- A. MORTGAGE INTEREST CREDIT, FORM 8396.
- B. ADOPTION CREDIT, FORM 8839.
- C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I.
- D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859.
2. YOU ARE NOT FILING FORM 2555.
3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO.
4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER 0; OTHERWISE, ENTER THE AMOUNT FROM CREDIT LIMIT WORKSHEET B 0.
5. SUBTRACT LINE 4 FROM LINE 3. ENTER HERE AND ON SCHEDULE 8812, LINE 13. 41,841.

**FEDERAL INCOME TAX WITHHELD**

DEFENSE FINANCE & ACTG SERV	29,596.
UNIVERSITY OF CALIFORNIA	4,874.
ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)	221.
<b>TOTAL</b>	<b>34,691.</b>

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

## STATE AND LOCAL INCOME TAXES

	STATE	LOCAL
INCOME TAX WITHHELD	17,148.	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	0.	0.
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0.	0.
<b>TOTAL INCOME TAXES</b>	<b>17,148.</b>	<b>0.</b>
<b>TOTAL STATE AND LOCAL INCOME TAXES</b>		<b>17,148.</b>

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

## STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

## AVAILABLE INCOME:

ADJUSTED GROSS INCOME PER FORM 1040 OR 1040-SR	280,686.
TAX-EXEMPT INTEREST	1,983.
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>282,669.</u>

NUMBER OF EXEMPTIONS 4.

1. STATE GENERAL SALES TAXES PER TABLES 2,266.
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 7.2500
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) 2,266.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC. 0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8) 2,266.

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 2,266.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT 2,266.

STATE & LOCAL TAXES TO SCH. A, LN 5 (GREATER OF INCOME OR SALES TAX) 17,148.

**EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET**

NAME OF LENDER: BANK OF AMERICA

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (PRE '18)	1,757,933.	0.	51,382.	1,706,551.	1,732,242.	43,347.
				TOTAL	<u>1,732,242.</u>	<u>43,347.</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 | 1,732,242. |
| 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  | 1,732,242. |
| 6. ENTER THE SMALLER OF LINE 4 OR LINE 5  | 1,000,000. |

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 |            |
| 8. ENTER \$750,000, (\$375,000 IF MARRIED FILING SEPARATE)                   |            |
| 9. ENTER THE LARGER OF LINE 6 OR LINE 8                                      |            |
| 10. ADD THE AMOUNTS ON LINE 6 AND 7  |            |
| 11. QUALIFIED LOAN LIMIT (SMALLER OF LINE 9 OR LINE 10)                      | 1,000,000. |

**PART II - DEDUCTIBLE HOME MORTGAGE INTEREST**

- |   |            |
|---|------------|
| 12. TOTAL AVERAGE BALANCES OF ALL MORTGAGES FROM LINES 1, 2, AND 7 ON ALL QUALIFIED HOMES | 1,732,242. |
| 13. TOTAL AMOUNT OF INTEREST PAID ON THE LOANS FROM LINE 12                               | 43,347.    |
| 14. DIVIDE THE AMOUNT ON LINE 11 BY THE AMOUNT ON LINE 12                                 | .577       |
| 15. MULTIPLY LINE 13 BY LINE 14. THIS IS DEDUCTIBLE HOME MORTGAGE INTEREST                | 25,011.    |
| 16. SUBTRACT LINE 15 FROM LINE 13. THIS IS NOT HOME MORTGAGE INTEREST                     | 18,336.    |

**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	732,242.	N/A	18,336.
TOTALS	732,242.		18,336.

**ALLOCATION OF EXCESS HMI TO HOME ACQUISITION LOANS**

NAME OF LENDER	ALLOCATED INTEREST	RATIO	EXCESS HMI
BANK OF AMERICA	43,347.	1.000000	18,336.
TOTALS	43,347.		18,336.



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

NAME OF LENDER: BANK OF AMERICA

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (PRE 12/16/17)	43,347.	18,336.	25,011.	SCHEDULE A
TOTALS	<u>43,347.</u>	<u>18,336.</u>	<u>25,011.</u>	

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

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040NR, LINE 15		236,679.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21		3,000.
3. COMBINE LINES 1 AND 2 (BUT NOT LESS THAN ZERO)		239,679.
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		58,651.
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		55,651.
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15		474,240.
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		<u>474,240.</u>

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

CANADA

DIVIDEND INCOME.....	\$	4.
TOTAL	\$	<u>4.</u>

RIC

DIVIDEND INCOME.....	\$	6,489.
TOTAL	\$	<u>6,489.</u>

CATEGORY OF INCOME - GENERAL

OTHER COUNTRY (VARIOUS)

OTHER FOREIGN SOURCE INCOME.....	\$	248.
TOTAL	\$	<u>248.</u>

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

WAGES, SALARIES, TIPS, ETC.....	266,350.
TAXABLE INTEREST.....	9,553.
ORDINARY DIVIDENDS.....	23,877.
CAPITAL GAIN AND OTHER GAINS.....	1,596.
INCOME FROM PARTNERSHIP AND S-CORPORATION K-1'S.....	465.
TOTAL \$	<u><u>301,841.</u></u>

**INVESTMENT INTEREST EXPENSE (FORM 4952, LINE 1)**

SCHEDULE A	0.
SCHEDULE A (FROM PASS-THROUGH ENTITIES)	1,497.
SCHEDULE C	0.
SCHEDULE E, PAGE 1	0.
SCHEDULE E, PAGE 2	0.
TOTAL INVESTMENT INTEREST EXPENSE	<u><u>1,497.</u></u>

**GROSS INVESTMENT INCOME (FORM 4952, LINE 4A)**

INTEREST INCOME	9,553.
DIVIDEND INCOME	23,877.
CHILD'S INVESTMENT INCOME - FORM 8814	0.
GROSS INVESTMENT INCOME - SCHEDULE C	0.
GROSS INVESTMENT INCOME - SCHEDULE E	0.
PUBLICLY TRADED PARTNERSHIP INCOME	0.
OTHER NET INVESTMENT INCOME - K-1	0.
OTHER NET INVESTMENT INCOME - K-1 ADJUSTMENT	0.
GROSS INVESTMENT INCOME ADJUSTMENT	0.
ANNUITY INCOME - TAXPAYER	0.
ANNUITY INCOME - SPOUSE	0.
TOTAL	<u><u>33,430.</u></u>

**NET GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT (FORM 4952, LINE 4D)**

CAPITAL GAIN OR LOSS FROM THE DISPOSITION OF INVESTMENT PROPERTY	-9,179.
CAPITAL GAIN DISTRIBUTIONS	0.
UNDISTRIBUTED L/T GAIN FROM FORM 2439	0.
NET GAIN OR LOSS FROM METAVASI FUND LP	-10,154.
NET GAIN OR LOSS FROM CONTRACTS AND STRADDLES (FORM 6781)	0.
SHORT-TERM CAPITAL LOSS CARRYOVER	-58,443.
LONG-TERM CAPITAL LOSS CARRYOVER	-455,115.
ORDINARY GAIN OR LOSS FROM THE DISPOSITION OF INVESTMENT PROPERTY	0.
NET GAIN OR LOSS ON DISPOSITION - PTP PARTIAL DISPOSITIONS	0.
NET GAIN OR LOSS ADJUSTMENT	0.
TOTAL NET GAIN (CANNOT BE NEGATIVE)	<u><u>0.</u></u>

**INVESTMENT EXPENSES (FORM 4952, LINE 5)**

REAL ESTATE TAXES - SCH. A	0.
INVESTMENT EXPENSES - SCH. A, LINE 16	0.
INVESTMENT EXPENSES - SCHEDULE C	0.
INVESTMENT EXPENSES - SCHEDULE E, PAGE 1	0.
INVESTMENT EXPENSES ADJUSTMENT	5,336.
<b>TOTAL INVESTMENT EXPENSES</b>	<b>5,336.</b>

**SHORT-TERM CAPITAL GAIN OR (LOSS) FROM K-1 (SCHEDULE D, PART I)**

METAVASI FUND LP - SHORT-TERM CAPITAL GAIN	\$ 1,596.
<b>TOTAL</b>	<b>\$ 1,596.</b>

**LONG-TERM CAPITAL GAIN OR (LOSS) FROM K-1 (SCHEDULE D, PART II)**

METAVASI FUND LP - LONG-TERM CAPITAL LOSS	\$ -11,750.
<b>TOTAL</b>	<b>\$ -11,750.</b>

**FORM 8960, LINE 4B  
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS****INCOME (LOSS)  
LINE 4A****NON-SEC. 1411  
ADJUSTMENT  
LINE 4B****SCHEDULE E, PAGE 2.**PARTNERSHIP #1: OXAZON LLC

NET INCOME (LOSS)	\$ -11,209.	
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS		\$ 11,209.

PARTNERSHIP #2: METAVASI FUND LP

NET INCOME (LOSS)	\$ 465.	
<b>K-1 SUBTOTAL</b>	<b>\$ -10,744.</b>	<b>\$ 11,209.</b>

<b>TOTAL</b>	<b>\$ -10,744.</b>	<b>\$ 11,209.</b>
--------------	--------------------	-------------------

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

DEDUCTION RECOVERY	\$ 421.
<b>TOTAL</b>	<b>\$ 421.</b>

**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	\$ 17,148.
2. INVESTMENT INCOME	31,316.

**FORM 8960, LINE 9B (CONTINUED)**  
**STATE, LOCAL, AND FOREIGN INCOME TAX WORKSHEET**

3. TOTAL ADJUSTED GROSS INCOME.....	\$	280,686.
4. RATIO OF INVESTMENT INCOME TO TOTAL INCOME (LINE 2 / LINE 3).....		0.11156951
5. STATE AND LOCAL INCOME TAX ALLOCABLE TO INVESTMENT INCOME (LINE 1 * LINE 4).....		1,913.
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.....		1,913.
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>1,913.</u>

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

1. ENTER YOUR ADJUSTED GROSS INCOME.....	\$	280,686.
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>280,686.</u>

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## FORM 8960 - RECOVERY OF STATE/LOCAL TAX REFUND

CLIENT E715F4A8-85C8-

007-80-5653

## 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 3,363.
- 3 Total amount of recovery (add lines 1 and 2) ..... 3 3,363.
- 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 12.410338
- 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). ..... 5 417.

## 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 16.
- 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 32,320.
- 8 Add the amount on line 5 to line 7. .... 8 32,737.
- 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 1,244.
- 10 Enter the NIIT reported for the year of the deduction ..... 10 1,228.
- 11 Subtract line 10 from line 9. .... 11 16.
- 12 Enter the smaller of line 6 or line 11. .... 12 16.
- 13 Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7. .... 13 421.

## 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: OXAZON LLC**

ADJUSTED BASIS AT BEGINNING OF YEAR	22,859.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	21,000.
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	43,859.
LOSS ALLOWED BY BASIS LIMITATION	11,209.
ADJUSTED BASIS AT END OF YEAR	32,650.

	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>				
ORDINARY LOSS	11,209.		11,209.	0.
TOTALS	<u>11,209.</u>	<u>0.</u>	<u>11,209.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	22,859.
AMT INCOME	
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	21,000.
AMT BASIS USED FOR LIMITATION	43,859.
LOSS ALLOWED BY AMT BASIS	11,209.
AMT FINAL BASIS	32,650.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT ORDINARY LOSS	11,209.	0.
TOTALS	<u>11,209.</u>	<u>0.</u>

**ACTIVITY NAME: METAVASI FUND LP**

ADJUSTED BASIS AT BEGINNING OF YEAR	349,032.
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	12,745.
ADJUSTED BASIS USED FOR BASIS LIMITATION	361,777.
LOSS ALLOWED BY BASIS LIMITATION	19,606.
ADJUSTED BASIS AT END OF YEAR	342,171.

	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>				
LONG-TERM CAPITAL LOSS	11,750.		11,750.	0.
INVESTMENT INTEREST EXPENSE - SCH A	1,497.		1,497.	0.
NONDEDUCTIBLE EXPENSES	6,349.		6,349.	0.
FOREIGN TAXES PAID OR ACCRUED	10.		10.	0.
TOTALS	<u>19,606.</u>	<u>0.</u>	<u>19,606.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	349,032.
AMT INCOME	12,745.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	361,777.
LOSS ALLOWED BY AMT BASIS	19,606.
AMT FINAL BASIS	342,171.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT LONG-TERM CAPITAL LOSS	11,750.	0.
AMT NONDEDUCTIBLE EXPENSES	6,349.	0.
AMT PORTFOLIO DEDUCTIONS - OTHER	1,497.	0.
AMT FOREIGN TAXES PAID OR ACCRUED	10.	0.
TOTALS	<u>19,606.</u>	<u>0.</u>

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## ACTIVITY NAME: OXAZON LLC

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
ORDINARY INCOME (LOSS)	-11,209.							
<b>NET INCOME (LOSS)</b>	<u>-11,209.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>-11,209.</u>
<b>TOTAL SCHEDULE E PAGE 2</b>	<u>-11,209.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>-11,209.</u>

## ACTIVITY NAME: METAVASI FUND LP

	(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
<b>NET INCOME (LOSS)</b>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>			
FIRST PASSIVE OTHER	465.							465.
<b>TOTAL SCHEDULE E PAGE 2</b>	<u>465.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>465.</u>
INVESTMENT INT. EXP. REPORTED ON SCHEDULE A	1,497.							1,497.
SHORT-TERM CAPITAL GAIN (LOSS)	1,596.							1,596.
LONG-TERM CAPITAL GAIN (LOSS)	-11,750.							-11,750.
NONDEDUCTIBLE EXPENSES	6,349.							6,349.
FOREIGN TAXES PAID OR ACCRUED	10.							10.



**2023****Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****JOSEPH W AND STACY T SMITH****007-80-5653**

MARRIED FILING JOINT GENERATED A TENTATIVE TAX SAVINGS OF \$17,612.

<b>SUMMARY</b>	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	20,910.	259,776.	280,686.	280,686.
Itemized deductions	22,708.	21,210.	43,918.	43,918.
Standard deduction	13,850.	13,850.	27,700.	27,700.
Taxable Income		238,566.	238,566.	236,679.
Total tax		56,841.	56,841.	39,229.
Tentative amount due or (overpayment)		18,312.	18,312.	700.
<b>TAX SAVINGS BY FILING JOINTLY</b>				17,612.
Marginal tax rate	0%	35%		24%
Amount of income taxed at marginal rate		7,316.		32,044.
Current tax bracket remaining	11,000.	TOP BRACKET		141,406.
<b>INCOME</b>				
Wages, salaries, tips, etc.		266,350.	266,350.	266,350.
Taxable interest income	9,553.		9,553.	9,553.
Ordinary dividends	23,601.	276.	23,877.	23,877.
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.	-10,744.		-10,744.	-10,744.
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	20,910.	265,126.	286,036.	286,036.
<b>ADJUSTMENTS</b>				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction		5,350.	5,350.	5,350.
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		5,350.	5,350.	5,350.
Federal adjusted gross income	20,910.	259,776.	280,686.	280,686.

**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
<b>ITEMIZED DEDUCTIONS</b>				
Medical and dental				
Taxes	5,000.	5,000.	10,000.	10,000.
Interest	14,003.	12,505.	26,508.	26,508.
Contributions	3,705.	3,705.	7,410.	7,410.
Casualty and theft				
Other miscellaneous deductions				
Total itemized deductions	22,708.	21,210.	43,918.	43,918.
<b>TAX CALCULATION</b>				
Standard deduction	13,850.	13,850.	27,700.	27,700.
Higher of itemized or standard deduction	22,708.	21,210.	43,918.	43,918.
Qualified business income deduction				89.
Taxable income	0.	238,566.	238,566.	236,679.
Tax	0.	55,393.	55,393.	42,354.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit		5.	5.	513.
Child tax credit/credit for other dependents				4,000.
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	0.	55,388.	55,388.	37,841.
<b>OTHER TAXES</b>				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Other taxes		1,453.	1,453.	1,388.
Section 965 net tax liability installment				
Total tax		56,841.	56,841.	39,229.
<b>PAYMENTS</b>				
Federal income tax withheld		34,691.	34,691.	34,691.
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		3,838.	3,838.	3,838.
Other payments				
Total payments		38,529.	38,529.	38,529.
Tentative amount due or (overpayment)		18,312.	18,312.	700.

JOSEPH W AND STACY T SMITH

007-80-5653

OXAZON LLC  
85-2364868PARTNERSHIP  
NONPASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E (page 2)</b>						
Ordinary income (loss)	-11,209.					
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)	-11,209.					-11,209.
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)						-11,209.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
<b>FORM 4952</b>						
Investment interest expense						
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income						
<b>SCHEDULE B</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)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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.

JOSEPH W AND STACY T SMITH

007-80-5653

METAVASI FUND LP

85-1014633

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
<b>SCHEDULE E (page 2)</b>			QUALIFIED	DIVIDENDS	768	
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	465.					465.
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						465.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)	1,596.					1,596.
Long-term capital gain (loss)	-11,750.					-11,750.
<b>FORM 4952</b>						
Investment interest expense	1,497.					1,497.
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income						
<b>SCHEDULE B</b>						
Interest income (banks, S&L, C/U, etc.)	9,534.					9,534.
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends	1,150.					1,150.
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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.

JOSEPH W AND STACY T SMITH

007-80-5653

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E (page 2)</b>						
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)						-10,744.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)						1,596.
Long-term capital gain (loss)						-11,750.
<b>FORM 4952</b>						
Investment interest expense						1,497.
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income						
<b>SCHEDULE B</b>						
Interest income (banks, S&L, C/U, etc.)						9,534.
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						1,150.
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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.	286,036.
3. AMOUNT FROM FORM 540 OR FORM 540NR, LINE 18.	76,686.
4. SUBTRACT LINE 3 FROM LINE 2.	209,350.
5. COMBINE LINE 1 AND LINE 4.	212,350.
6. LOSS FROM SCHEDULE D, LINE 8.	532,891.
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>529,891.</u></u>

**INVESTMENT EXPENSES (FORM 3526, LINE 5)**

REAL ESTATE TAXES - SCH. A	0.
TENTATIVE INVESTMENT EXPENSE - SCH. A	7,052.
INVESTMENT EXPENSES - SCHEDULE C	0.
INVESTMENT EXPENSES - SCHEDULE E	0.
INVESTMENT EXPENSES - SCHEDULE K-1	0.
INVESTMENT EXPENSES ADJUSTMENT	<u>4,323.</u>
TOTAL INVESTMENT EXPENSES	<u><u>11,375.</u></u>

**EXCESS MORTGAGE - AVERAGE BALANCE & ALLOCATED INTEREST WORKSHEET**

NAME OF LENDER: BANK OF AMERICA

TYPE OF DEBT	BEGINNING BALANCE	BORROWED IN 2023	PRINCIPAL APPLIED	ENDING BALANCE	AVERAGE BALANCE	ALLO- CATED INTEREST
HM ACQ (PRE '18)	1,757,933.	0.	51,382.	1,706,551.	1,732,242.	43,347.
				TOTAL	<u><u>1,732,242.</u></u>	<u><u>43,347.</u></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 ALL HOME ACQUISITION DEBT	1,732,242.
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	1,732,242.
6. ENTER THE SMALLER OF LINE 4 OR LINE 5	1,000,000.
7. ENTER \$100,000 (\$50,000 IF MARRIED FILING SEPARATE)	100,000.
8. QUALIFIED LOAN LIMIT (ADD LINES 6 AND 7)	1,100,000.

**PART II - DEDUCTIBLE HOME MORTGAGE INTEREST**

9. TOTAL AVERAGE BALANCES OF ALL MORTGAGES ON ALL QUALIFIED HOMES	1,732,242.
10. ENTER THE TOTAL AMOUNT OF INTEREST PAID	43,347.
11. DIVIDE THE AMOUNT ON LINE 8 BY THE AMOUNT ON LINE 9	.635
12. MULTIPLY LINE 10 BY LINE 11. THIS IS DEDUCTIBLE HOME MORTGAGE INTEREST	27,525.
13. SUBTRACT LINE 12 FROM LINE 10. THIS IS NOT HOME MORTGAGE INTEREST	15,822.

**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.	.000000	0.
TOTAL EXCESS HOME ACQUISITION DEBT	632,242.	1.000000	15,822.
TOTALS	632,242.		15,822.

**ALLOCATION OF EXCESS HMI TO HOME ACQUISITION LOANS**

NAME OF LENDER	ALLOCATED INTEREST	RATIO	EXCESS HMI
BANK OF AMERICA	43,347.	1.000000	15,822.
TOTALS	43,347.		15,822.

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

NAME OF LENDER: BANK OF AMERICA

TYPE OF DEBT	TOTAL INTEREST	EXCESS HMI	INTEREST DEDUCTIBLE AS HMI	WHERE REPORTED
HOME ACQUISITION (PRE 12/16/17)	43,347.	15,822.	27,525.	SCHEDULE A
TOTALS	43,347.	15,822.	27,525.	

**INDIVIDUAL SHARED RESPONSIBILITY PENALTY**STEP 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.



**ACTIVITY NAME: OXAZON LLC**

ADJUSTED BASIS AT BEGINNING OF YEAR	22,859.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	21,000.
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	
ADJUSTED BASIS USED FOR BASIS LIMITATION	43,859.
LOSS ALLOWED BY BASIS LIMITATIONS	11,209.
ADJUSTED BASIS AT END OF YEAR	32,650.

	(A) CURRENT YEAR LOSS OR DEDUCTION	(B) PRIOR YEAR BASIS C/O	(C) LOSS ALLOWABLE BY BASIS LIMITATION	(D) BASIS CARRYOVER
<b>INCOME OR LOSS</b>				
ORDINARY LOSS	11,209.		11,209.	
REGULAR TAX	11,209.	0.	11,209.	0.

**DEDUCTIONS**

REGULAR TAX	0.	0.	0.	0.
-------------	----	----	----	----

**ALTERNATIVE MINIMUM TAX**

AMT BEGINNING BASIS	22,859.
AMT INCOME	
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	21,000.
AMT BASIS USED FOR LIMITATION	43,859.
LOSS ALLOWED BY AMT BASIS	11,209.
AMT FINAL BASIS	32,650.

	ALT MIN LOSS ALLOWED	ALT MIN TAX BASIS CARRYOVER
ALT MIN TAX ORDINARY LOSS	11,209.	

**ACTIVITY NAME: METAVASI FUND LP**

ADJUSTED BASIS AT BEGINNING OF YEAR	349,032.
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	11,149.
ADJUSTED BASIS USED FOR BASIS LIMITATION	360,181.
LOSS ALLOWED BY BASIS LIMITATIONS	19,023.
ADJUSTED BASIS AT END OF YEAR	341,158.

	(A) CURRENT YEAR LOSS OR DEDUCTION	(B) PRIOR YEAR BASIS C/O	(C) LOSS ALLOWABLE BY BASIS LIMITATION	(D) BASIS CARRYOVER
<b>INCOME OR LOSS</b>				
CAPITAL LOSS	10,154.		10,154.	
REGULAR TAX	10,154.	0.	10,154.	0.

**DEDUCTIONS**

PORTFOLIO DEDUCTIONS - 2%	1,013.		1,013.	
INVESTMENT INTEREST EXPENSE - SCH A	1,497.		1,497.	
NONDEDUCTIBLE EXPENSES	6,349.		6,349.	
FOREIGN TAXES PAID OR ACCRUED	10.		10.	
REGULAR TAX	8,869.	0.	8,869.	0.

**ALTERNATIVE MINIMUM TAX**

AMT BEGINNING BASIS	349,032.
AMT INCOME	11,149.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	360,181.
LOSS ALLOWED BY AMT BASIS	19,023.
AMT FINAL BASIS	341,158.

	ALT MIN LOSS ALLOWED	ALT MIN TAX BASIS CARRYOVER
ALT MIN TAX CAPITAL LOSS	10,154.	
ALT MIN TAX NONDEDUCTIBLE EXPENSES	6,349.	
ALT MIN TAX PORTFOLIO DEDUCTIONS - OTHER	2,510.	
ALT MIN TAX FOREIGN TAXES PAID OR ACCRUED	10.	

---

**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)

2023

## CA K-1 RECONCILIATION

PAGE 1

JOSEPH W AND STACY T SMITH

007-80-5653

## ACTIVITY NAME: METAVASI FUND LP

	CURRENT YE AMOUNT	PRIOR YEAR UNALLOWED BASIS LOSS	DISALLOWED BY BASIS LIMITATION	PRIOR YEAR UNALLOWED AT-RISK LOSS	DISALLOWED BY AT-RISK LIMITATION	PRIOR YEAR UNALLOWED PASSIVE LOSS	DISALLOWED PASSIVE LOS LIMITATIONS	STATE AMOUNT	FEDERAL AMOUNT	DIFFERENCE (INCLUDES SOURCING)
FIRST PASSIVE OTHER	465.					0		465.	465.	
<b>TOTAL SCHEDULE E PAGE 2</b>	<u>465.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>465.</u>	<u>465.</u>	<u>0.</u>
DEDUCTIONS RELATED TO PORTFOLIO INCOME (2	1,013.							1,013.	0.	-1,013.
INVESTMENT INT. EXP. REPORTED ON SCHEDULE	1,497.							1,497.	1,497.	
SHORT-TERM CAPITAL GAIN (LOSS)	-10,154.							-10,154.	1,596.	
LONG-TERM CAPITAL GAIN (LOSS)								0.	-11,750.	

JOSEPH W AND STACY T SMITH

007-80-5653

OXAZON LLC  
85-2364868PARTNERSHIP  
NONPASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E (page 2)</b>						
Ordinary income (loss)	-11,209.					
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)	-11,209.					-11,209.
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)						-11,209.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
<b>FORM 4952</b>						
Investment interest expense						
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income						
<b>SCHEDULE B</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)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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.

JOSEPH W AND STACY T SMITH

007-80-5653

METAVASI FUND LP

85-1014633

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
<b>SCHEDULE E (page 2)</b>						
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	465.					465.
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						465.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)	-10,154.					-10,154.
Long-term capital gain (loss)						
<b>FORM 4952</b>						
Investment interest expense	1,497.					1,497.
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income	1,013.					1,013.
<b>SCHEDULE B</b>						
Interest income (banks, S&L, C/U, etc.)	9,534.					9,534.
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends	1,150.					1,150.
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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.

FDIL1201L 06/09/21

JOSEPH W AND STACY T SMITH

007-80-5653

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E (page 2)</b>						
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)						-10,744.
<b>FORM 4797</b>						
Section 1231 gain (loss)						
4797 ordinary income						
<b>SCHEDULE D</b>						
Short-term capital gain (loss)						-10,154.
Long-term capital gain (loss)						
<b>FORM 4952</b>						
Investment interest expense						1,497.
Other net investment income						
<b>SCHEDULE A</b>						
Charitable contributions						
Deductions related to portfolio income						1,013.
<b>SCHEDULE B</b>						
Interest income (banks, S&L, C/U, etc.)						9,534.
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						1,150.
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
<b>FORM 6251</b>						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
<b>MISCELLANEOUS</b>						
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  
007-80-5653

## 2024 Estimated Tax Worksheet

JOSEPH W AND STACY T SMITH

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions).....	1	280,686.
2a	Deductions.....	2a	43,918.
	<ul style="list-style-type: none"> <li>• If you plan to itemize deductions, enter the estimated total of your itemized deductions.</li> <li>• If you don't plan to itemize deductions, enter your standard deduction.</li> </ul>		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction.....	2b	89.
c	Add lines 2a and 2b.....	2c	44,007.
3	Subtract line 2c from line 1.....	3	236,679.
4	<b>Tax.</b> Figure your tax on the amount on line 3 by using the <b>2024 Tax Rate Schedules</b> . <b>Caution:</b> 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	41,639.
5	Alternative minimum tax from <b>Form 6251</b> .....	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	41,639.
7	Credits (see instructions). <b>Do not</b> include any income tax withholding on this line.....	7	4,513.
8	Subtract line 7 from line 6. If zero or less, enter -0-.....	8	37,126.
9	Self-employment tax (see instructions).....	9	
10	Other taxes (see instructions).....	10	1,388.
11a	Add lines 8 through 10..... <b>100% OF LINE 11C ELECTED</b>	11a	38,514.
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	<b>Total 2024 estimated tax.</b> Subtract line 11b from line 11a. If zero or less, enter -0-.....	11c	38,514.
12a	Multiply line 11c by 90% (66-2/3% for farmers and fishermen).....	12a	38,514.
b	Required annual payment based on prior year's tax (see instructions).....	12b	43,152.
c	<b>Required annual payment to avoid a penalty.</b> Enter the <b>smaller</b> of line 12a or 12b..... <b>Caution:</b> 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	38,514.
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	34,691.
14a	Subtract line 13 from line 12c.....	14a	3,823.
	Is the result zero or less? <input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> <b>No.</b> Go to line 14b.		
b	Subtract line 13 from line 11c.....	14b	3,823.
	Is the result less than \$1,000? <input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> <b>No.</b> Go to line 15 to figure your required payment.		
15	Rounded balance.....	15	4,000.
16	Overpayment of estimated tax applied to next tax year.....	16	
17	Total of estimated tax payments to be mailed with vouchers.....	17	4,000.
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	1,000.



## 2024 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

INCOME	THIS YEAR	DIFFERENCE	NEXT YEAR
WAGES	266,350.	0.	266,350.
INTEREST	9,553.	0.	9,553.
ORDINARY DIVIDENDS	23,877.	0.	23,877.
SHORT-TERM CAP. GAIN (LOSS)	-3,000.	0.	-3,000.
RENTS, ROYALTIES, ETC.	-10,744.	0.	-10,744.
TOTAL INCOME	286,036.	0.	286,036.

ADDITIONAL CAPITAL GAIN INFORMATION	THIS YEAR	DIFFERENCE	NEXT YEAR
QUALIFIED DIVIDENDS	13,885.	0.	13,885.

ADJUSTMENTS TO INCOME	THIS YEAR	DIFFERENCE	NEXT YEAR
HEALTH SAVINGS ACCOUNT DEDUCTION	5,350.	0.	5,350.
TOTAL ADJUSTMENTS TO INCOME	5,350.	0.	5,350.

ESTIMATED ADJUSTED GROSS INCOME 280,686.

## 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	25,011.	
6. INVESTMENT INTEREST	1,497.	
7. TOTAL INTEREST PAID		26,508.
8. GIFTS TO CHARITY SUBJECT TO 60% (100%) LIMITATION	7,410.	
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		7,410.
14. CASUALTY AND THEFT LOSSES (NONBUSINESS PROPERTY)		0.
15. OTHER ITEMIZED DEDUCTIONS		0.
15. TOTAL ITEMIZED DEDUCTIONS (ADD LINES 3, 4, 7, 13, 14, AND 15)		<u>43,918.</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		236,679.
2. ENTER YOUR QUALIFIED DIVIDENDS FOR NEXT YEAR	13,885.	
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)	13,885.	
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	13,885.	
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		13,885.
14. SUBTRACT LINE 13 FROM LINE 1 (NOT LESS THAN ZERO)		222,794.
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)	222,794.	
19. ENTER THE SMALLER OF LINE 1 OR THRESHOLD	236,679.	
20. ENTER THE SMALLER OF LINE 14 OR LINE 19	222,794.	
21. ENTER THE LARGER OF LINE 18 OR LINE 20	222,794.	
22. SUBTRACT LINE 17 FROM LINE 16. THIS IS TAXED AT 0%	0.	
23. ENTER THE SMALLER OF LINE 1 OR LINE 13	13,885.	
24. ENTER THE AMOUNT FROM LINE 22	0.	
25. SUBTRACT LINE 24 FROM LINE 23 (NOT LESS THAN ZERO)	13,885.	
26. ENTER THE HIGH INCOME THRESHOLD	583,750.	
27. ENTER THE SMALLER OF LINE 1 OR LINE 26	236,679.	
28. ADD LINES 21 AND 22	222,794.	
29. SUBTRACT LINES 28 FROM LINE 27 (NOT LESS THAN ZERO)	13,885.	
30. ENTER THE SMALLER OF LINE 25 OR LINE 29	13,885.	
31. MULTIPLY LINE 30 BY 15% (.15)		2,083.
32. ADD LINES 24 AND 30	13,885.	
33. SUBTRACT LINE 32 FROM LINE 23	0.	
34. MULTIPLY LINE 33 BY 20% (.20)		0.
44. FIGURE THE TAX ON THE AMOUNT ON LINE 21		39,556.
45. ADD LINES 31, 34, 40, 43, AND 44		41,639.
46. FIGURE THE TAX ON THE AMOUNT ON LINE 1		42,888.
47. TAX (ENTER THE SMALLER OF LINE 45 OR LINE 46)		<u>41,639.</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)	236,679.
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>246,679.</u></u>

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

7. EXEMPTION	133,300.
8. SUBTRACT LINE 7 FROM LINE 6	113,379.
9. TAX	27,951.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	513.
11. TENTATIVE MINIMUM TAX	27,438.
12. TAX FROM ES WORKSHEET	41,126.
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	113,379.
15. AMT LONG-TERM CAP. GAIN, SECTION 1250, AND QUALIFIED DIVIDENDS	13,885.
16. INCOME SUBJECT TO 26%/28% AMT RATES (LINE 14 MINUS LINE 15)	99,494.
17. TAX ON 26% RATE INCOME (28% AND SUBTRACT \$4652 IF HIGH INCOME)	25,868.
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	13,885.
21. TAX ON 15% CAPITAL GAIN INCOME	2,083.
22. CAPITAL GAIN INCOME SUBJECT TO 20% RATE	0.
23. TAX ON 20% CAPITAL GAIN INCOME	0.
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	27,951.
27. MULTIPLY LINE 14 BY 26% (28% AND SUBTRACT \$4652 IF HIGH INCOME)	29,479.
28. TOTAL TAX (SMALLER OF LINE 26 OR LINE 27)	<u>27,951.</u>

**2024 ESTIMATED TAX WORKSHEET - NONREFUNDABLE CREDITS**

FOREIGN TAX CREDIT.....	\$	513.
CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS.....		4,000.
	TOTAL \$	<u>4,513.</u>

**2024 ESTIMATED TAX - OTHER TAXES WORKSHEET**ADDITIONAL MEDICARE TAX ON WAGES AND SE INCOME

1. WAGES & TIPS SUBJECT TO MEDICARE TAX	286,468.
2. THRESHOLD FOR FILING STATUS	250,000.
3. WAGES AND TIPS SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 2 FROM LINE 1)	36,468.
4. ADDITIONAL MEDICARE TAX ON WAGES (LINE 3 X .9%)	328.
5. SE MEDICARE INCOME	0.
6. THRESHOLD FOR FILING STATUS	250,000.
7. AMOUNT FROM LINE 1	286,468.
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)	328.

NET INVESTMENT INCOME TAX

1. INTEREST	9,553.
2. DIVIDENDS	23,877.
3. ANNUITIES FROM NONQUALIFIED PLANS	0.
4A. RENTS, ROYALTIES, K-1, SCH C	-10,744.
4B. RENTS, ROYALTIES, K-1, SCH C NOT SUBJECT TO NIIT	11,209.
4C. RENTS, ROYALTIES, K-1, SCH C SUBJECT TO NIIT	465.
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	421.
8. TOTAL INVESTMENT INCOME	31,316.
9. TOTAL DEDUCTIONS AND MODIFICATIONS	3,410.
10. NET INVESTMENT INCOME	27,906.
11. MODIFIED ADJUSTED GROSS INCOME	280,686.
12. THRESHOLD FOR FILING STATUS	250,000.
13. MAGI IN EXCESS OF THRESHOLD	30,686.
14. LESSER OF MAGI OVER EXCESS OR NET INVESTMENT INCOME	27,906.
15. NET INVESTMENT INCOME TAX (3.8% RATE)	1,060.

OTHER TAXES

ADDITIONAL MEDICARE TAX ON WAGES	328.
NET INVESTMENT INCOME TAX	1,060.
TOTAL \$	<u><u>1,388.</u></u>

Mail to:

INTERNAL REVENUE SERVICE  
P.O. BOX 802502  
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 4/15/2024

## 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	1,000.
--	--------

FDIA1901L 06/21/23

1032



007-80-5653 047-82-1530  
JOSEPH W SMITH  
STACY T SMITH  
16023 VIA DEL ALBA  
RANCHO SANTA FE, CA 92067

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

007805653 QS SMIT 30 0 202412 430

Mail to:

INTERNAL REVENUE SERVICE  
P.O. BOX 802502  
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 6/17/2024

## 2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,000.

FDIA1902L 06/21/23

1032



007-80-5653 047-82-1530  
JOSEPH W SMITH  
STACY T SMITH  
16023 VIA DEL ALBA  
RANCHO SANTA FE, CA 92067

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

007805653 QS SMIT 30 0 202412 430

Mail to:

INTERNAL REVENUE SERVICE  
P.O. BOX 802502  
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 9/16/2024

## 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	1,000.
--	--------

FDIA1904L 06/21/23

1032



007-80-5653 047-82-1530  
JOSEPH W SMITH  
STACY T SMITH  
16023 VIA DEL ALBA  
RANCHO SANTA FE, CA 92067

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

007805653 QS SMIT 30 0 202412 430

Mail to:

INTERNAL REVENUE SERVICE  
P.O. BOX 802502  
CINCINNATI, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 1/15/2025

## 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,000.

FDIA1905L 06/21/23

1032



007-80-5653 047-82-1530  
JOSEPH W SMITH  
STACY T SMITH  
16023 VIA DEL ALBA  
RANCHO SANTA FE, CA 92067

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

007805653 QS SMIT 30 0 202412 430



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](http://www.irs.gov/Form8879) for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name <b>JOSEPH W SMITH</b>	Social security number <b>007-80-5653</b>
Spouse's name <b>STACY T SMITH</b>	Spouse's social security number <b>047-82-1530</b>

**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	280,686.
2	Total tax	2	39,229.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	34,691.
4	Amount you want refunded to you	4	
5	Amount you owe	5	700.

**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 57156 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 69491 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 802501  
CINCINNATI, OH 45280-2501

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 . . . . . ▶

700.

FDIA8601L 07/26/23

1032



JOSEPH W & STACY T SMITH  
16023 VIA DEL ALBA  
RANCHO SANTA FE CA 92067

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI OH 45280-2501

007805653 QS SMIT 30 0 202312 610

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

See separate instructions.

Your first name and middle initial  
**JOSEPH W SMITH**

Last name

If joint return, spouse's first name and middle initial  
**STACY T SMITH**

Last name

Home address (number and street). If you have a P.O. box, see instructions.  
**16023 VIA DEL ALBA**

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.  
**RANCHO SANTA FE, CA 92067**

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You

☐ Spouse

**Filing Status**

☐ Single

☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

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.)

☐ Yes

☒ No

**Standard Deduction**

**Someone can claim:**

☐ You as a dependent

☐ Your spouse as a dependent

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

**Age/Blindness**

**You:**

☐ Were born before January 2, 1959

☐ Are blind

**Spouse:**

☐ Was born before January 2, 1959

☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instructions and check here. . . . <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	GRAYSON T CHARAT	016-94-8954	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	REED CHARAT	115-17-6112	SON	<input checked="" 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 266,350.

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 266,350.

2 a Tax-exempt interest

2a 1,983.

b Taxable interest.

2b 9,553.

3 a Qualified dividends

3a 13,885.

b Ordinary dividends

3b 23,877.

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

c If you elect to use the lump-sum election method, check here (see instructions).

☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

☐

7 -3,000.

8 Additional income from Schedule 1, line 10.

8 -10,744.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**.

9 286,036.

10 Adjustments to income from Schedule 1, line 26.

10 5,350.

11 Subtract line 10 from line 9. This is your **adjusted gross income**.

11 280,686.

12 **Standard deduction or itemized deductions** (from Schedule A).

12 43,918.

13 Qualified business income deduction from Form 8995 or Form 8995-A.

13 89.

14 Add lines 12 and 13.

14 44,007.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**.

15 236,679.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

**Standard Deduction for —**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under *Standard Deduction*, see instructions.

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

FDIA0112L 08/30/23

Form **1040** (2023)

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	<b>16</b>	42,354.
	<b>2</b>	<input type="checkbox"/> 4972	<b>3</b>	<input type="checkbox"/>
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	42,354.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	4,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	513.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	4,513.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	37,841.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	1,388.	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	39,229.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	34,470.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	221.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	34,691.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	3,838.	
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	3,838.	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	38,529.	

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

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	<b>37</b>	700.
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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

<b>Sign Here</b>	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.)
			GENERAL MANAGER	673674
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		PHYSICIAN		
Phone no.	Email address			

<b>Paid Preparer Use Only</b>	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	Firm's address			Phone no.
	GOLDEN STATE ACCOUNTING INC.	1221 BRIDGEWAY SUITE 2 SAUSALITO, CA 94965			415-331-9900
				Firm's EIN	20-5664372

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2023)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

JOSEPH W AND STACY T SMITH

Your social security number

007-80-5653

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes .....	1	
2a	Alimony received .....	2a	
b	Date of original divorce or separation agreement (see instructions): .....		
3	Business income or (loss). Attach Schedule C .....	3	
4	Other gains or (losses). Attach Form 4797 .....	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	5	-10,744.
6	Farm income or (loss). Attach Schedule F .....	6	
7	Unemployment compensation .....	7	
8	Other income:		
a	Net operating loss .....	8a	( )
b	Gambling .....	8b	
c	Cancellation of debt .....	8c	
d	Foreign earned income exclusion from Form 2555 .....	8d	( )
e	Income from Form 8853 .....	8e	
f	Income from Form 8889 .....	8f	
g	Alaska Permanent Fund dividends .....	8g	
h	Jury duty pay .....	8h	
i	Prizes and awards .....	8i	
j	Activity not engaged in for profit income .....	8j	
k	Stock options .....	8k	
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 .....	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions) ..	8m	
n	Section 951(a) inclusion (see instructions) .....	8n	
o	Section 951A(a) inclusion (see instructions) .....	8o	
p	Section 461(l) excess business loss adjustment .....	8p	
q	Taxable distributions from an ABLE account (see instructions) .....	8q	
r	Scholarship and fellowship grants not reported on Form W-2 .....	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d .....	8s	( )
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan .....	8t	
u	Wages earned while incarcerated .....	8u	
z	Other income. List type and amount: .....	8z	
9	Total other income. Add lines 8a through 8z .....	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 .....	10	-10,744.

<b>Part II Adjustments to Income</b>			
<b>11</b>	Educator expenses.....	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889.....	<b>13</b>	5,350.
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903.....	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE.....	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans.....	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction.....	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings.....	<b>18</b>	
<b>19a</b>	Alimony paid.....	<b>19a</b>	
<b>b</b>	Recipient's SSN.....		
<b>c</b>	Date of original divorce or separation agreement (see instructions): .....		
<b>20</b>	IRA deduction.....	<b>20</b>	
<b>21</b>	Student loan interest deduction.....	<b>21</b>	
<b>22</b>	Reserved for future use.....	<b>22</b>	
<b>23</b>	Archer MSA deduction.....	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions).....	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses.....	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans.....	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans.....	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	<b>24h</b>	
<b>i</b>	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.....	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555.....	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: .....	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z.....	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.....	<b>26</b>	5,350.

Schedule 1 (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](https://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **02**

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

JOSEPH W AND STACY T SMITH

Your social security number

007-80-5653

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE.....	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6.....	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H.....	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959.....	<b>11</b>	328.
<b>12</b>	Net investment income tax. Attach Form 8960.....	<b>12</b>	1,060.
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611.....	<b>16</b>	

(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)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:		
		<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions.	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889.	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853.	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax.	<b>17j</b>	
<b>k</b>	Golden parachute payments.	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts.	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation.	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24.	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z.	<b>18</b>	
<b>19</b>	Reserved for future use.	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A.	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	<b>21</b>	1,388.

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](https://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **03**

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

**JOSEPH W AND STACY T SMITH**

Your social security number

**007-80-5653****Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required. ....	<b>1</b>	513.
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19. ....	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880. ....	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15. ....	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 .....	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 .....	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 .....	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 .....	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R .....	<b>6d</b>	
<b>e</b>	Reserved for future use .....	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 .....	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 .....	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 .....	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 .....	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 .....	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 .....	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions .....	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 .....	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z .....	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 .....	<b>8</b>	513.

(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**

<b>9</b>	Net premium tax credit. Attach Form 8962.....	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions).....	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld.....	<b>11</b>	3,838.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136.....	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439.....	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years.....	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i).....	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions).....	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z.....	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	<b>15</b>	3,838.

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](http://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

**2023**Attachment  
Sequence No. **07**

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

JOSEPH W AND STACY T SMITH

Your social security number

007-80-5653

**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 | 17,148. |         |
| b | State and local real estate taxes (see instructions) .....  | 5b | 33,202. |         |
| c | State and local personal property taxes .....   | 5c |         |         |
| d | Add lines 5a through 5c .....   | 5d | 50,350. |         |
| 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 | 25,011. |         |
| 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 | 25,011. |         |
| 9  | Investment interest. Attach Form 4952 if required. See instructions .....   | 9  | 1,497.  |         |
| 10 | Add lines 8e and 9 .....  | 10 |         | 26,508. |

**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 | 7,410. |        |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. .... | 12 |        |        |
| 13 | Carryover from prior year .....  | 13 |        |        |
| 14 | Add lines 11 through 13 .....  | 14 |        | 7,410. |

**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 |  | 43,918. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ....                |    |  |         |

Department of the Treasury  
Internal Revenue Service

## Interest and Ordinary Dividends

OMB No. 1545-0074

2023

Attachment Sequence No. **08**

**Attach to Form 1040 or 1040-SR.**  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

Name(s) shown on return

	Your social security number
--	-----------------------------

JOSEPH W AND STACY T SMITH

007-80-5653

## 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.

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:

CHARLES SCHWAB -7318

CHASE -7286 & -9571

METAVASI FUND LP

-----

**2** Add the amounts on line 1.....

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b.

**Note:** If line 4 is over \$1,500, you must complete Part III.

## 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.

**5** List name of payer:

CHARLES SCHWAB -0881

CHARLES SCHWAB -1221

CHARLES SCHWAB -7318

METAVASI FUND LP

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

## 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.

**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.

**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.

Yes	No
	X
	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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **12**

Name(s) shown on return

JOSEPH W AND STACY T SMITH

Your social security number

007-80-5653

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)
<b>1a</b> 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 .....	62,651.	64,455.		-1,804.
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				1,596.
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				( 58,443.)
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 .....				-58,651.

**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)
<b>8a</b> 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 .....	307,865.	315,240.		-7,375.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> 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 .....				
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				-11,750.
<b>13</b> Capital gain distributions. See the instrs. ....				
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				( 455,115.)
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back .....				-474,240.

**Part III Summary**

16 Combine lines 7 and 15 and enter the result. ....	<b>16</b>	-532,891.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
17 Are lines 15 and 16 <b>both</b> gains?		
<input type="checkbox"/> <b>Yes.</b> Go to line 18.		
<input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet. ....	<b>18</b>	
19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet. ....	<b>19</b>	
20 Are lines 18 and 19 <b>both</b> zero or blank and you are not filing Form 4952?		
<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.		
<input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> 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 <b>smaller</b> of:		
<ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( 3,000.)
<b>Note:</b> 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"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.		
<input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023

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

Your social security number

JOSEPH W AND STACY T SMITH

007-80-5653

**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 <b>P</b> for partnership; <b>S</b> 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	OXAZON LLC	P		85-2364868		
B	METAVASI FUND LP	P		85-1014633		
C	SECTION 988 GAIN	P		85-1014633		
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach <b>Form 8582</b> if required)	(h) Passive income from <b>Schedule K-1</b>	(i) Nonpassive loss allowed (see <b>Schedule K-1</b> )	(j) Section 179 expense deduction from <b>Form 4562</b>	(k) Nonpassive income from <b>Schedule K-1</b>	
A		11,209.			
B					
C	465.				
D					
<b>29 a</b> Totals.....	465.				
<b>b</b> Totals.....		11,209.			
<b>30</b> Add columns (h) and (k) of line 29a.....			<b>30</b>	465.	
<b>31</b> Add columns (g), (i), and (j) of line 29b.....			<b>31</b>	( 11,209.)	
<b>32</b> Total partnership and S corporation income or (loss). Combine lines 30 and 31.....			<b>32</b>	-10,744.	

**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	(f) Other income 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 <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.....				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below.....	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.....	<b>41</b>	-10,744.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> 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.....	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> 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.....	<b>43</b>	

## 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](http://www.irs.gov/Form1116) for instructions and the latest information.

2023

Attachment  
Sequence No. 19

Name

JOSEPH W AND STACY T SMITH

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

007-80-5653

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) UNITED STATES

**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	
<b>i Enter the name of the foreign country or U.S. possession.</b> CANADA		RIC		
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS DIVIDENDS				
	4.	6,489.		<b>1 a</b> 6,493.
<b>b</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"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions)	6,594.	6,594.		
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	6,594.	6,594.		
<b>d</b> Gross foreign source income (see instructions)	4.	6,489.		
<b>e</b> Gross income from all sources (see instructions)	301,841.	301,841.		
<b>f</b> Divide line 3d by line 3e (see instructions)	0.000013	0.021498		
<b>g</b> Multiply line 3c by line 3f		142.		
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)		538.		
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5		680.		<b>6</b> 680.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				<b>7</b> 5,813.

**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			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))	
		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					1.					1.
B	1099 TAXES					502.					502.
C											

**8** Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 503.



**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	503.	
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	503.	
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		503.
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	5,813.	
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	5,813.	
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	236,679.	
	<b>Caution:</b> 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		0.024560692
20	<b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> 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		42,354.
	<b>Caution:</b> 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		1,040.
22	Increase in limitation (section 960(c)) (see instructions).	22		
23	Add lines 21 and 22.	23		1,040.
24	Enter the <b>smaller</b> 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		503.

**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	503.	
28	Credit for taxes on general category income.	28	10.	
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		513.
33	Enter the <b>smaller</b> of line 20 or line 32.	33		513.
34	Reduction of credit for international boycott operations. See instructions for line 12.	34		
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . 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		513.

## 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](http://www.irs.gov/Form1116) for instructions and the latest information.

2023

Attachment  
Sequence No. 19

Name

JOSEPH W AND STACY T SMITH

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

007-80-5653

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) UNITED STATES

**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	
<b>i Enter the name of the foreign country or U.S. possession.</b> . . . . .	OTHER COUNTRY (VARIOUS)			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): ----- ----- -----	248.			<b>1 a</b> 248.
<b>b</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"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	6,594.			
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .	6,594.			
<b>d</b> Gross foreign source income (see instructions) . . . . .	248.			
<b>e</b> Gross income from all sources (see instructions) . . . . .	301,841.			
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .	0.000822			
<b>g</b> Multiply line 3c by line 3f . . . . .	5.			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .	21.			
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .	26.			<b>6</b> 26.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . .				<b>7</b> 222.

**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					10.				10.
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 . . . . . 8 10.

**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	10.		
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). <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10			
11	Add lines 9 and 10.	11	10.		
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			10.
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	222.		
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	222.		
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	236,679.		
<b>Caution:</b> 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			0.000937979
20	<b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> 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			42,354.
<b>Caution:</b> 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			40.
22	Increase in limitation (section 960(c)) (see instructions).	22			
23	Add lines 21 and 22.	23			40.
24	Enter the <b>smaller</b> 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			10.

**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 <b>smaller</b> of line 20 or line 32.	33			
34	Reduction of credit for international boycott operations. See instructions for line 12.	34			
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . 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			

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Credits for Qualifying Children  
and Other Dependents**

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

JOSEPH W AND STACY T SMITH

Your social security number

007-80-5653

**Part I Child Tax Credit and Credit for Other Dependents**

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	1	280,686.
2a	Enter income from Puerto Rico that you excluded. ....	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555. ....	2b	
c	Enter the amount from line 15 of your Form 4563. ....	2c	
d	Add lines 2a through 2c. ....	2d	
3	Add lines 1 and 2d. ....	3	280,686.
4	Number of qualifying children under age 17 with the required social security number .....	4	2
5	Multiply line 4 by \$2,000. ....	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number .....	6	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500. ....	7	
8	Add lines 5 and 7. ....	8	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 ] .....	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. ] .....	10	0.
11	Multiply line 10 by 5% (0.05). ....	11	
12	Is the amount on line 8 more than the amount on line 11? .....	12	4,000.
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from <b>Credit Limit Worksheet A</b> . ....	13	41,841.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> .....	14	4,000.
<b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>			

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit**  
on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27  
(also complete Schedule 3, line 11) before completing Part II-A.

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

**Schedule 8812 (Form 1040) 2023**

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b> Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....		<input type="checkbox"/>
<b>16a</b> Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....	<b>16a</b>	0.
<b>b</b> Number of qualifying children under 17 with the required social security number: _____ X \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....	<b>16b</b>	
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b> Enter the <b>smaller</b> of line 16a or line 16b .....	<b>17</b>	
<b>18a</b> Earned income (see instructions) .....	<b>18a</b>	
<b>b</b> Nontaxable combat pay (see instructions) .....	<b>18b</b>	
<b>19</b> Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result .....	<b>19</b>	
<b>20</b> Multiply the amount on line 19 by 15% (0.15) and enter the result. .... <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b> Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions .....	<b>21</b>	
<b>22</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .....	<b>22</b>	
<b>23</b> Add lines 21 and 22 .....	<b>23</b>	
<b>24</b> <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. ....	<b>24</b>	
<b>25</b> Subtract line 24 from line 23. If zero or less, enter -0- .....	<b>25</b>	
<b>26</b> Enter the <b>larger</b> of line 20 or line 25 .....	<b>26</b>	
<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

<b>27</b> This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28. ....	<b>27</b>	0.
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Schedule 8812 (Form 1040) 2023

Form **4952**Department of the Treasury  
Internal Revenue Service**Investment Interest Expense Deduction**Attach to your tax return.  
Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.

OMB No. 1545-0191

**2023**Attachment  
Sequence No. **51**

Name(s) shown on return

JOSEPH W AND STACY T SMITH

Identifying number

007-80-5653

**Part I** Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2023 (see instructions).....	1	1,497.
2	Disallowed investment interest expense from 2022 Form 4952, line 7.....	2	
3	<b>Total investment interest expense.</b> Add lines 1 and 2.....	3	1,497.

**Part II** Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a	33,430.	
4 b	Qualified dividends included on line 4a.....	4 b	13,885.	
4 c	Subtract line 4b from line 4a.....	4 c		19,545.
4 d	Net gain from the disposition of property held for investment.....	4 d		
4 e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment. See instructions.....	4 e		
4 f	Subtract line 4e from line 4d.....	4 f		
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions.....	4 g		
4 h	Investment income. Add lines 4c, 4f, and 4g.....	4 h		19,545.
5	Investment expenses (see instructions).....	5		5,336.
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0-.....	6		14,209.

**Part III** Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	0.
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or line 6. See instructions.....	8	1,497.

**BAA** For Paperwork Reduction Act Notice, see separate instructions.Form **4952** (2023)

Form **8889****Health Savings Accounts (HSAs)**

OMB No. 1545-0074

**2023**Department of the Treasury  
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.

STACY T SMITH

047-82-1530

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions .....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. ....	2	5,350.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter. ....	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs. ....	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-. ....	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter. ....	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. ....	7	
8	Add lines 6 and 7. ....	8	7,750.
9	Employer contributions made to your HSAs for 2023. ....	9	
10	Qualified HSA funding distributions. ....	10	
11	Add lines 9 and 10. ....	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-. ....	12	7,750.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions. ....	13	5,350.

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

14a	Total distributions you received in 2023 from all HSAs (see instructions). ....	14a	1,531.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions. ....	14b	
c	Subtract line 14b from line 14a. ....	14c	1,531.
15	Qualified medical expenses paid using HSA distributions (see instructions). ....	15	1,531.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f. ....	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here. ....		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c. ....	17b	

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

18	Last-month rule. ....	18	
19	Qualified HSA funding distribution. ....	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f. ....	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d. ....	21	

**Qualified Business Income Deduction  
Simplified Computation****2023**Attachment  
Sequence No. **55****Attach to your tax return.****Go to [www.irs.gov/Form8995](https://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return

**JOSEPH W AND STACY T SMITH**

Your taxpayer identification number

**007-80-5653**

**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 at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	OXAZON LLC	85-2364868	-11,209.
ii			
iii			
iv			
v			

  

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	-11,209.	
3	Qualified business net (loss) carryforward from the prior year.	3	( 0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	445.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	( 0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	445.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9		89.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10		89.
11	Taxable income before qualified business income deduction (see instructions).	11	236,768.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).	12	13,885.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	222,883.	
14	Income limitation. Multiply line 13 by 20% (0.20).	14		44,577.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15		89.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	( 11,209.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( 0.)	

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8995** (2023)



Form **8867**

(Rev. November 2023)

Department of the Treasury  
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year

20 23Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

JOSEPH W AND STACY T SMITH

Taxpayer identification number

007-80-5653

Preparer's name

DAVID HAASE, CPA

Preparer tax identification number

P02153415

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☐ HOH

1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? .....

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--

4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
--------------------------	-------------------------------------	--

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....

<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....

<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--

5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--

List those documents provided by the taxpayer, if any, that you relied on:

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6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--

7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

**(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**

a Did you complete the required recertification Form 8862? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **8867** (Rev. 11-2023)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - A copy of this Form 8867.
  - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**2023**Attachment  
Sequence No. **71**

Name(s) shown on return

Your social security number

JOSEPH W AND STACY T SMITH

007-80-5653

**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	286,468.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	286,468.	
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		36,468.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		328.

**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		328.
----	--	----	--	------

**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	4,375.	
20	Enter the amount from line 1 . . . . .	20	286,468.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	4,154.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		221.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> 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		221.

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](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2023**Attachment  
Sequence No. **72**

Name(s) shown on your tax return

JOSEPH W AND STACY T SMITH

Your social security number or EIN

007-80-5653

**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	9,553.
2	Ordinary dividends (see instructions) .....	2	23,877.
3	Annuities (see instructions) .....	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) .....	4a	-10,744.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	4b	11,209.
c	Combine lines 4a and 4b .....	4c	465.
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	421.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	8	31,316.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions) .....	9a	1,497.	
b	State, local, and foreign income tax (see instructions) .....	9b	1,913.	
c	Miscellaneous investment expenses (see instructions) .....	9c		
d	Add lines 9a, 9b, and 9c .....	9d	3,410.	
10	Additional modifications (see instructions) .....	10		
11	Total deductions and modifications. Add lines 9d and 10 .....	11	3,410.	

**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	27,906.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions) .....	13	280,686.
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	30,686.
16	Enter the smaller of line 12 or line 15 .....	16	27,906.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	17	1,060.
<b>Estates and Trusts:</b>			
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). <b>Enter here and include on your tax return</b> (see instructions) .....	21	

## Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury  
Internal Revenue ServiceSee separate instructions.  
Attach to Form 1040, 1040-SR, or 1041.  
Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

2023

Attachment  
Sequence No. 858

Name(s) shown on return

JOSEPH W AND STACY T SMITH

Identifying number

007-80-5653

**Part I** 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b		
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c		
1d	Combine lines 1a, 1b, and 1c	1d		

**All Other Passive Activities**

2a	Activities with net income (enter the amount from Part V, column (a))	2a	465.	
2b	Activities with net loss (enter the amount from Part V, column (b))	2b		
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c		
2d	Combine lines 2a, 2b, and 2c	2d		465.

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . .	3		465.
---	---	---	--	------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II** Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions	5	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	280,221.
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

**Part III** Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	<b>Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

**Part IV** Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c . . .					

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2023)

**Part V** Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
METAVASI FUND LP	465.			465.	
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c. . . .	465.				

**Part VI** Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total.</b> . . . . .			1.00		

**Part VII** Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total.</b> . . . . .			1.00	

**Part VIII** Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total.</b> . . . . .				0.

**Part IX** Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Total</b> . . . . .		0.	1.00	0.	0.

Name of activity:

<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Form or schedule and line number to be reported on</b> (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . . .					
b Net income from form or schedule . . . . .					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . .					
<b>Total</b> . . . . .		0.	1.00	0.	0.

Form 8582 (2023)

TAXABLE YEAR

FORM

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

Your name

**JOSEPH W SMITH**

Your SSN or ITIN

**007-80-5653**

Spouse's/RDP's name

**STACY T SMITH**

Spouse's/RDP's SSN or ITIN

**047-82-1530****Part I Tax Return Information** (whole dollars only)

- 1 California adjusted gross income (AGI). See instructions ..... 1 **286,036.**
- 2 Amount you owe. See instructions ..... 2
- 3 Refund or no amount due. See instructions ..... 3 **5,553.**

**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 **57156**  
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 **69491**  
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 Resident  
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

007-80-5653 SMIT 047-82-1530 23  
 JOSEPH W SMITH  
 STACY T SMITH

16023 VIA DEL ALBA  
 RANCHO SANTA FE CA 92067

01-25-1980 07-20-1979

## Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN DIEGO

If your address above is the same as your principal/physical residence address at the time of filing, check this box. ☒ ☒

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ \_\_\_\_\_ ☒ \_\_\_\_\_  
 City State ZIP code  
☒ \_\_\_\_\_ ☒ \_\_\_\_\_

## Filing Status

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

1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.

2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. 5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. \_\_\_\_\_

See instructions. \_\_\_\_\_

3 ☐ 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 in the box. If you checked the box on line 6, see instructions. ☒ 7 ☐ 2 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 = ☒ \$

## Exemptions

Your name: JOSEPH W SMITH

Your SSN or ITIN: 007-80-5653

## 10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> GRAYSON T	<input checked="" type="radio"/> REED	<input type="radio"/>
Last Name	<input checked="" type="radio"/> CHARAT	<input checked="" type="radio"/> CHARAT	<input type="radio"/>
SSN. See instr.	<input type="radio"/> 016948954	<input type="radio"/> 115176112	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input checked="" type="radio"/> SON	<input type="radio"/>

Total dependent exemptions ..... • 10 2 x \$446 = ☒ \$ 892.11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. .... ☒ 11 \$ 1,180.

## Taxable Income

12	State wages from your federal Form(s) W-2, box 16. ....	• 12	266,350.
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. ....	<input checked="" type="radio"/> 13	280,686.
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ....	• 14	
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ....	15	280,686.
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ....	• 16	5,350.
17	California adjusted gross income. Combine line 15 and line 16. ....	• 17	286,036.
18	Enter the larger of <div><div>Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status:</div><div><input checked="" type="radio"/> Single or Married/RDP filing separately. .... \$5,363 <input checked="" type="radio"/> Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. .... \$10,726</div><div>If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ....</div></div>		
18		• 18	76,686.
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. ....	<input checked="" type="radio"/> 19	209,350.

## Tax

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule	
31	• <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803. ....	• 31 12,775.
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ....	<input checked="" type="radio"/> 32 1,180.
33	Subtract line 32 from line 31. If less than zero, enter -0-. ....	<input checked="" type="radio"/> 33 11,595.
34	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A ....	• 34
35	Add line 33 and line 34. ....	<input checked="" type="radio"/> 35 11,595.

## Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ....	• 40
43	Enter credit name ..... code • ..... and amount. ....	• 43
44	Enter credit name ..... code • ..... and amount. ....	• 44

Your name: **JOSEPH W SMITH**Your SSN or ITIN: **007-80-5653****Special Credits**

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ..... ● 45 \_\_\_\_\_
- 46 Nonrefundable Renter's Credit. See instructions ..... ● 46 \_\_\_\_\_
- 47 Add line 40 through line 46. These are your total credits ..... ● 47 \_\_\_\_\_
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ..... ● 48 11,595.

**Other Taxes**

- 61 Alternative Minimum Tax. Attach Schedule P (540) ..... ● 61 \_\_\_\_\_
- 62 Mental Health Services Tax. See instructions ..... ● 62 \_\_\_\_\_
- 63 Other taxes and credit recapture. See instructions ..... ● 63 \_\_\_\_\_
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ..... ● 64 11,595.

**Payments**

- 71 California income tax withheld. See instructions ..... ● 71 17,148.
- 72 2023 California estimated tax and other payments. See instructions ..... ● 72 \_\_\_\_\_
- 73 Withholding (Form 592-B and/or Form 593). See instructions ..... ● 73 \_\_\_\_\_
- 74 Excess SDI (or VPD) withheld. See instructions ..... ● 74 0.
- 75 Earned Income Tax Credit (EITC). See instructions ..... ● 75 \_\_\_\_\_
- 76 Young Child Tax Credit (YCTC). See instructions ..... ● 76 \_\_\_\_\_
- 77 Foster Youth Tax Credit (FYTC). See instructions ..... ● 77 \_\_\_\_\_
- 78 Add line 71 through line 77. These are your total payments.  
See instructions ..... ● 78 17,148.

**Use Tax**

- 91 **Use Tax.** Do not leave blank. See instructions ..... ● 91 0.
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

- 92 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  
If you did not check the box, see instructions. .... ● ☒
- Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 92 \_\_\_\_\_

**Overpaid Tax/Tax Due**

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. .... ● 93 17,148.
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91. .... ● 94 \_\_\_\_\_
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. .... ● 95 17,148.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92. .... ● 96 \_\_\_\_\_
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. .... ● 97 5,553.

Your name: **JOSEPH W SMITH**

Your SSN or ITIN: **007-80-5653**

**Overpaid Tax/Tax Due**

- 98** Amount of line 97 you want applied to your **2024** estimated tax. ● **98** \_\_\_\_\_
- 99** Overpaid tax available this year. Subtract line 98 from line 97. ● **99** 5,553.
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64. ● **100** \_\_\_\_\_

**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** \_\_\_\_\_
- 110** Add amounts in code 400 through code 445. This is your total contribution. ● **110** \_\_\_\_\_

Your name: **JOSEPH W SMITH**

Your SSN or ITIN: **007-80-5653**

**Amount  
You  
Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • **111**

Pay Online — Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Interest  
and  
Penalties**

**112** Interest, late return penalties, and late payment penalties • **112**

**113** Underpayment of estimated tax.

Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **113**

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment. • **114**

**Refund  
and  
Direct  
Deposit**

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • **115** 5,553.

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 115) is authorized for direct deposit into the account shown below:

• Type		• Account number	• <b>116</b> Direct deposit amount
• Routing number	<input checked="" type="checkbox"/> Checking	<u>727727286</u>	<u>5,553.</u>
<u>322271627</u>	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type		• Account number	• <b>117</b> Direct deposit amount
• Routing number	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		

**Voter  
Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](https://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 Page 6**

Your name: **JOSEPH W SMITH**

Your SSN or ITIN: **007-80-5653**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax 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)

☒ Your email address. Enter only one email address.

☐ Preferred phone number

**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

**DAVID HAASE CPA**

Telephone Number

**(415)-331-9900**

# 2023 California Adjustments – Residents

CA (540)

**Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

JOSEPH W AND STACY T SMITH

007-80-5653

## Part I Income Adjustment Schedule

### Section A - Income from federal Form 1040 or 1040-SR

	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>1a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . .	<input checked="" type="radio"/> 266,350. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Tip income not reported on line 1a . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Wages from federal Form 8919, line 6 . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Other earned income. See instrs. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i</b> Nontaxable combat pay election. See instructions . . . . .			<input type="radio"/>
<b>z</b> Add line 1a through line 1i . . . . .	<input checked="" type="radio"/> 266,350. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/> 1,983. <b>2b</b> <input type="radio"/> 9,553. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> 13,885. <b>3b</b> <input type="radio"/> 23,877. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4</b> IRA distributions. See instructions. <b>a</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b> Pensions and annuities. See instructions. <b>a</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b> Social security benefits. <b>a</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>7</b> Capital gain or (loss). See instructions . . . . .	<input checked="" type="radio"/> -3,000. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Section B - Additional Income from federal Schedule 1 (Form 1040)

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<input type="radio"/>	<input type="radio"/>	
<b>2 a</b> Alimony received. See instructions . . . . .	<input type="radio"/>		<input type="radio"/>
<b>3</b> Business income or (loss). See instructions . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4</b> Other gains or (losses) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	<input checked="" type="radio"/> -10,744. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b> Farm income or (loss) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b> Unemployment compensation . . . . .	<input type="radio"/>	<input type="radio"/>	

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>8</b> Other income:				
a Federal net operating loss. ....	8a	<input type="radio"/> ( )		<input type="radio"/>
b Gambling. ....	8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt. ....	8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555. ....	8d	<input type="radio"/> ( )		<input type="radio"/>
e Income from federal Form 8853. ....	8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889. ....	8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends. ....	8g	<input type="radio"/>		
h Jury duty pay. ....	8h	<input type="radio"/>		
i Prizes and awards. ....	8i	<input type="radio"/>		
j Activity not engaged in for profit income. ....	8j	<input type="radio"/>		
k Stock options. ....	8k	<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. ....	8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money. ....	8m	<input type="radio"/>		
n IRC Section 951(a) inclusion. ....	8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion. ....	8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment. ....	8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account. ....	8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2. ....	8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. ....	8s	<input type="radio"/> ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. ....	8t	<input type="radio"/>		
u Wages earned while incarcerated. ....	8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____	8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a	Total other income. Add lines 8a through 8z . . . . . 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1	Disaster loss deduction from form FTB 3805V . . . . . 9b1		<input type="radio"/>	
b2	NOL deduction from form FTB 3805V . . . . . 9b2		<input type="radio"/>	
b3	NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3		<input type="radio"/>	
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a, in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions . . . . . 10	<input type="radio"/> 286,036.	<input type="radio"/>	<input type="radio"/>

**Section C – Adjustments to Income**  
from federal Schedule 1 (Form 1040)

11	Educator expenses . . . . . 11	<input type="radio"/>	<input type="radio"/>	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Health savings account deduction . . . . . 13	<input type="radio"/> 5,350.	<input type="radio"/> 5,350.	
14	Moving expenses. Attach form FTB 3913. See instructions . . . . . 14	<input type="radio"/>		<input type="radio"/>
15	Deductible part of self-employment tax. See instructions . . . . . 15	<input type="radio"/>	<input type="radio"/>	
16	Self-employed SEP, SIMPLE, and qualified plans . . . . . 16	<input type="radio"/>		
17	Self-employed health insurance deduction. See instructions . . . . . 17	<input type="radio"/>	<input type="radio"/>	
18	Penalty on early withdrawal of savings . . . . . 18	<input type="radio"/>		
19 a	Alimony paid . . . . . 19a	<input type="radio"/>		<input type="radio"/>
b	Recipient's: SSN <input type="radio"/> _____  Last Name <input type="radio"/> _____			
20	IRA deduction . . . . . 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction . . . . . 21	<input type="radio"/>		<input type="radio"/>
22	Reserved for future use . . . . . 22			
23	Archer MSA deduction . . . . . 23	<input type="radio"/>		

Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>24</b> Other adjustments:				
<b>a</b> Jury duty pay.....	<b>24a</b>	<input type="radio"/>		
<b>b</b> Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....	<b>24b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	<b>24c</b>	<input type="radio"/>	<input type="radio"/>	
<b>d</b> Reforestation amortization and expenses....	<b>24d</b>	<input type="radio"/>	<input type="radio"/>	
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974.....	<b>24e</b>	<input type="radio"/>		
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans.....	<b>24f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans.....	<b>24g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims.....	<b>24h</b>	<input type="radio"/>		
<b>i</b> 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.....	<b>24i</b>	<input type="radio"/>	<input type="radio"/>	
<b>j</b> Housing deduction from federal Form 2555.....	<b>24j</b>	<input type="radio"/>	<input type="radio"/>	
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041).....	<b>24k</b>	<input type="radio"/>		
<b>z</b> Other adjustments. List type and amount.				
<input type="radio"/> .....	<b>24z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b> Total other adjustments. Add line 24a through line 24z.....	<b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions.....	<b>26</b>	<input type="radio"/> 5,350.	<input type="radio"/> 5,350.	<input type="radio"/>
<b>27 Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions.....	<b>27</b>	<input type="radio"/> 280,686.	<input type="radio"/> -5,350.	<input type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040 ))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses. . . . . <input checked="" type="radio"/> _____ <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/> _____ <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <input checked="" type="radio"/> _____ <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. . . . . <input checked="" type="radio"/> <b>4</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes . . . . . <b>5a</b> <input checked="" type="radio"/> 17,148. <input checked="" type="radio"/> 17,148.			
<b>b</b> State and local real estate taxes . . . . . <b>5b</b> <input checked="" type="radio"/> 33,202.			
<b>c</b> State and local personal property taxes. . . . . <b>5c</b> <input checked="" type="radio"/>			
<b>d</b> Add line 5a through line 5c. . . . . <b>5d</b> <input checked="" type="radio"/> 50,350.			
<b>e</b> 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. . . . . <b>5e</b> <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 17,148. <input checked="" type="radio"/> 40,350.			
<b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 17,148. <input checked="" type="radio"/> 40,350.			
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>STMT.</b> <b>1 8a</b> <input checked="" type="radio"/> 25,011. <input checked="" type="radio"/> 2,514.			
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098. . . . . <b>8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use. . . . . <b>8d</b>			
<b>e</b> Add line 8a through line 8c. . . . . <b>8e</b> <input checked="" type="radio"/> 25,011. <input checked="" type="radio"/> 2,514.			
<b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/> 1,497. <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/> 26,508. <input checked="" type="radio"/> 2,514.			

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>				
11	Gifts by cash or check.....	11 <input type="radio"/> 7,410.	<input type="radio"/>	<input type="radio"/>
12	Other than by cash or check.....	12 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Carryover from prior year.....	13 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Add line 11 through line 13.....	14 <input type="radio"/> 7,410.	<input type="radio"/>	<input type="radio"/>
<b>Casualty and Theft Losses</b>				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.....	15 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Itemized Deductions</b>				
16	Other—from list in federal instructions.....	16 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C..	17 <input type="radio"/> 43,918.	<input type="radio"/> 17,148.	<input type="radio"/> 42,864.
18	<b>Total.</b> Combine line 17 column A less column B plus column C.....			<input type="radio"/> 18 69,634.

**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 3,735.

20 Tax preparation fees..... ☐ 20 1,800.

21 Other expenses: investment, safe deposit box, etc. List type..... ☐ SEE STATEMENT 2 ☐ 21 7,131.

22 Add line 19 through line 21..... ☐ 22 12,666.

23 Enter amount from federal Form 1040 or 1040-SR, line 11..... ☐ 280,686.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... ☐ 24 5,614.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... ☐ 25 7,052.

26 **Total Itemized Deductions.** Add line 18 and line 25..... ☐ 26 76,686.

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

28 Combine line 26 and line 27..... ☐ 28 76,686.

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

Single or married/RDP filing separately.....	\$237,035
Head of household.....	\$355,558
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 (540), line 29..... ☐ 29 76,686.

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
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP.....	\$10,726

**Transfer the amount on line 30 to Form 540, line 18.....** ☐ 30 76,686.

TAXABLE YEAR

SCHEDULE

**2023****California Capital Gain or Loss Adjustment****D (540)**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

JOSEPH W AND STACY T SMITH

007-80-5653

	(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"/> CHARLES SCHWAB 0881 COVERED <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	<input type="radio"/>	<input type="radio"/> 62,651.	<input type="radio"/> 64,455.	<input type="radio"/> 1,804.	<input type="radio"/>
c	<input checked="" type="radio"/> CHARLES SCHWAB 0881 COVERED <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	<input type="radio"/>	<input type="radio"/> 307,865.	<input type="radio"/> 315,240.	<input type="radio"/> 7,375.	<input type="radio"/>
e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568).... 2 ☐ 10,154. ☐
- 3 Capital gain distributions (federal Form 1099-DIV, box 2a)..... ☐ 3
- 4 Total 2023 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3..... ☐ 4
- 5 2023 loss. Add column (d) amounts of line 1 and line 2..... ☐ 5 ( 19,333.)
- 6 California capital loss carryover from 2022, if any. See instructions..... ☐ 6 ( 513,558.)
- 7 Total 2023 loss. Add line 5 and line 6..... ☐ 7 ( 532,891.)

CAIA6401L 10/19/23

- 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 -532,891.
- 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 Schedule CA (540), Part I, Section A,  
line 7, column B. ☒ 12a \_\_\_\_\_
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A,  
line 7, column C. ☒ 12b \_\_\_\_\_

**2023****Investment Interest Expense Deduction****3526**

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on tax return

SSN, ITIN, or FEIN

**JOSEPH W AND STACY T SMITH****007-80-5653**

<b>1</b>	Investment interest expense paid or accrued in 2023. See instructions. ....	<input checked="" type="radio"/>	<b>1</b>	<u>1,497.</u>
<b>2</b>	Disallowed investment interest expense from 2022 form FTB 3526, line 7. If zero or less, enter -0- ....	<input checked="" type="radio"/>	<b>2</b>	<u>0.</u>
<b>3</b>	Total investment interest expense. Add line 1 and line 2. ....		<b>3</b>	<u>1,497.</u>
<b>4a</b>	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions. ....		<b>4a</b>	<u>33,430.</u>
<b>4b</b>	Net gain from the disposition of property held for investment. See instructions ...		<b>4b</b>	<u>                    </u>
<b>4c</b>	Net capital gain from the disposition of property held for investment. See instructions. ....		<b>4c</b>	<u>                    </u>
<b>4d</b>	Subtract line 4c from line 4b. If zero or less, enter -0- ....		<b>4d</b>	<u>0.</u>
<b>4e</b>	Enter all or part of the amount on line 4c that you elect to include in investment income. <b>Do not</b> include more than the amount on line 4b. See instructions. ....		<b>4e</b>	<u>                    </u>
<b>4f</b>	Investment income. Add line 4a, line 4d, and line 4e. ....		<b>4f</b>	<u>33,430.</u>
<b>5</b>	Investment expenses. See instructions. ....		<b>5</b>	<u>11,375.</u>
<b>6</b>	Net investment income. Subtract line 5 from line 4f. ....		<b>6</b>	<u>22,055.</u>
<b>7</b>	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3. If zero or less, enter -0- ....	<input checked="" type="radio"/>	<b>7</b>	<u>0.</u>
<b>8</b>	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9. ....	<input checked="" type="radio"/>	<b>8</b>	<u>1,497.</u>
<b>9</b>	Enter the amount from federal Form 4952, line 8. ....		<b>9</b>	<u>1,497.</u>
<b>10</b>	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions. ....	<input checked="" type="radio"/>	<b>10</b>	<u>                    </u>

2023

CALIFORNIA STATEMENTS

PAGE 1

JOSEPH W AND STACY T SMITH

007-80-5653

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

HOME MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098.....	\$	2,514.
TOTAL	\$	<u>2,514.</u>

STATEMENT 2  
SCHEDULE CA, PART II, LINE 21  
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT

INVESTMENT EXPENSE	\$	7,131.
TOTAL	\$	<u>7,131.</u>