

Tax Cuts and Jobs Act (TCJA) Update:

Qualified Business Income Deduction

Objectives

During this presentation we will:

- Describe items to consider when calculating a qualified business income deduction (QBID)
- Locate information needed to calculate QBID
- Complete Form 8995 and report QBID on Form 1040.

Acronyms

- PTP Publicly Traded Partnership
- QBI Qualified Business Income
- QBID Qualified Business Income Deduction
- QTB Qualified Trade or Business
- REIT Real Estate Investment Trust
- SSTB Specified Service Trade or Business
- UBIA Unadjusted Basis Immediately After Acquisition

Who is Eligible for the QBID?

- Individuals
- Certain Trusts and Estates

Who is not Eligible for the QBID?

- C Corporations
- Passthrough entities cannot claim the deduction, but provide information to their owners, investors, or beneficiaries to use in calculating their QBID.

How is the QBID Calculated?

Lesser of:

QBI Component plus REIT/PTP Component

OR

20% (Taxable income, before QBID, less net capital gain)

When do Limitations Apply?

2019

Taxable Income Thresholds

Single - \$160,700 Married Filing Separate - \$160,725 Married Filing Joint - \$321,400

Phase-in Ranges

Married filing joint + 100,000 All others + \$50,000

Limitations that are Applicable Above the Threshold:

- Specified service trade or business limitation
- W-2 wage and UBIA of qualified property limitation

Specified Service Trade or Business (SSTB) Limitation

For those with taxable income above the threshold, QBI from an SSTB may be limited or excluded.

SSTBs include trades or businesses involved in the performance of services in the fields of:

- Health
- Law
- Accounting
- Actuarial science
- Performing arts

- Consulting
- Athletics
- Financial services
- Brokerage services
- Investment or investment management, trading, or dealing in securities, partnership interests, or commodities
- Or a trade or business where the principal asset is the reputation or skill of one or more of its employees or owners

W-2 Wage and UBIA of Qualified Property Limitation

For those with taxable income above the threshold, the W-2 Wage and UBIA of qualified property limitation is either phased-in or fully applied.

Wage & UBIA of Qualified Property Limitation

For each trade or business, QBI is limited to the greater of:

- 50% of W-2 Wages or
- 25% of W-2 Wages plus 2.5% of UBIA of qualified property

What is QBI?

Net amount of income, gain, deduction, and loss from any qualified trade or business.

May be generated by:

- Sole proprietorships,
- S corporations,
- Partnerships,
- Trusts,
- Estates, and
- Rental real estate

What is QBI? (cont'd)

Net amount of income, gain, deduction, and loss from any qualified trade or business.

Includes deductible portions of:

- S/E tax
- S/E health insurance
- Contributions to qualified retirement plans
- Unreimbursed partnership expenses
- Business interest allocable to S corporation or partnership

What is not QBI?

Exclusions include, but are not limited to:

- Capital gains or losses
- Interest income not allocable to a trade or business
- Wage income, reasonable compensation from an S corporation, or guaranteed payments from a partnership
- Items not effectively connected with the conduct of a business within the United States
- Items not includible in taxable income

What are REIT Dividends and PTP Income?

Qualified REIT Dividends:

- Dividends received from a REIT that are not capital gain dividends under section 857(b)(3) or qualified dividends under section 1(h)(11).
- Reported on Form 1099-DIV, box 5

PTP Income:

- Qualified items of income, gain, deduction, and loss from a PTP, plus any ordinary gain or loss recognized on the disposition of the PTP interest.
- SSTB limitation applies to PTP Income

Taxable Income Limitation

20% (Taxable income less net capital gain)

- Taxable income is computed before the QBID, AGI less standard/itemized deductions
- Net capital gain is computed as follows:
 - Net long-term capital gain *less*
 - Net short-term capital loss (not below zero), plus
 - Qualified dividends

How is the Deduction Claimed?

2019:

- Form 8995, Qualified Business Income Deduction Simplified Computation
 - Taxable income at or below the threshold and not a patron of a specified cooperative.
- Form 8995-A, Qualified Business Income Deduction
 - Taxable income above the threshold or a patron of a specified cooperative.
- Form 1040 filers claim the deduction on Line 10
- Form 1041 filers claim the deduction on Line 20

Meet Robin and Alder Pine

Married taxpayers, filing jointly

• Earnings/losses from multiple sources in 2019:

Schedule C Schedule F

Schedule E Form 4797

Wages Investments

• Taxable income, before the QBID, is \$157,735

IRS Nationwide

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

Attachment Sequence No. 55

OMB No. 1545-0123

► Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return Your taxpayer identification number Robin and Alder Pine 123-45-6789 (c) Qualified business (a) Trade, business, or aggregation name (b) Taxpayer identification number income or (loss) A. Pine, Inc. 04-1111111 198,436 Pine Health Center, LLC 04-1234567 21,127 III Rental 123-45-6789 7,884 iv Peas and Carrots 123-45-6789 (12,222)Total qualified business income or (loss). Combine lines 1i through 1v, 215,225 Qualified business net (loss) carryforward from the prior year 3 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-4 215,225 5 Qualified business income component. Multiply line 4 by 20% (0.20) 43,045 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) 750 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero 150 Qualified business income deduction before the income limitation, Add lines 5 and 9 10 43,195 11 Taxable income before qualified business income deduction 157,735 12 2.681 13 13 14 31,011 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on 15 31,011 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . 16 0) Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-0123

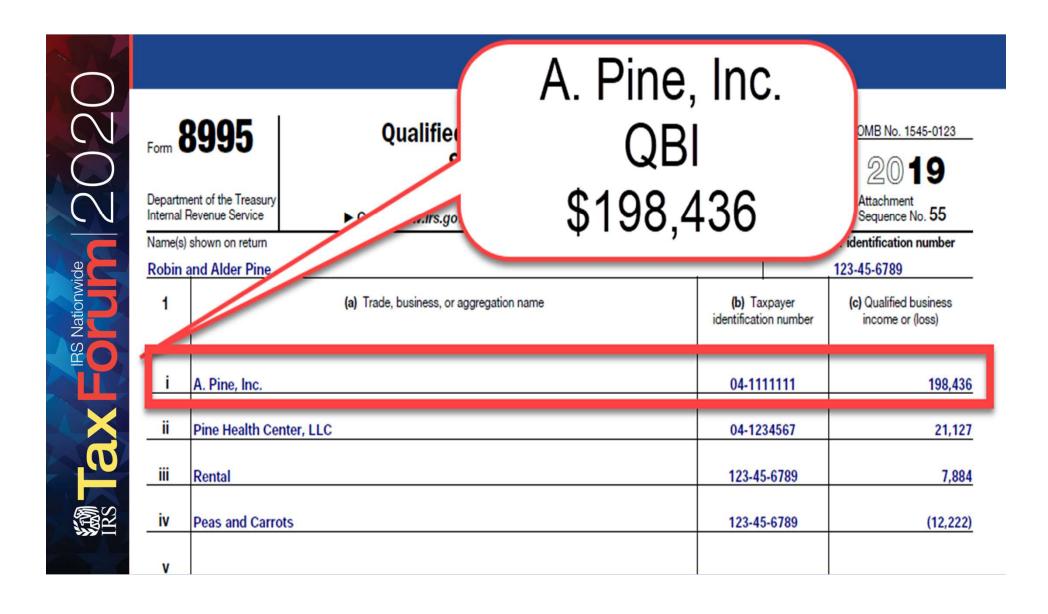
2019

► Attach to your tax return.

Attachment Sequence No. 55

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

| ALC: CHOCK | and Alder Pine | Your ta | Your taxpayer identification number 123-45-6789 | | |
|------------|--|------------------------------------|---|--|--|
| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) | | |
| i | A. Pine, Inc. | 04-1111111 | 198,436 | | |
| ii | Pine Health Center, LLC | 04-1234567 | 21,127 | | |
| iii | Rental | 123-45-6789 | 7,884 | | |
| iv | Peas and Carrots | 123-45-6789 | (12,222) | | |
| ٧ | | | | | |



| Schedule K-1 (Form 1120-S) Department of the Treasury Internal Revenue Service beginning / / 2019 ending / / Shareholder's Share of Income, Deductions, Credits, etc. > See back of form and separate instructions. Part I Information About the Corporation A Corporation's employer identification number 04-1111111 B Corporation's name, address, city, state, and ZIP code | Final K-1 | |
|---|--|--|
| Ordinary business \$198,4 Interest ir \$2,45 | 136 ncome | |
| V *STMT | 11 Section 179 deduction 16 Items affecting shareholder basis 12 Other deductions 17 Other information V *STMT 19 More than one activity for at-risk purposes* 19 More than one activity for passive activity purposes* * See attached statement for additional information. w.irs.gov/Form1120S Cat. No. 11520D Schedule K-1 (Form 1120-S) 2019 | |



Statement A—QBI Pass-Through Entity Reporting

| Pass-through entity's name: A. Pine, Inc. | | Pass-through entity's EIN: 04-1111111 | | | | |
|---|-------------------------|---------------------------------------|---------------------|--|--|--|
| Shareholder's name: Alder Pine | Shareholder's identifyi | er's identifying number: 987-65-4321 | | | | |
| | 11 | | | | | |
| | Trade or Business 1 | Trade or Business 2 | Trade or Business 3 | | | |
| | □PTP | □PTP | □РТР | | | |
| | ☐ Aggregated | ☐ Aggregated | Aggregated | | | |
| Shareholder's share of: | □SSTB | □SSTB | □SSTB | | | |
| QBI or qualified PTP items subject to shareholder-specific determin | ations: | • | 90 | | | |
| Ordinary business income (loss) | 198,436 | | | | | |
| Rental income (loss) | 200 | | | | | |
| Royalty income (loss) | | 1000 00 00 | | | | |
| Section 1231 gain (loss) | Ore | dinary busine | ess | | | |
| Other income (loss) | income (loss) | | | | | |
| Section 179 deduction | | \$198,436 | | | | |
| Charitable contributions | ar a | | | | | |
| Other deductions | 23 | | | | | |
| W-2 wages | 279,154 | | | | | |
| UBIA of qualified property | 342,758 | | | | | |
| Section 199A dividends | | | | | | |

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| West. | | IKS |

| | - | 40 or 1040-SR) 2 | | | | | Attachment S | | | Page 2 | |
|--------|-----------------|--|---|-------------------------------|-------------------------------|-----------------|--|---------------|--------------------|-----------------------|-----|
| Name(s | s) shown on re | turn. Do not ente | er name and social se | curity number if | shown on other s | side. | | Y | our social securit | y number | |
| | and Alder | | | | | | | | 123-45- | 6789 | |
| | | | amounts reporte | | | | | | | | |
| Part | stoc | k, or receive a | is From Partne loan repayment from report a loss from | om an S corpo | ration, you mus | st check the | box in column (| (e) on line 2 | 8 and attach the | required basis | |
| | line: | 28 and attach I | Form 6198 (see in | structions). | 100 | 10.00 | | | | | |
| 27 | passive | activity (if th | y loss not allow at loss was not bre completing to | reported on | | | | | | | |
| 28 | 000 1110 | (a) Na | | | or (c) | | | | ine, Ir | | |
| A A | . Pine. Inc. | | | 101 31 | sorpoition pa | P | assive | inc | ome | \$198, | 436 |
| | YA | | | | S | i , | 400.00 | , | 01110 | φ.σο, | .00 |
| С | | | | | | | | | | | |
| D | | | | | | C C | | _ | | | |
| _ | | | ome and Loss | | | | | | ⊃YA | | |
| | | sive loss allowed m 8582 if require | | assive income Schedule K-1 | Nonpast (see Sc | D.C. | | - | | | |
| ΔΙ | | , | - | 198 4 | | 1 [| ⊃assiv | ve lo | 222 | 64,52 | 6) |
| A B | | | 64,526 | 190, | 30 | | acci | • • • • | 7) | , | |
| С | | | 01,020 | | | | | | | | |
| D | | | | | | | | | | | |
| 29a | Totals | | | 198,4 | 36 | | | | | | |
| | Totals | | 64,526 | | | | | | | | |
| 30 | | mns (h) and (| | | | | | + | 30 | 198,436 | |
| 32 | | | d S corporation | | lose) Combin | no linos 20 | and 21 | · · · + | 32 | 64,526) 133,910 | |
| Part | | | s From Estate | | | ie ilites 30 | and 31 | | 32 | 133,910 | |
| | | onio or Loc | o i i o i i zo ta t | | | | | I | (b) Em | plover | |
| 33 | | | | (a) Name | 9 | | | - 1 | Identification | on number | |
| A | | | | | | | | | | | |
| В | | | | | | | 272 | | | | |
| | | 7,777 | sive Income an | | | | | | ome and Los | | |
| | | sive deduction or ach Form 8582 if | | | assive income Schedule K-1 | | (e) Deduction or from Schedule I | | (f) Other in | | |
| A | form | | requiresy | - | | - | | | | | |
| B | | | | + | | | | | | | |
| 34a | Totals | | | | | | | | | | |
| b | Totals | | | | | | | | | | |
| 35 | Add colu | mns (d) and (| f) of line 34a . | | | | | I | 35 | | |
| 36 | | mns (c) and (e | | | | | | [| 36 (|) | |
| 37 | | | t income or (los | | | | | | 37 | | |
| Part | W Inc | ome or Los | s From Real I | | (c) Excess Inclu | | | | | - | |
| 38 | (a) ! | Name | (b) Employer Ide numbe | entification | Schedules Q, | , line 2c | (d) Taxable incom from Schedules | | (e) Incor | ne from Q, line 3b | |
| | | | | | (see instruc | cocrsy | THE PARTY OF THE P | 7 | January Street | | |
| 39 | Combine | columns (d) | and (e) only, Ent | er the result | here and inclu | ide in the t | total on line 41 | below | 39 | | |
| Part | | nmary | | | | | | | | | |
| 40 | Net farm | rental income | or (loss) from F | orm 4835. A | lso, complete | line 42 be | olow | | 40 | | |
| 41 | Total income of | r (loss). Combine line | es 26, 32, 37, 39, and 40. E | nter the result here an | d on Schedule 1 (Form | 1040 or 1040-SF | (), line 5, or Form 1040-N | IR, line 18 ▶ | 41 | 141,794 | |
| 42 | | | ming and fishir | | | | | | | | |
| | | | ome reported on I | | | | | | | | |
| | | | de B; Schedule k | | | | T | | | | |
| 40 | | | Form 1041), box | | | | | | | | |
| 43 | | | ate professionals. net income or (los | | | | | | | | |
| | | | rm 1040-NR from a | | | | | | | | |
| - | | | under the passive ac | | | 43 | | | | | |
| | | | | | | | | Sched | ule E (Form 1040 | or 1040-SR) 2019 | |

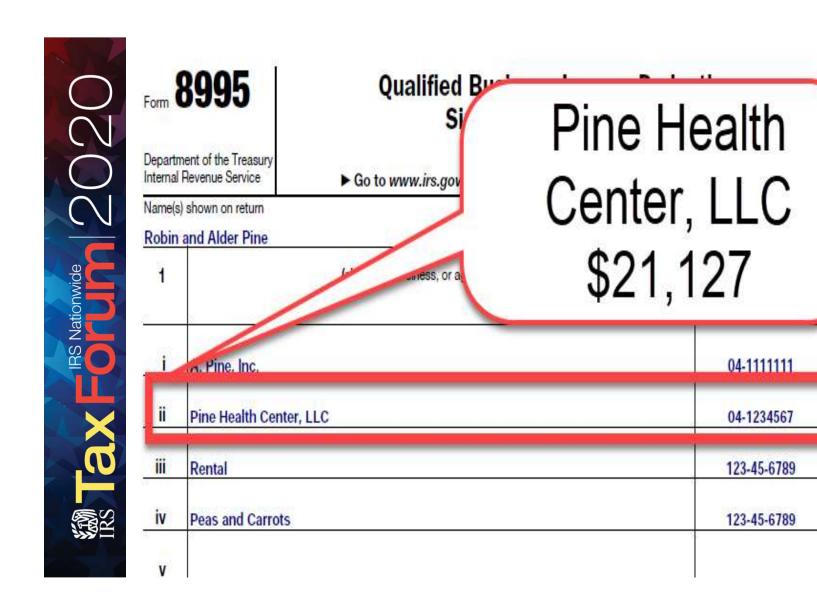


A. Pine, Inc.

Schedule K-1 QBI

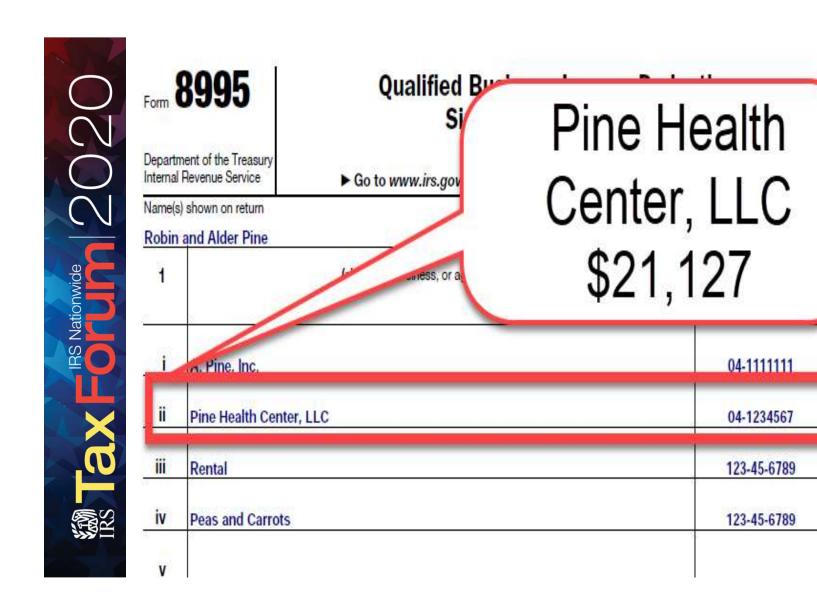
\$198,436

No investor level adjustments required



OMB No. 1545-0123 ttachment equence No. 55 ntification number 5-6789 Qualified business income or (loss) 198,436 21,127 7,884 (12,222)

| | EDULE C 1040 or 1040-SR) Profit or Loss From Business (Sole Proprietorship) | OMB No. 1545-0074 | |
|--------|--|---|--|
| | Go to usual in man/School of Grain structions and the latest information | 2019 | |
| | nent of the Treasury Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file | | |
| | of proprietor | Social security number (SSN) | |
| Robin | | 123-45-6789 | |
| A | Principal business or profession, including product or service (see instructions) | B Enter code from instructions | |
| Physic | | ► 6 2 1 1 1 2 | |
| C | Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see Instr.) | |
| Pine H | Health Center, LLC | 0 4 1 2 3 4 5 6 7 | |
| E | Business address (including suite or room no.) ► 123 Oak St | | |
| | City, town or post office, state, and ZIP code Portland, OR 97208 | | |
| F | Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ► | | |
| G | Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for li | | |
| H | If you started or acquired this business during 2019, check here | 🕨 🔲 | |
| | Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) | Yes No | |
| J | If "Yes," did you or will you file required Forms 1099? | Yes No | |
| Par | | | |
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you or | | |
| _ | Form W-2 and the "Statutory employee" box on that form was checked | | |
| 2 | Returns and allowances | 2 2,791 | |
| 3 | Subtract line 2 from line 1 | 3 574,154 | |
| 5 | Green month Subb | 86,471 487,683 | |
| 6 | Other income, inc | 467,663 | |
| 7 | Gross income. | 487,683 | |
| Part | | 467,663 | |
| 8 | Advertising | 24,564 | |
| 9 | | 24,504 | |
| | instructions). | | |
| 10 | Car and truck extinstructions) Commissions an (IOSS) | 16,543 | |
| 11 | Contract labor (see | 37,500 | |
| 12 | Depletion | 1,973 | |
| 13 | expense deduction and expense deduction included in Pan instructions). \$50,978 | 16,546 | |
| | expense dedud included in Par | 19,967 | |
| | instructions). | | |
| 14 | Employee benefit pro- | | |
| | (other than on line 19) | | |
| 15 | Insurance (other than health) 15 46,754 instructions) | 24b | |
| 16 | Interest (see instructions): 25 Utilities | 25 6,564 | |
| a | Mortgage (paid to banks, etc.) 16a 26 Wages (less employment) | 26 164,563 | |
| ь | Other 16b 27a Other expenses (from line | 27a 6,447 | |
| 17 | Legal and professional services 17 16,895 b Reserved for future use | . 27ь | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 436,705 | |
| 30 | | 29 50,978 | |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8 unless using the simplified method (see instructions). | | |
| | Simplified method filers only: enter the total square footage of: (a) your home: | | |
| | and (b) the part of your home used for business: . Use the Simplified | M | |
| | Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. | 1 | |
| ٠. | If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line | | |
| | 13) and on Schedule SE, line 2. (if you checked the box on line 1, see instructions). Estates and | 31 50,978 | |
| | trusts, enter on Form 1041, line 3. | 30,970 | |
| | If a loss, you must go to line 32. | | |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). | | |
| 10.00 | If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or | 2 | |
| | Form 1040-NR, line 13) and on Schedule SE, line 2. (if you checked the box on line 1, see the line | 32a All investment is at risk. | |
| | 31 instructions). Estates and trusts, enter on Form 1041, line 3. | 32b Some investment is not | |
| | If you checked 32b, you must attach Form 6198. Your loss may be limited. | at risk. | |
| For Pa | aperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P S | chedule C (Form 1040 or 1040-SR) 2019 | |



OMB No. 1545-0123 ttachment equence No. 55 ntification number 5-6789 Qualified business income or (loss) 198,436 21,127 7,884 (12,222)



Form **4797**

Department of the Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

2019

Attachment Sequence No. 27

| Internal Revenue Service | ► Go to www.irs | s.gov/Form4797 fo | or instructions and | the latest informat | ion. | Se | equence No. 2/ | |
|---|--|----------------------------------|--------------------------|--|---|--------------|---|--|
| Name(s) shown on return | | | | | Identifying nu | ımber | | |
| Pine Health Center, LLC | | | | | 1 | 23-45 | -6789 | |
| | | | | on Form(s) 1099-B or 1099-S (or | | | | |
| Part I Sales or Ex | changes of Propert alty or Theft—Most | y Used in a Tr | ade or Busines | s and Involunta | ry Convers | ions | From Other | |
| 2 (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or oth basis, plus improvements a expense of sa | and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) | |
| Equipment | 03/15/2016 | 08/31/2019 | 5,000 | 2,750 | 10 | 10,000 (2,25 | | |
| 3 Gain, if any, from For 4 Section 1231 gain from 5 Section 1231 gain or 6 Gain, if any, from line | (\$2 | gain or (lo 2,250) | oss) | | | 3 4 5 | | |
| 7 Combine lines 2 thro | ugh 6. Enter the gain or (ic | ss) nere and on the | e appropriate line as | follows | | 7 | (2,250 | |

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| SCHEDULE 1 | Additional Income and Adjustments to Income |
|------------------------|---|
| (Form 1040 or 1040-SR) | Additional Income and Adjustments to Income |

OMB No. 1545-0074 Attachment

► Attach to Form 1040 or 1040-SR. Department of the Treasury ► Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01 Internal Revenue Service Name(s) shown on Form 1040 or 1040-SR Your social security number Robin and Alder Pine 123-45-6789 At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any ☐ Yes ☐ No **Additional Income** Part I Taxable refunds, credits, or offsets of state and local income taxes. 2a Date of original divorce or separation agreement (see instructions) 3 3 Business income or (loss). Attach Schedule C 50,978 4 Other gains or (losses). Attach Form 4797 4 (2,250)5 5 Rental real estate 141,794 6 Farm income 6 (13, 151)Line 15 - SIMPLE: 7 Unemploy 7 Other inc \$8,000 8 Combine 9 177,371 Part II Adi Line 16 - SEHID: 10 10 Educator 11 Certain b Attach Form 210 11 \$16,000 12 Health say 12 13 Moving expe 13 Deductible part of sen-employment tax. Attach ochequie of 15 15 8,000 16 16 Self-employed health insurance deduction . 16,000 17 Penalty on early withdrawal of savings . . 18a Alimony paid 18a Recipient's SSN Date of original divorce or separation agreement (see instructions) 19 19 20 20 Student loan interest deduction 21 Tuition and fees. Attach Form 8917 21 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 26,673 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F Schedule 1 (Form 1040 or 1040-SR) 2019



SCHEDULE SE

(Form 1040 or 1040-SR)

| | on Employment rux | | | | | 2019 | | | |
|--|---|--|----------------------------|------|---|-------------|-------------|--|--|
| | nent of the Treasury Revenue Service (99) | Al Se | tachment equence No. 17 | | | | | | |
| Name o Robin | | ment income (as shown on Form 1040, 1040-SR, or 1040-NR) | 1000 | | rity number of person nployment income | | 123-45-6789 | | |
| Before you begin: To determine if you must file Schedule SE, see the instructions. | | | | | | | | | |
| May | Use Short S | Schedule SE or Must I Use Long Sche | dule SE | ? | | | | | |
| Section | on | | Short Sche | dule | SE. | | - | | |
| 1a | Net | profit from Pine | | | -1 (Form 1065), | 1a | (13,151) | | |
| b | Hea | alth Center, LLC | | | of Conservation K-1 (Form 1065), | 1b (|) | | |
| 2 | \$50,978 code A (other light to the light tof | | | | | | | | |
| 3 | Cu. | 2 | 50,978 | | | | | | |
| 4 | | | | | | | | | |
| 5 | Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. | | | | | | | | |
| 6 | Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 . 5 ,345 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 6 2.673 | | | | | | | | |
| For Pa | Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z Schedule SE (Form 1040 or 1040-SR) 2019 | | | | | | | | |

Self-Employment Tax

Deductible S/E Tax attributable to Pine Health Center, LLC

\$50,978 * .9235 * .153* .5 =

\$3,601



| SCHEDULE 1 |
|----------------------|
| Form 1040 or 1040-SR |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

► Attach to Form 1040 or 1040-SR.

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

Sequence No. 01

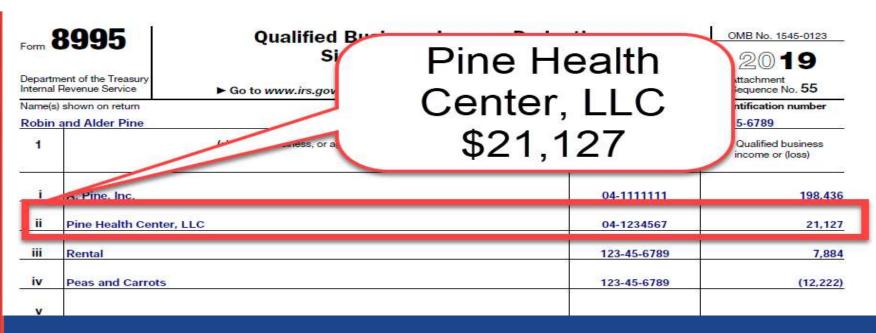
Name(s) shown on Form 1040 or 1040-SR Your social security number Robin and Alder Pine 123-45-6789 Adjustments to Income Part II 10 Educator expenses 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 210 11 Deductible S/E Tax 12 Health 12 12 13 Mov \$2,673 14 14 Ded 2,673 15 Self 8,000 16 16 Self 16,000 17 17 Pen \$3,601 18a 18a Alin Rec b Attributable to Pine Date IRA 19 19 20 20 Stud Health Center, LLC 21 Tuitio 21 Add lines . 1040-SR, line 8a 26,673

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019





- Sch. C Net Income
- Ordinary loss on sale of business property
- SIMPLE
- Self-employed health insurance deduction
- Deductible self-employment tax

\$50,978

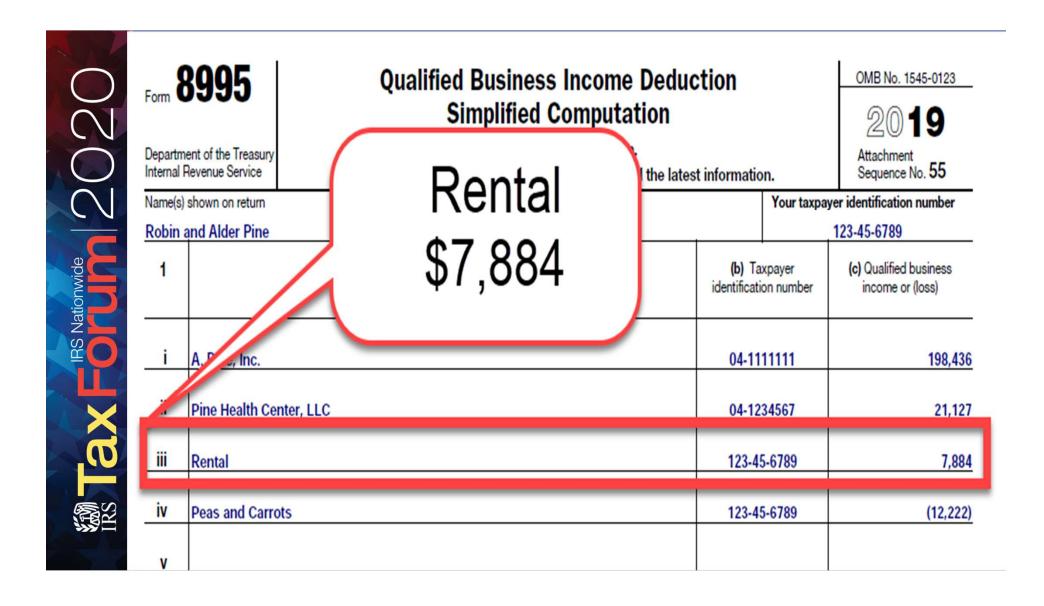
\$(2,250)

\$(8,000)

\$(16,000)

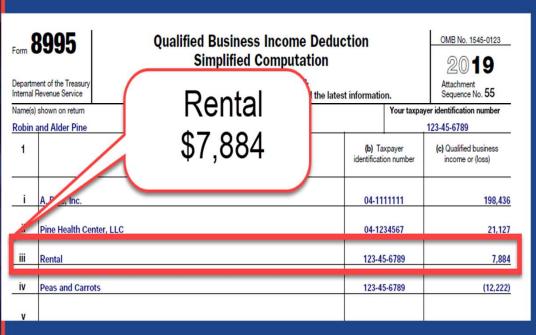
\$(3,601)

<u>\$21,127</u>



Martinomide | 2020

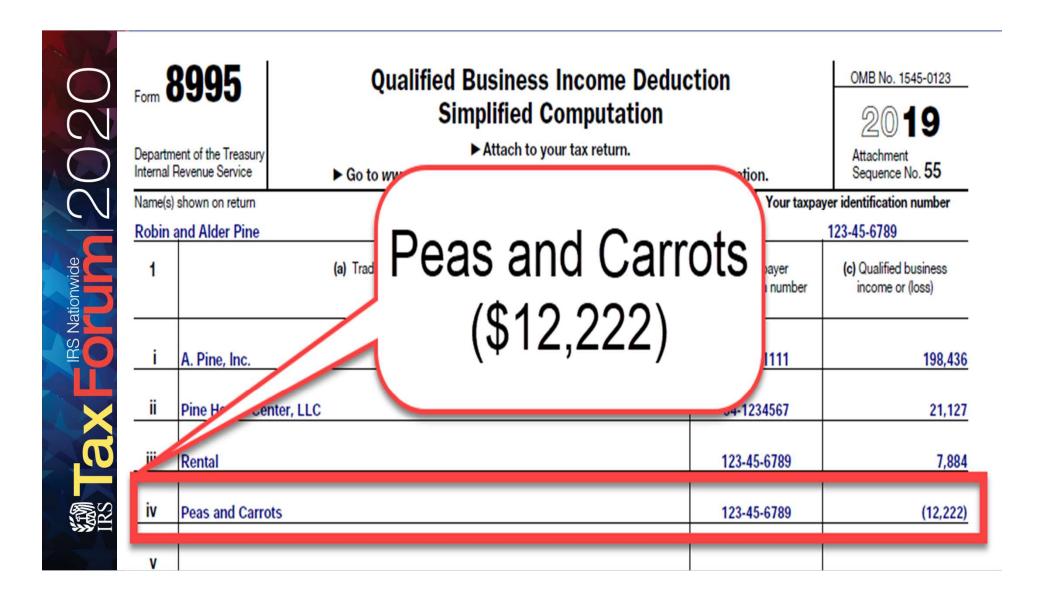
| | CHEDULE E Supplemental Income and Loss | | | | | | | OM | B No. 1545-0074 | | | | | |
|--|--|-----------|------------------------------|--------------------------------------|----------------------|---------|----------------------|---------------|-----------------|---------|---|----------|--|--|
| (Form 104 | 0 or 1040-SR) | (From | ental real esta | te, royalties, pa | rtnerships | S corp | orations, | estates, t | trusts, RE | MICs, e | tc.) | 2010 | | |
| Department | of the Treasury | | | Attach to For | | | | | | | att | achment | | |
| Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information. | | | | | | | | | | Sec | Sequence No. 13 | | | |
| OF THE PROPERTY OF THE PARTY OF | own on return | | | | | | | | | You | r social secu | | | |
| | d Alder Pine | | From Dontol | Real Estate a | nd David | ion N | | | 1 | | | 5-6789 | | |
| Part I | | | | ou are an individ | | | | | | | | | | |
| A Did v | | | | would require | | | | | | | 200 E 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | Yes / No | | |
| | | | | Forms 1099? | | | | | | | | Yes No | | |
| 1a F | hysical addre | ess of e | ach property (| street, city, sta | ite, ZIP co | de) | | | | | 6-230 | 33 | | |
| A 3 | 33 Eagle Ave. | Portlane | I, OR 97208 | | | | | | | | | | | |
| В | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | r | | |
| 1b | Type of Prop (from list bel | | 2 For each above, re | 1 | Fair Rental Days | | Personal Use Days | | QJV | | | | | |
| A | 4 | | personal | use days. Che | ck the QJV | box | | | 65 | _ | 0 | | | |
| В | | 71 | a qualifie | u meet the requi d joint venture. | See instru | ctions. | B | - 3 | 05 | | 0 | | | |
| C | | | | | | | C | | | | | BB 5 | | |
| 2.0 | Property: | | | | | | | | | | | | | |
| Single | Family Resid | ence | Vacation | /Short-Term.B | ental 5 | and | | 7 Self-F | Rental | | | | | |
| | Family R | | | | | altie | S | 8 Other | (describ | e) | | | | |
| ncome: | | | | | | 1 | A | | | В | | С | | |
| | ents | 1 _ | 1 I | | | | | 42,000 | | | - | | | |
| | oyalti | 10 | T In | COI | $\mathbf{n}\epsilon$ |) I | | | | | | | | |
| xpense | | V | | | 110 | , I | | | | | 1 | | | |
| | dvert | | | | | - | | | | | - 5 | | | |
| | uto a leanir | | トフ | 004 | ı | - | _ | | 1 | | | | | |
| | omm | | D / | 884 | -8 | - | | \rightarrow | | | | | | |
| | suran | 2.5 | Ψ, | | | - 1 | | - | | | | | | |
| | egal ar | | | | | | | - | | | - | | | |
| | lanageme | | | | | | | | | | | | | |
| | | est paid | to banks, etc | (see | 1 1 | 2 | | 12,650 | | | 81 | | | |
| 13 0 | ther interest. | ****** | * * * ** | | 1: | 3 | | | | | | | | |
| 14 R | epairs | 3000 | | | 14 | 4 | | 2,940 | | | | | | |
| | upplies | 100 | | adiratica - | 1 | | | | | | | | | |
| | axes | **** | t #5 55H #4 | estente e l | | 6 | | 9,776 | | | | | | |
| | tilities | | | ***** | | | | | | | | | | |
| | epreciation e | xpense | or depletion | | | \ | | 8,750 | | | | | | |
| | ther (list) > | | | 400 | | 1 | | | | | - 1 | | | |
| | | | nes 5 through | | - 2 | ₩- | | 34,116 | | | | | | |
| re | sult is a (loss |), see ir | | nd/or 4 (royalti find out if you | | | | 7,884 | | | | | | |
| 22 D | eductible ren | tal real | estate loss af | ter <mark>limitati</mark> on, i | f any, | | | 7,004 | | |)(| í | | |
| | | | | 3 for all rental | | 3 . | a 45 466 | 23a | Î | 42 | 2,000 | 100 | | |
| b T | otal of all amo | ounts re | ported on line | 4 for all royalt | y propertie | es . | | 23b | d d | | | | | |
| | | | | 12 for all prop | | 2002 | | 23c | | 12 | 2,650 | | | |
| | | | | 18 for all prop | | + 111 | | 23d | | | 3,750 | | | |
| | | | | 20 for all prop | | 400 | | 23e | | 34 | 1,116 | | | |
| | | | | wn on line 21. | | | | | | Jijid P | 24 | 7,88 | | |
| | | | | 1 and rental rea | | | | | | | 25 (| | | |
| he | ere. If Parts | H, III, I | | y income or (I | to not app | dy to y | ou, also | enter th | is amour | nt on | | | | |
| | | | | R), line 5, or F | | -NR, li | ne 18. C | therwise) | , include | this | 26 | 7.884 | | |



Rental

Trade or business under 1.199A-1(b)(14) self-rent rule

\$7,884



| C | J |
|----------------|-------------|
| | |
| C | V |
| IRS Nationwide | TOLON TOLON |
| | 送 図 N |

| | Profit or Loss From Farming | | | | | Attachment | | | | | |
|---------|---|--|---------------------|-------------------|--|--------------------|----------------|---------------|---------|--------------------------|--------------|
| Departm | ► Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1 | | | | | | | | | | |
| | Revenue Service (99) | ▶ GO TO WI | ww.irs.gov/Sc | arequier for in | structions | and the lates | st informatio | 222 | | equence No umber (SSI | |
| | 100 Telephone (1) | | | | | | | Social se | | 1000 | N) |
| A Prin | ncipal crop or activity | | B Enter | code from Pa | t IV | C Accounting | a method: | D Emplo | | 15-6789 Imber (EIN | (see instr.) |
| | and Carrots | | - Contract - 1 1557 | - 1 1 1 | The state of the s | | Accrual | 1 1 | 1 1 | 1 1 | 1 1 1 |
| | you "materially parti | ipate" in the opera | tion of this bu | | | | | on passive | losses | ✓ Yes | ΠNo |
| Did | you make any paym | ents in 2019 that wo | ould require yo | ou to file Form(s |) 1099? Se | e instructions | | | | Yes | ✓ No |
| Pale | Yes," did you or will | ou file required For ne — Cash Metho | | Dorte Lond I | | | molete Dan | to II and III | and F | | No. |
| 1a | | | | | . (Accrua | | ta | to II allu II | , and r | dici, ma | 3 9.) |
| b | | of livestock or other | | | | | 1b | | | | |
| c | Subtract line 1b fro | | nema report | ou off mile fa . | - B 18 | * * * * <u>1</u> _ | | | 1c | | |
| 2 | | roduce, grains, and | other produc | ts you raised | I I N | | | | 2 | | 12,876 |
| 3a | Cooperative distrib | The second secon | C. 22-22 1997 | 3a | | 3b Taxab | le amount | ASS 2000 | 3b | | 12,070 |
| 4a | Agricultural program | | | 4a | | | le amount | | 4b | | |
| 5a | Commodity Credit | | | | 3 8 12 T | | | | 5a | | |
| b | CCC loans forfeiter | 377 | 200 | 5b | | 5c Taxab | le amount | 200200 | 5c | | - 8 |
| 6 | Crop insurance pro | ceeds and federal c | rop disaster p | ayments (see in | structions | E | | | | | |
| 8 | Amount received in | 2019 | | 6a | | 6b Taxab | le amount | ST 2015 | 6b | | |
| C | If election to defer | 2020 is attached, | check here | | - > 🗆 | 6d Amou | nt deferred fr | rom 2018 | 6d | | - 8 |
| 7 | Custom hire (mach | ne work) income | | | | | | 987.973H | 7 | | |
| 8 | Other income, inclu | din | | | | | | | 8 | | |
| 9 | Gross income. Ad | | | | | | 91 | u use the | | | |
| | accrual method, er | 7 4 | | | | | | | 9 | | 12,876 |
| Part | Farm Expe | N. I. | el 📭 Salesana | e-1 | | | | es. See in | 1 | ons. | |
| 10 | Car and truck | Νe | et br | ofit o | or (| oss |) | ans | 23 | | |
| | instructions). Also | | | | | | , | s): | | | |
| 11 | Chemicals | | 70 | 13,1 | 51 | \ | 1 | ent | 24a | | |
| 12 | Conservation expen | | (Φ | 1 O, 1 | J I | , | | #35 # SE | 24b | | |
| 13 | Custom hire (mach | | | | | 8 | | | 25 | | 17 avance |
| 14 | Depreciation and s | | | | | | - 1 | | 26 | | 9,785 |
| 250 | (see instructions) | | | | | | | - (1-)11+ | 28 | | 4.050 |
| 15 | Employee benefit p on line 23 | C) | | | | | | *3/5/8* | 29 | | 4,950 |
| 16 | Feed | • | 16 | - | | 1 | | 10.25 | 30 | | |
| 17 | Fertilizers and lime | | 17 | 2,650 | 31 | | og, and me | dicino | 31 | | |
| 18 | Freight and truckin | | 18 | 2,000 | 32 0 | | cify): | dicare . | 31 | | |
| 19 | Gasoline, fuel, and | | 19 | * | 8 | | 37- | | 32a | | |
| 20 | Insurance (other th | | 20 | | b | | 1 | 196 | 32b | | - Si |
| 21 | Interest (see instru | Control of the Contro | | | c | | 1 | | 32c | | |
| а | Mortgage (paid to I | 100000000000000000000000000000000000000 | 21a | | d | 1000 | | | 32d | | - 17 |
| b | Other | | 21b | 10 | e | 500 | | 1 | 32e | | , ji |
| 22 | Labor hired (less er | | 22 | | f | | | - | 32f | | |
| 33 | Total expenses. A | id lines 10 through | 32f. If line 32f | is negative, see | instruction | ns | 1 10 1 | 🔊 | | | |
| 34 | Net farm profit or | loss). Subtract line | 33 from line 9 | | - B +33 | a 18 100 a 1 | | 801F13F | 34 | | (13, 151) |
| | If a profit, stop here | and see instruction | s for where to | report. If a los | s, complete | lines 35 and | 36. | | | | |
| 35 | Reserved for future | use. | | | | | | | | | |
| 36 | Check the box that | describes your inve | | | | ns for where t | o report your | loss: | | | |
| - | | | | investment is | | | | | | | |



| | DULE SE 040 or 1040-SR) | Self-Employment | | | | OMB No. 1545-0074 |
|--------------------|---|---|----------------|-------------------------|---------------------------|-------------------------------|
| | ent of the Treasury Nevenue Service (99) | ▶ Go to www.irs.gov/ScheduleSE for instructions ▶ Attach to Form 1040, 1040-SR, | | information | ı | Attachment Sequence No. 17 |
| Name of Robin I | | ployment income (as shown on Form 1040, 1040-SR, or 1040-NR) | 1 | | er of person nt income | 123-45-6789 |
| Before | you begin: To | determine if you must file Schedule SE, see the instruc | tions. | | | |
| May | I Use Shor | t Schedule SE or Must I Use Long Sche | dule SE? | | | |
| Section | n A-Short Sc | hedule SE. Caution: Read above to see if you can use | Short Sched | ule SE. | | |
| 1a | t | | Scheduk | 6 K-1 (Forr | | 1a (13,151) |
| b | N | et loss from Peas | | . (101 | in 1065), | 1b (|
| 2 | | and Carrots | | 14, code types of in | A (other | 10 () |
| 3 | | (\$13,151) | J | | | 2 50,978 3 37,827 |
| 4 | Mulu, this schedule u | inless you have an amount on line 1b | elf-employ | ment tax; | don't file | 4 34,933 |
| | Note: If line 4 instructions. | is less than \$400 due to Conservation Reserve Prog | gram paymer | nts on line | 1b, see | |
| 5 | • \$132,900 or 1040 or 1040- | ent tax. If the amount on line 4 is: less, multiply line 4 by 15.3% (0.153). Enter the result SR), line 4, or Form 1040-NR, line 55. 32,900, multiply line 4 by 2.9% (0.029). Then, add \$16,4 | | | 2 (Form | |
| 6 | | here and on Schedule 2 (Form 1040 or 1040-SR), line one-half of self-employment tax. | 4, or Form 1 | 040-NR, li | ne 55 . | 5 5,345 |
| | Multiply line 5 | by 50% (0.50). Enter the result here and on Schedule SR), line 14, or Form 1040-NR, line 27 | | 6 | 2,673 | |
| For Pa | perwork Reducti | on Act Notice, see your tax return instructions. | at. No. 11358Z | | Schedule SE (F | orm 1040 or 1040-SR) 2019 |

Deductible S/E Tax attributable to Peas and Carrots

(\$13,151) * .9235 * .153* .5 =

(\$929)

| | |) |
|----------------|----------------|-----------------|
| C | 1 | |
| (| |) |
| C | 1 | |
| IRS Nationwide | | |
| 图3 | | SY CY |
| | Nationwide O | Nationwide OO |

| SCHEDULE 1 (Form 1040 or 1040-SR) |
|--------------------------------------|
| (Form 1040 or 1040-SR) |

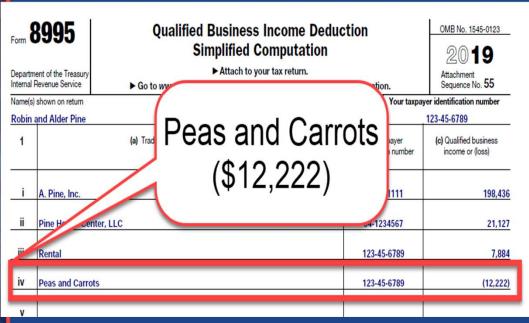
Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.

Department of the Treasury

OMB No. 1545-0074

| Internal | Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information. | \$ | Sequence No. 01 |
|----------|--|-----------|-----------------------|
| Name(s | shown on Form 1040 or 1040-SR | Your soci | al security number |
| Robin | and Alder Pine | 1 | 23-45-6789 |
| | y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest | | ☐ Yes ☐ No |
| Pari | Currency? | | ☐ Yes ☐ No |
| Pala | Additional income | | |
| 1 | Dedicatible C/E Test | 1 2a | |
| | Deductible S/E Tax | Za | |
| 1 | | - 3 | 50,978 |
| | \$2,673 | 4 | (2,250) |
| | ΨΖ,ΟΤΟ | 5 | 141,794 |
| | | 6 | (13,151) |
| | 1.1.1 | 7 | (10,101) |
| | | | |
| | (\$929) | 8 | |
| | (4929) | 9 | 177,371 |
| | Attributable to Peas and Carrots | • | |
| 10 | Attributable to Feas and Carrots | 10 | |
| 11 | micials. Attac | h | |
| | Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | 2,673 |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | | 0,000 |
| 16 | Self-employed health insurance deduction | 16 | 16,000 |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| Ь | Recipient's SSN | - | |
| 40 | Date of original divorce or separation agreement (see instructions) ▶ | 40 | |
| 19 | IRA deduction | 19 | |
| 21 | Tuition and fees. Attach Form 8917 | | |
| 22 | Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 of | _ | |
| 22 | 1040-SR, line 8a | 22 | 26,673 |
| Fan Da | INCOLORS OF PROPERTY OF THE PR | | 1040 or 1040-SR) 2019 |

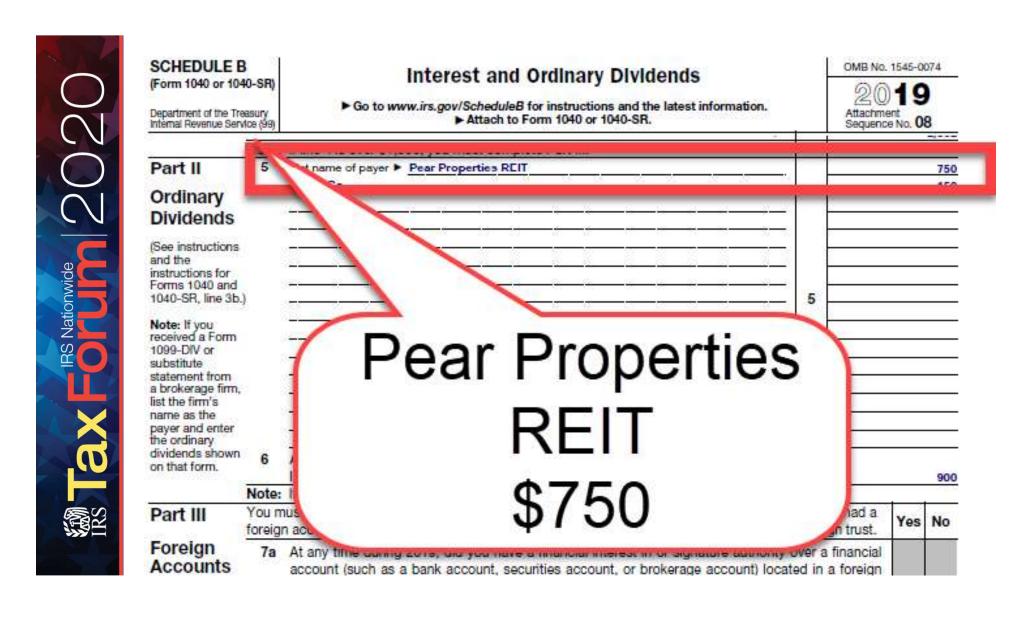


Peas and Carrots

Sch. F Net Loss (\$13,151) Deductible selfemployment tax \$929

(\$12,222)

| Departr Internal Name(s | Qualified Business Income Dedu ment of the Treasury Revenue Service s) shown on return and Alder Pine 20% = \$43 | 215,22 | 6 | 1 9 1 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|-------------------------------|--|--------------------------------------|------------------|---|
| | A. Pine, Inc. Pine Health Center, LLC Rental | nent | | 198,436 21,127 7,884 |
| iv | Peas and Carrots | 123-45-6789 | 3 | (12,222) |
| 2 3 4 5 | Total qualified business income or (loss). Combine lines 1I through 1v, column (c) | 2 215,225 3 () 4 215,225 | | 43,045 |
| 7 8 | (see instructions) Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 6 750 7 () 8 750 | | |
| 9 10 11 12 13 | REIT and PTP component. Multiply line 8 by 20% (0.20) | 11 157,735 12 2,681 13 155,054 | | 43,195 |
| 14 15 16 17 | Income limitation. Multiply line 13 by 20% (0.20) | n zero, enter -0 | 14 15 16 (| 31,011 31,011 0) |



| | □ VOID □ | CORREC | CTED | | | | | |
|--|-----------------------------|---------------------------|-----------|---------|-----------------------------------|--------|--|--------------------------------|
| PAYER'S name, street address or foreign postal code, and the street address Pear Properties REIT | Section divide | nds | 4 | dina | ary dividends 750 vidends | . 1 | 20 19 orm 1099-DIV | Dividends and Distributions |
| | \$75 | O | | | l gain distr. | 110 | Unrecap. Sec. 1250 gain | Copy 1 |
| PAYER'S TIN | | | | | 02 gain | \$ | Collectibles (28%) gain | For State Tax Department |
| 04-333221 RECIPIENT'S name Alder Pine Street address (including apt. no.) | 987-65-432 | 1 | Φ. | | d distributions A dividends 750 | \$ 4 6 | Federal income tax withher Investment expenses | eld |
| 24C0 House Hill | | | 7 Foro | ian tav | paid | - | Foreign country or U.S. possess | ion |
| 2468 Hawk Hill City or town, state or province, count | ry, and ZIP or foreign post | al code | \$ | | | | | |
| Portland, OR 97208 | | | | liquida | tion distributions | 10 | Noncash liquidation distribution | ons |
| | | FATCA filling requirement | 11 Exen | npt-int | erest dividends | 12 | Specified private activity bond interest dividends | |
| Account number (see instructions) | | 98 | 13 State | 9 14 | State identification no. | 15 | State tax withheld | |
| | | | 26200 (0) | | | \$ | | |
| UV | | | | | | \$ | | |

Form 1099-DIV

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service



| Name(s) shown on return Robin and Alder Pine 1 (a) Total R | EII/PIP = \$750 | iness ss) |
|---|-----------------------------------|--------------|
| 1 Total R | EIT/PTP = \$750 | iness ss) |
| ¹ Total R | · | ss) |
| | · | ss) |
| 24 1 (CESSEC 12) | | |
| i A. Pine, Inc. | | 198,436 |
| ii Pine Health Center, LLC | 00/ - 0450 | 21,127 |
| iii Rental | 0% = \$150 | 7,884 |
| IV Peas and Carrots REIT/F | PTP Component 🌽 | (12,222) |
| v | | 97 |
| Total qualified business income column (c) | rero or less, enter -0- 4 215,225 | 43.045 |
| Gualified HEIT dividends and publicity traded partnership (see instructions) 7 Qualified REIT dividends and qualified PTP (loss) carryf year 8 Total qualified REIT dividends and PTP income. Combins or less, enter -0- 9 REIT and PTP component. Multiply line 8 by 20% (0.20) | (PTP) Income or (loss) | 150 |
| 11 Taxable income before qualified business income deduct 12 Net capital gain (see instructions) 13 Subtract line 12 from line 11. if zero or less, enter -0- | 12 2,681 | 79,100 |
| Income limitation. Multiply line 13 by 20% (0.20) Qualified business income deduction. Enter the lesser of | | 31,011 |
| the applicable line of your return | | 31,011 |
| 16 Total qualified business (loss) carryforward. Combine line | | 0) |
| 17 Total qualified REIT dividends and PTP (loss) carryforw zero, enter -0 | | 0) |

| Depart | 8995 ment of the Treasury Revenue Service ▶ G | Qualified Business Income Deduction Simplified Computation Attach to your tax return. www.irs.gov/Form8995 for instructions and the latest information. | | | | 0. 1545-0123 19 nent ce No. 55 |
|--------|--|---|--|---------------------|---------------|---|
| Name(| s) shown on return | | | Your taxpay | er identifica | tion number |
| Robin | and Alder Pine | | - | | 123-45-678 | 9 |
| 1 | (a) T | rade, business, or aggregation name | (b) Ta identification | xpayer on number | | ed business e or (loss) |
| 1 | A. Pine, Inc. | | 04-11 | 11111 | | 198,436 |
| ii | Pine Health Center, LLC | Qualified by | usin | 100 | 3 | 21,127 |
| iii | Rental | Qualifica b | uon | 1000 | , | 7,884 |
| iv | Peas and Carrots | income deduc | tion | be | for | e 12,222) |
| ٧ | | income lim | :1_1 | : | | |
| 3 4 5 | Total qualified business in column (c) | \$43,1 | | 1011 | | 43,045 |
| 6 | Qualified REIT dividends and | | - | - | | 43,043 |
| | (see instructions) | | 6 | 750 | | |
| 7 | Qualified REIT dividends | (loss) carryforward from the prior | 7 / | , | | |
| 8 | year | s and PTP income, Combine lines 6 and 7. If zero | 7 (| | | |
| • | | s and 1 11 income. Combine lines 6 and 7. If Zero | 8 | 750 | | |
| 9 | | unitiply line 6 by 20% (0.20) | | | 9 | 150 |
| 10 | Qualified business income de | eduction before the income limitation. Add lines 5 an | d9 | | 10 | 43,195 |
| 12 | Net capital gain (see instructi | ons) | 12 | 2.681 | | |
| 13 | | If zero or less, enter -0 | 13 | 155,054 | | |
| 14 | Income limitation. Multiply lin | e 13 by 20% (0.20) | | - | 14 | 31,011 |
| 15 | | eduction. Enter the lesser of line 10 or line 14. Also | | | | |
| 16 | | urn | | | 15 (| 31,011 |
| 17 | The state of the s |) carrytorward. Combine lines 2 and 3. It greater than ds and PTP (loss) carryforward. Combine lines 6 a | and the contract of the contra | - | 10 (| 0) |
| | | | | | 17 (| 0) |
| For P | | | No. 37806C | | For | m 8995 (2019) |

Qualified business income deduction before taxable income minus net capital gain limitation

- QBI Component \$43,045
- REIT/PTP Component \$150

\$43,195

IRS Nationwide

Form 8995

Department of the Treasury

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123

2019 Attachment

Internal Revenue Service Sequence No. 55 Name(s) shown on return Your taxpayer identification number Robin and Alder Pine 123-45-6789 (a) Trade, business, or aggregation name (b) Taxpayer (c) Qualified business identification number income or (loss) A. Pine, Inc. 04-1111111 198,436 04-1234567 Pine Health Center, LLC Rental 123-45-6789 7,884 Peas and Carrots 123-45-6789 (12,222)2 Total qualified business income or (loss). Combine ines 11 through 1v, 215.225 3 Total qualified business income. Combine lines 2 and 1 If zero or less, enter -0-4 215,225 Qualified business income component. Multiply line 4 by 20% (0.20) . . . 43,045 Qualified REIT dividends and publicly traded partiership (PTP) income or (loss) 750 Qualified REIT dividends and qualified PTP ss) carryforward from the prior 7 Total qualified REIT dividends and PTP in ome. Combine lines 6 and 7. If zero or less, enter -0- REIT and PTP component. Multiply line by 20% (0.20) 150 Taxable income before qualified business income deduction 157,735 2,681 Subtract line 12 from line 11. If zero or less, enter -0- 155,054 Income limitation. Multiply line 13 by 20% (0.20) 31,011 Qualified pusiness income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on 31.011 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-... 16 0) Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than Form 8995 (2019) For Privacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 37806C



Taxable income before qualified business income deduction \$157,735

| | | | 0 | 43,195 |
|---|----|---|----|--------|
| I | 11 | Taxable income before qualified business income deduction | | |
| | 14 | тиет сартат уалт (see instructions) | | |
| | 13 | Subtract line 12 from line 11. If zero or less, enter -0 | | |
| | 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | 31,011 |

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| (| |
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| onwide | 7 |
| Natio | |
| IRS | |
| | |
| n. | 3 |
| | 3 |
| | |

| Filing Status | Single Married filing jointly | Married filing separately (MFS) Head of househ | old (HOH) Oua | lifying widow(er) (QW) | |
|---|--|---|--|--|---|
| Check only one box. | | e of spouse. If you checked the HOH or QW box, ente | Contract Con | | |
| Your first name | and middle initial | Last name | | Your social security num | ber |
| Robin | | Pine | | 1 2 3 4 5 6 7 8 | 9 |
| If joint return, s | pouse's first name and middle initial | Last name | | Spouse's social security | umber |
| Alder | | Pine | ×2 | 9 8 7 6 5 4 3 2 | 1 |
| Home address 468 Hawk Hi | (number and street). If you have a P.O. box, see | e instructions. | Apt. no. | Presidential Election Can Check here if you, or your spou- jointly, want \$3 to go to this fun | e if filing |
| City, town or po | | eign address, also complete spaces below (see instru | ctions). | Checking a box below will not ch tax or refund. You | inge your |
| Foreign country | | Foreign province/state/county | Foreign postal code | If more than four depende see instructions and ✓ her | F) 212 |
| (1) First name | Last name 1 Wages, salaries, tips, etc. At 2a Tax-exempt interest | Standard Dec \$24,400 | | | 23,478 2,862 |
| ndard duction for— ingle or Married | 3a Qualified dividends 4a IRA distributions c Pensions and annuities | 4c d Taxable amount | 0 2 0 0 0 | . 4d | 900 |
| filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350 If you checked any box under Standard Deduction, see instructions. | b Subtract line 8a from line 7b. This is you Standard deduction or itemized dedi Qualified business income deduction. | our adjusted gross income | 1000 | 7b 2 9a 1,400 ,011 | 4,197 77,371 08,808 06,672 32,135 |
| \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350 If you checked any box under Standard Deduction, | 6 Capital gain or (loss), 49 7a Other income b Add 20, 20, 3b, 4b, 4d, 5b, 6, and 6 Adjustments to income from Schedule b Subtract line 8a from line 7b. This is you 9 Standard deduction or itemized deduction | 7a. This is your total income 1. line 22 our adjusted gross income uctions (from Schedule A) 9 Attach Form 8995 or Form 8995-A 11 | 1000 | 6 . 7a 1 1 7b 2 9a | 77,371 08,808 |



Taxable income before qualified business income deduction \$157,735

| - | | 0 | 43,195 |
|----|---|----|--------|
| 11 | Taxable income before qualified business income deduction | 5 | |
| 14 | тиет сартат уант (эее пътгистотъ) | - | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0 | 4 | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | 31,011 |

Taxable income before qualified business income deduction

• AGI \$182,135

• Standard deduction (\$24,400)

\$157,735

Net capital gain \$2,681

| 10 | Qualified business income deduction before the income limitation. Add lines 5 an | d9. | | 10 | 43,195 |
|-----|--|-----|---------|----|--------|
| 1 | T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | , | | |
| 12 | Net capital gain (see instructions) | 12 | 2,681 | | |
| -10 | Oubtract line 12 from line 11. if zero or less, enter -o | IV | 155,054 | -1 | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 31,011 |

| 5 d O d O Sandani - 4 m - 7 | una Internal Reviews Pensine (00) | | 1 | | |
|---|---|--------------------------------|-----------------------|-------------|--|
| TU4U II S Individu | ury-Internal Revenue Service (99) ual Income Tax Return | 19 OMB No. 1545-007 | 4 IDC Hos Oak | Do not v≕t | e or staple in this space. |
| O.S. Illulvidu | al income tax neturn — | ONB NO. 1545-007 | 4 INS Use Uniy— | DO NOT WITE | e or staple in this space. |
| | ried filing jointly Married filing separately (N | MFS) Head of household (H | IOH) Qualify | ying widov | v(er) (QW) |
| Check only one box. If you checked the MF | FS box, enter the name of spouse. If you checked | d the HOH or QW box, enter the | child's name if the | e qualifyir | ig person is |
| a child but not your de | ependent. ► | | | | |
| Your first name and middle initial | Last name | | , | Your soci | al security number |
| Robin | Pine | | | 1 2 3 | 4 5 6 7 8 9 |
| If joint return, spouse's first name and m | niddle initial Last name | | | Spouse's | social security number |
| Alder | | | * | | 5 4 3 2 1 |
| Home address (number and street). If yo | ou have a P.O. | | | | ection Campaign |
| 2468 Hawk Hill | | | | | your spouse if filing to this fund. |
| City, town or post office, state, and ZIP | code. If you | | | | will not change your |
| Portland, OR 97208 | | | | | fou Spouse |
| Foreign country name | l (Jualit | ied divid | enas | 5 | dependents, |
| | | 100 01110 | 0 | | nd ✓ here ► |
| Standard Someone can claim: | You as | \$150 | | | |
| Spouse itemizes of | on a separati | φ 100 | | | |
| Age/Blindness You: Were born | before Janu | | | | |
| Dependents (see instructions): | | | | | ructions): |
| (1) First name | Last name | | | | for other dependents |
| | | | | | |
| - | | | | | <u> </u> |
| 28 | | | | | |
| | | | | | |
| 1 Was careffes | s, tips, etc. Attach Form(s) W-2 | | * * * * * | 1 | 23,478 |
| Tay exempt into | oract 9a | b Taxable interest. Attach | Sch. B if required | 2b | 2,862 |
| Standard 3a Qualified divider | nds 3a 15 | b Ordinary dividends. Attac | ch Sch. B if required | i 3b | 900 |
| Deduction for— | | b Taxable amount . | | 4b | Į. |
| Single or Married filing separately. c Pensions and at | nnuities 4c | d Taxable amount . | | 4d | |
| \$12,200 5a Social security t | benefits 5a | b Taxable amount . | | 5b | |
| Married filing jointly or Qualifying Capital gain or (| (loss). Attach Schedule D if required. If not require | ed, check here | ▶□ | 6 | 4,197 |
| widow(er), \$24,400 7a Other income from | rom Schedule 1, line 9 | * * * * * * * * * | | 7a | 177,371 |
| Head of b Add lines 1, 2b, | 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | me | • | 7b | 208,808 |
| household, \$18,350 8a Adjustments to | income from Schedule 1, line 22 | | | 8a | 26,673 |
| If you checkedb Subtract line 8a | a from line 7b. This is your adjusted gross incom | e | | 8b | 182,135 |
| any box under 9 Standard dedu | action or itemized deductions (from Schedule A) | 9 | 24,4 | 00 | |
| Deduction, see instructions. 10 Qualified busine | ess income deduction. Attach Form 8995 or Form | 18995-A 10 | 31,0 | 11 | |
| 11a Add lines 9 and | 110 | | | 11a | 55,411 |
| b Taxable income | e. Subtract line 11a from line 8b. If zero or less, e | nter -0 , | | 11b | 126,724 |
| For Disclosure, Privacy Act, and Paper | rwork Reduction Act Notice, see separate instr | ructions. Cat. N | No. 11320B | | Form 1040 (2019) |

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| (Form 1040 or 1040-SR) | Capital Ga | ains and Los | sses | | OMB No. 1545-0074 | | |
|--|---|---|--|--|---------------------------|---|--|
| the country of the country | Attach to Form | 1040 1040 SD or | IOAO ND | | 2019 | | |
| ► Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury ► Go to www.irs.gov/ScheduleD for instructions and the latest information. Attachment | | | | | | | |
| Internal Revenue Service (69) Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Sequence No. 1 | | | | | | | |
| Name(s) shown on return | | | | Your soc | ial security number | | |
| Robin and Alder Pine | | | | | 123-45-6789 | | |
| | y investment(s) in a qualified opportunity | | | | | | |
| If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. | | | | | | | |
| Part I Short-To | erm Capital Gains and Losses – Ge | nerally Assets I | Held One Year | or Less (see | instructions) | | |
| See instructions for he lines below. | ow to figure the amounts to enter on the | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss fi | | | |
| This form may be easi whole dollars. | ier to complete if you round off cents to | (sales price) | (or other basis) | Form(s) 8949, Pr line 2, column | art I. combine the result | | |
| 1a Totals for all sho | ort-term transactions reported on Form | | | | | | |
| 1099-B for which | 7 | | | | | | |
| which you hay However, if you | \circ | \sim | 1 | | | | |
| on Form 8949, | STC | | | | | | |
| 1b Totals for all tra | 010 | \mathbf{O} | | | | | |
| Box A checked | | | 1 | | 1,666 | | |
| 2 Totals for all tra | Q1 60 | 22 | | | | | |
| Box B checked 3 Totals for all tra | \$1,60 | J O | - | | | | |
| Box C checked | + - , - | | | | | | |
| 4 Short-term gain | from Fun. | | and 88 | 24 | 4 | | |
| 5 Net short-term | rrom partnerships, | S corporations, | estates, and tr | usts from | | | |
| Schedule | | | | | 5 | | |
| Conort-term capit | al loss carryover. Enter the amount, if an | y, from line 8 of y | our Capital Loss | Carryover | | | |
| Not about town | capital gain or (loss). Combine lines 1a | through C in only | man (b). If your boys | . coulens | | | |
| | is or losses, go to Part II below. Otherwis | | | e any long- | 7 1,666 | | |
| | | | | | 1,000 | | |
| F rt Long-Te | erm Capital Gains and Losses – Ge | nerally Assets F | leid More Than | One Year | see instructions) | 4 | |
| | ow to figure the amounts to enter on the | 100 | 704 | (g) Adjustments | (h) Gain or (loss) | | |
| lines below. | | (d) Proceeds | (e) Cost | to gain or loss fr | rom from column (d) and | | |
| This form may be easi whole dollars. | ier to complete if you round off cents to | (sales price) | (or other basis) | Form(s) 8949, Pa line 2, column | | | |
| | | | | HIG E, COIGHT | (g) marcolanir(g) | | |
| | ng-term transactions reported on Form | | | | | | |
| which you hav | | | | | | | |
| However, if you | choose | ~ ~ | | | | | |
| on Form 8949, le | | | | | | | |
| 8b Totals for all tran | eave this | CC | _ | | | | |
| | saction: | CG | H | | | | |
| 9 Totals for all tran | | _ | 23 | | 2,531 | | |
| 9 Totals for all tran Box E checked | | _ | 23 | | 2,531 | | |
| 9 Totals for all tran | | _ | 23 | | 2,531 | | |
| Totals for all tran Box E checked Totals for all tran Box F checked. | sactions \$2, | CG 531 | 23 | | 2,531 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form | ssaction \$2, | 531 | | in or (loss) | | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468 | 198action: \$2, | 531 | | | 11 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468- 12 Net long-term gr | saction \$2, | 531 | trusts from Scheo | dule(s) K-1 | 11 12 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468- 12 Net long-term of 13 Capital opi- | ssaction: \$2, 4797, Part 1, 4,6781, and an partnerships, S corporat | 531 | trusts from Scheo | dule(s) K-1 | 11 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468- 12 Net long-term of 13 Capital opi- | saction \$2, | 531 | trusts from Scheo | dule(s) K-1 | 11 12 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468- 12 Net long-term on 13 Capital pair 14 Long-term capit | ssaction: \$2, 4797, Part 1, 4,6781, and an partnerships, S corporat | 531 | trusts from Scheo cour Capital Loss | dule(s) K-1 Carryover | 11 12 13 | | |
| 9 Totals for all tran Box E checked 10 Totals for all tran Box F checked. 11 Gain from Form from Forms 468. 12 Net long-term g 13 Capital of the capital of | 4797, Part I, 4, 6781, and an partnerships, S corporations. See the instructions all loss carryover. Enter the amount, if any | 531 ions, estates, and y, from line 13 of y through 14 in colu | trusts from Scheo cour Capital Loss | Carryover | 11 12 | | |

Capital gain

Net long term capital gain \$2,531
LESS

Net short term capital loss \$N/A
BUT

Not below zero \$N/A

\$2,531



Net capital gain \$2,681

| 10 | qualified business income deduction before the income limitation. Add lines 5 and 9 | 10 | 43,195 |
|----|---|----|--------|
| 12 | Net capital gain (see instructions) | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 14 | 31,011 |

Net capital gain

Qualified dividends \$150 Capital Gain \$2,531

\$2,681

| -IV | quantica papinoso moonio acadetion perere trie moonio innitation. Add inico e ana e | 10/100 |
|-----|---|--------|
| 11 | Taxable income before qualified business income deduction | |
| 12 | Net capital gain (see instructions) | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0 | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | 31,011 |

Income limitation \$31,011



Form **8995**

Department of the Treasury Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

2019

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment Sequence No. **55**

OMB No. 1545-0123

| obin | shown on return and Alder Pine | | | Tour taxpa | yer identificati 123-45-6789 | |
|---------------|---|--|---|-----------------------------|---------------------------------|--------------------------|
| 1 | (a) | Trade, business, or aggregation name | | axpayer ion number | | ed business or (loss) |
| i | A. Pine, Inc. | | 04-11 | 11111 | 9 | 198,436 |
| II | Pine Health Center, LLC | | 04-12 | 234567 | ž. | 21,12 |
| III | Rental | | 123-4 | 5-6789 | ¥. | 7,88 |
| iv | Peas and Carrots | | 123-4 | 5-6789 | 3 | (12,222 |
| ٧ | | | | | | |
| 2 | | ncome or (loss). Combine lines 11 through | 1 1v, | | | |
| _ | column (c) | | | 215,225 | | |
| 3 | Qualified business net () Total qualified busines | Out a life and laws | | 15 005 | | |
| 5 | Qualified business inc | Qualified bus | iness | 15,225 | 5 | 43.04 |
| 6 | Qualified REIT divider | | | | | 43,04 |
| • | (see Instructions) . | income dedu | otion | 750 | i i | |
| 7 | Qualified REIT divide | income dead | ICHOH | | | |
| | year | | | 3 | | |
| | | | 8 | | | |
| 8 | Total qualified P | \$31 0 11 | 37 | 7 | | |
| • | or less, enter | \$31,011 | | 750 | - | |
| 9 | or less, enter REIT and | \$31,011 | | 750 | 9 | C I Marie Control |
| 9 | or less, enter REIT and pumpo Qualifications inco | \$31,011 | | | 9 | Carrier Services |
| 9 | or less, enter REIT and pmpo Qualifi siness inco Tay income before que | | 12 | 157,735 | 9 | C I Marie Control |
| 9 | or less, enter REIT and mpo Qualifi siness inco Ta income before qualital gain (see instruc | \$31,011 | | | 9 | U deservición de |
| 9 10 11 12 | or less, enter REIT and mpo Qualifi siness inco Ta income before qualital gain (see instruc | tions) | 12 | 157,735 2,681 | 9 | 43,19 |
| 9 10 11 12 13 | or less, enter REIT and mpo Qualifi siness inco Tax ncome before qua capital gain (see instruct Subtract line 12 from line 11 Income limitation. Multiply li Quainied pusiness income | tions) | 12 13 13 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | 157,735 2,681 | 9 10 | 43,19 |
| 9 10 11 12 13 | or less, enter REIT and mpo Qualifi siness inco Tay income before qualification (see instruct) Subtract line 12 from line 11 Income limitation. Multiply lift Quarined ousiness income of the applicable line of your re- | tions) . I. If zero or less, enter -0- ine 13 by 20% (0.20) . deduction. Enter the lesser or line 10 or line 1 | 4. Also enter this a | 157,735 2,681 155,054 | 9 10 14 | 31,011 31,011 |

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| IRS Nationwide | |
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| Filing Status Check only | Single Married filing jointly Married filing jointly Married filing jointly Married filing jointly | the second section of the second second second | and the state of t | lifying widow(er) (QW) |
|---|--|--|--|---|
| one box. | a child but not your dependent. ▶ | a species in you choosed the fresh of squi ber | A, Onto the office of harmon | and qualifying person is |
| Your first nam | ne and middle initial | Last name | | Your social security number |
| Robin | and the same of th | Pine | | 1 2 3 4 5 6 7 8 9 |
| If joint return, | spouse's first name and middle initial | Last name | | Spouse's social security number |
| Alder | | Pine | Population | 9 8 7 6 5 4 3 2 1 |
| Home address | s (number and street). If you have a P.O. box, see i | nstructions. | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing |
| 2468 Hawk H | | | la de la della del | jointly, want \$3 to go to this fund. |
| AND DESCRIPTION OF STREET | post office, state, and ZIP code. If you have a foreign | gn address, also complete spaces below (see | instructions). | Checking a box below will not change your |
| Portland, OR Foreign countr | | Foreign province/state/county | Foreign postal code | tax or refund. You Spouse |
| i oreign count | u y name | i oraign province/state/coulity | Foreign postal code | If more than four dependents, see instructions and ✓ here ▶ |
| Standard | Someone can claim: You as a dependen | t Your spouse as a dependent | • | |
| Deduction | Spouse itemizes on a separate return or you | ou were a dual-status alien | | |
| Age/Blindness | You: Were born before January 2. | | | |
| 1000 | | | | |
| Dependents | (see instructions): | | | ctions): |
| Dependents (1) First name | (see instructions): | | | her dependents |
| 1.15 | | Oualified h | nucinac | her dependents |
| 1.15 | | Qualified b | ousines | her dependents |
| 1.15 | | - | _ | s per dependents |
| 1.15 | | Qualified b | _ | es per dependents |
| 1.15 | Last name 1 Wages, salaries, tips, etc. Att | income de | eductio | ner dependents |
| 1.15 | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest | income de | eductio | her dependents S |
| (1) First name | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends | - | eductio | ner dependents |
| (1) First name Standard Deduction for— Single or Married | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions | income de | eductio | her dependents S |
| (1) First name | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 c Pensions and annuities | income de | eductio | her dependents S |
| (1) First name Standard Deduction for— Single or Married filing separately, \$12,200 Married filing | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions c Pensions and annuities 5a Social security benefits | income de \$31,0 | eductio | ner dependents |
| (1) First name Standard Deduction for — Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er). | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions c Pensions and annuities 5a Social security benefits | income de \$31,0 | eductio | 1 |
| Standard Deduction for— Single or Married filing separately, \$12,200 Married filing jointly or Qualifying | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule D | income de \$31,0 | eductio | 1 |
| Standard Deduction for— Single or Married filing separately, \$12,200 Married filing jointly or Qualifyling widow(er), \$24,400 Head of household, | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule D | income de \$31,0 | eductio | 1 |
| Standard Deduction for — Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350 | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule . 7a Other income from Schedule . b Add lines 1, 2b, 3b | income de \$31,0 | eductio | 1 |
| Standard Deduction for— Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$4,400 Head of household, \$18,350 If you checked any box under Standard | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule December 1, 2b, 3b and 7a and 7a Adjustment | income de \$31,0 | eductio | 6 4,197 7a 177,371 7b 208,808 8a 26,673 |
| Standard Deduction for— Single or Married filing separately, \$12,200 *Married filing jointly or Qualifying wictow(er), \$24,400 Head of household, \$18,350 If you checked any box under | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule December 1, 2b, 3b and 7a and 7a Adjustment | income de \$31,0 | eductio | 6 4,197 7a 177,371 7b 208,808 8a 26,673 |
| Standard Deduction for— Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350 If you checked any box under Standard Deduction, | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions | income de \$31,0 | eductio | 6 4,197 7a 177,371 7b 208,808 8a 26,673 8b 182,135 |
| tandard eduction for — Single or Married filing separately, \$12,200 Married filing separately, \$12,400 Head of household, \$18,350 fil you checked any box under Standard Deduction, see instructions. | Last name 1 Wages, salaries, tips, etc. Att 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5 Social security benefits 6 Capital gain or (loss). Attach Schedule D 7a Other income from Schedule b Add lines 1, 2b, 3h | income de \$31,0 \$31,0 a. This is your total income line 22 r adjusted gross income ttach Form 8995 or Form 8995-A | eductio | 6 4,197 7a 177,371 7b 208,808 8a 26,673 8b 182,135 |

Objectives

Today we have:

- Described items to consider when calculating a qualified business income deduction (QBID)
- Located information needed to calculate QBID
- Completed Form 8995 and report QBID on Form 1040.

SB/SE Focus Group Opportunities

Topic 1: Reaching Limited English Proficient Small Business Customers

Topic 2: Barriers for Timely and Accurate Tax Return Filing

Topic 3: Improving the Collection Customer Experience and Payment Options

Resources

- Treas. Reg. 1.199A-1 through 1.199A-6
- Prop. Treas. Reg. 1.19A-7 through 1.199A-12
- Rev. Proc. 2019-11 (Determination of W-2 Wages)
- Notice 2019-38 (Rental Real Estate Safe Harbor)
- Instructions for Form 8995
- Instructions for Form 8995-A
- IRS.gov

| Hot Topics | Search |
|--------------------------------|--------------|
| Coronavirus Tax Relief | coronavirus |
| Online Account (OLA) | view account |
| Online Payment Agreement (OPA) | OPA |
| Payment Options | pay |
| Taxpayer First Act (TFA) | TFA |
| Tax Pro News and Resources | tax pro news |