WorkNAllDay, Inc.

FORMS REQUIRED: 1120S, Sch D (1120S), Sch K-1 (1120S) (2), 1125-A, 1125-E, 4562, 4797, 8824, 8941, 8949

ATTACHMENTS:

ItemizedOtherDeductionsSchedule2 ItemizedOtherDeductionsSchedule3 ItemizedOtherCreditsSchedule ItemizedOtherCurrentAssetsSchedule ItemizedOtherAssetsSchedule ItemizedOtherCurrentLiabilitiesSchedule ItemizedExpensesRecordedOnBooksSchedule2 AccumulatedAdjustmentsAccountOtherAdditionsSchedule AccumulatedAdjustmentsAccountOtherReductionsSchedule ItemizedOtherCostsSchedule

Additional information:

- The Employer Identification Number (EIN) for this scenario is 00-0000007.
- The entry in Schedule K-1 (Form 1120S), Part I, Box C, "IRS Center where corporation filed return," should be "OSPC."

BINARY ATTACHMENT: None

HEADER INFO: Not on the actual return

Multiple Software Packages Used: No

<u>Originator:</u>	EFIN: Use your EFIN Type: ERO Practitioner PIN: PIN entered by ERO PIN entered by: Enter a PIN
Signature Option:	PIN
<u>Officer:</u>	Name: Khiry U Farr Title: Chief Executive Officer Officer SSN: 000-00-2345 Taxpayer PIN: Enter PIN Phone: 704-555-1212 Email Address: khiryfarr@workNallDay.com DateSigned: 01/25/23 Authorized Third Party: Yes

Responsible Party Current: Yes

<u>Preparer:</u>	Name: Johnny Appleseed Email Address: johnnyappleseed@workNall.com Date Prepared: 01/20/2023
Name Control:	Form 1120S WorkNAllDay, Inc WORK Sch K-1 Shareholder Carrie O Sch K-1 Shareholder Bin Xempt – XEMP

Total Prior Year Income Amt: \$1,000,000

<u>IP Address:</u> 112.112.112

WorkNAllDay, Inc.

Attachment 1, F1120S, Line 19: Other deductions (*ItemizedOtherDeductionsSchedule2*)

Description	Amount
Dues and Subscriptions	899
Fuel	21,123
Insurance (Note: This amount has been reduced by the	
premium deduction.)	143,673
Accounting and Legal	123,384
License	1,766
Miscellaneous	3,074
Supplies, Computer	11,283
Supplies, Office	5,351
Postage	1,262
Plan Expense/Reproduction	5,770
Small Tools and Supplies	6,381
Telephone	23,545
Travel	10,583
Utilities	7,109
50% of Meals & Entertainment	2,124
TOTAL	367,327

Attachment 2, Form 1120S, Schedule K, Line 12d: Other deductions (ItemizedOtherDeductionsSchedule3)

Trade/Business Activity	321900
Description	Expenses under Section 212 for the production of income
Amount	\$502,369

Attachment 3, 1120S Schedule K, Line 13g (ItemizedOtherCreditsSchedule)

Trade/Business Activity	321900
Description	Form 8941Health Insurance Premiums Credit
Amount	\$51,014
Category	Other Credits

Attachment 4, Form 1120S, Schedule L Balance Sheets per Books, Line 6(b) & (d): Other current assets at beginning and end of tax year (*ItemizedOtherCurrentAssetsSchedule*)

Description	Beginning Amount	Ending Amount
Notes Receivable		1,800
Escrow	9,900	4,900
Accrued Interest Receivable	8,351	45,791
Work in Progress	38,003	
TOTAL	56,254	52,491

Attachment 5, Form 1120S, Schedule L Balance Sheets per Books, Line 14(b): Other assets at beginning of tax year (*ItemizedOtherAssetsSchedule*)

Description	Beginning Amount	Ending Amount
Notes Receivable	41,754	

Attachment 6, Form 1120S, Schedule L Balance Sheets per Books,18(b) & (d): Other current Liabilities at beginning and end of tax year (*ItemizedOtherCurrentLiabilitiesSchedule*)

Description	Beginning Amount	Ending Amount
Billings in Excess	19,400	
Union Benefits Payable		231
Accrued Pension Contribution	400	
Payroll Taxes Payable	2,316	760
Accrued Workers Compensation	(11,758)	10,388
Accrued Payroll	12,473	21,701
TOTAL	22,831	33,080

Attachment 7, Form 1120S, Schedule M-1, Line 3: Total expenses not deducted recorded on books this year (*ItemizedExpensesRecordedOnBooksSchedule2*)

Description	Amount
Officer Life Insurance Premiums	17,328
Travel and Entertainment	2,124
TOTAL	19,452

Attachment 8, Form 1120S, Schedule M-2, Line 3a: Other Additions, (Total of all other additions) (AccumulatedAdjustmentsAccountOtherAdditionsSchedule)

Description	Amount
Interest Income	71,147
Short-Term Cap Gain	78,649
Other Income (Loss)	10,000
TOTAL	159,796

Attachment 9, Form1120S, Schedule M-2, Line 5a: Total of itemized other reductions (AccumulatedAdjustmentsAccountOtherReductionsSchedule)

Description	Amount
Disallowed Entertainment Expense	2,124
Section 179 deduction	11,463
Officer Life Insurance Premiums	62,935
Other Deductions	502,369
TOTAL	584,756

Attachment 10, Form 1125-A, Line 5: Other Costs (ItemizedOtherCostsSchedule)

Description	Amount
Union Benefits	91,068
Union Pension Expense	77,549
Temporary Utilities	17,118
Messenger	414
Miscellaneous Expense	4,423
Sub-Contracts	8,216,719
Permits	30,950
Workers Compensation	71,713
Purchases Discounts	(7,721)
Payroll Taxes	64,587
PM Assistant Program	54,345
Travel	6,291
TOTAL	8,627,996

						ax Year 2022						
Form	11	20-S	ι	J.S. Incom		20-S ATS Scer Return for a		rporation			OMB No. 1	545-0123
Department of the Treasury Internal Revenue Service Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.							2022		22			
For	calend	dar year 2022 d	or tax yea	r beginning			, 2022, en	ding				, 20
_		effective date		Name			, ,	0	D En	nployer	dentificati	ion number
	03	/08/1992		WorkNAIIDay, Ir	IC.					00	-0000007	1
BB	usiness	activity code	TYPE	Number, street, and	d room or suit	e no. If a P.O. box, se	e instructions		E Da	te incorp	orated	
nı	umber (s	see instructions)	OR	37 Any Street						03	3/08/1992	
	3	321900		City or town, state	or province, c	ountry, and ZIP or for	eign postal co	de	F To	tal assets	s (see instr	uctions)
C C	heck if Sc	ch. M-3 attached		Anytown, NC 28	041-0280				\$			3,605,885
G	Is the c	corporation elect	ting to be	an S corporation b		ith this tax year? S	ee instructio	ons. 🗌 Yes 🗌	No			
		•	-	Name change		•				ction ter	mination	
				rs who were shar		-						2
				regated activities for						469 pas		
_				ess income and exp								7
	1a	Gross receipts				· · · · · ·			58.259			
	b	Returns and a										
	u D			b from line 1a						1c		11,468,259
ne				ch Form 1125-A)						2		10,061,879
ncome	2		solo (alla	ich Form 1125-A)	• • •							
ľ	3	Gross profit. S	ubtract IIr	ne 2 from line 1c					2 L.	3		1,406,380
	4			n 4797, line 17 (a						4		14,433
	5		. , .	instructions-att		,				5		
	6			ld lines 3 through						6		1,420,813
IS)	7	•		rs (see instruction:		,				7		161,698
tion	8	Salaries and w	ages (less	s employment cre	dits)					8		196,941
lita	9	Repairs and m	aintenanc	е						9		17,760
lin	10	Bad debts .	Bad debts							10		
(see instructions for limitations)	11	Rents								11		160,574
suc	12	Taxes and lice	nses							12		36,594
Ictio	13	Interest (see in	structions	3)						13		26,103
stru	14	Depreciation fi	rom Form	4562 not claimed	l on Form 1	125-A or elsewhe	re on return	(attach Form 45	62)	14		6,726
e D	15	Depletion (Do	not dedu	ct oil and gas de	pletion.)					15		
(see	16									16		8,257
S	17	Pension, profit	-sharina.	etc., plans						17		14,715
Deductions	18	Employee ben								18		
rct	19	Other deduction							•	19		367,327
edt	20		`	lines 7 through 19					•	20		996,695
Ď	21			ome (loss). Subtra						21		424,118
	22a			me or LIFO recap					•	~ '		.21,110
	zza b	Tax from Sche						-				
Ś	c			see instructions for				• I		22c		
Payments	23a			ments and 2021 o		,	1		•	220		
ĩ	_	Tax deposited										
Jay	b							-				
ЧÞ	C C			id on fuels (attach						00-1		
and	d	Add lines 23a	0			· · · · · ·				23d		
Тах	24			ee instructions). C						24		
F	25			3d is smaller than					•	25		
	26			d is larger than th			nter amount	·		26		
	27			26: Credited to				Refunded		27	-+ -f :	
C :				declare that I have exa complete. Declaration								
Się	-	,	,		1						·	s this return
He	re						ef Executiv	e Officer	w	ith the p	reparer she	own below?
		Signature of office				Date Title			Se	ee instru		Yes No
Pa	id	Print/Type pre	eparer's nam	ne	Preparer's s	ignature		Date		k 🗌 if	PTIN	
	epare	er 📃							self-e	mployed	P55	555555
	-	l Firm's name	Johnny	Appleseed Accou	nting				Firm's	s EIN	00-00	00001
Use Only Firm's address 100 Efile Drive, Anytown, TX 78621						Phon	e no.	512-55	5-1212			

For Paperwork Reduction Act Notice, see separate instructions.

che	edule B Other Information	(see instructions)					
1	Check accounting method: a	Cash b 🗹 Ac	crual			Yes	N
	с	Other (specify)					
2	See the instructions and enter the						
	a Business activity Manufacturing		b Product or service	ce Building Supplies			
3	At any time during the tax year, nominee or similar person? If "Yes						↓
4	At the end of the tax year, did the						
а	Own directly 20% or more, or ow foreign or domestic corporation? below	For rules of construct	ive ownership, see inst	tructions. If "Yes," com	plete (i) through (v)		✓
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation		If Percentage in (iv) Is 10 e (if applicable) a Qualifie S Subsidiary Election W	d Subc	hap
	opio						
b	Own directly an interest of 20% of capital in any foreign or domestic trust? For rules of constructive ow	partnership (including	an entity treated as a p	artnership) or in the be	neficial interest of a		
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percer in Profit, Loss, o)wn
b	If "Yes," complete lines (i) and (ii) the first state of the tax year, did the first state of the tax state of the tax year, did the first state of the tax year of the tax year (i) and (ii) the first state of the tax year of the tax year (ii) Total shares of the tax year of tax year (ii) Total shares of tax year of tax year (ii) Total shares of tax year of tax year (ii) Total shares of tax year (ii) Total shares of tax year (ii) Total shares of tax year (iii) Total shares (iiiii) Total shares (iiii) Total shares (iiiii) Total shares (ck	tax year		instruments? .		~
5	Has this corporation filed, or is	0		dvisor Disclosure Sta			
	information on any reportable tran						
7	Check this box if the corporation is						
	If checked, the corporation may h Instruments.	ave to file Form 8281	, Information Return fo	or Publicly Offered Orig	inal Issue Discount		
3	If the corporation (a) was a C corporation (b) was a C corporation (b) has net unrealized built-in gain in gain reduced by net recognized built	e basis of the asset (or n excess of the net reco	the basis of any other pl gnized built-in gain from	roperty) in the hands of a n prior years, enter the n	a C corporation, and		
•	Did the corporation have an electi in effect during the tax year? See i	on under section 163(j) for any real property	trade or business or ar			
) a	Does the corporation satisfy one of The corporation owns a pass-through the corporation owns a pass-the corporation owns a pass-through th						¥
b	The corporation's aggregate ave preceding the current tax year are						
С	The corporation is a tax shelter an						
	If "Yes," complete and attach For						
	Does the corporation satisfy both	•					×
a h	The corporation's total receipts (se		-				
b	The corporation's total assets at the	uired to complete Sch		0.			

120-S (i edule		Other Information (see instructions) (continued)		P Yes	age (No
				Yes	NO
		e tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven			
		dified so as to reduce the principal amount of the debt?			✓
		enter the amount of principal reduction			
	-	e tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see ins			<u>√</u>
		proporation make any payments in 2022 that would require it to file Form(s) 1099?			✓
It "Y	es," (did or will the corporation file required Form(s) 1099?			
		poration attaching Form 8996 to certify as a Qualified Opportunity Fund?			✓
		enter the amount from Form 8996, line 15			
dule		Shareholders' Pro Rata Share Items	Total an		
		Ordinary business income (loss) (page 1, line 21)	1	42	4,11
		Net rental real estate income (loss) (attach Form 8825)	2		
		Other gross rental income (loss)			
		Expenses from other rental activities (attach statement) 3b			
		Other net rental income (loss). Subtract line 3b from line 3a	_3c		
		Interest income	4	7	1,14
	5	Dividends: a Ordinary dividends	5a		
		b Qualified dividends			
	6	Royalties	6		
		Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	7	8,64
		Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
	b	Collectibles (28%) gain (loss)			
	С	Unrecaptured section 1250 gain (attach statement)			
		Net section 1231 gain (loss) (attach Form 4797)	9		
1	10	Other income (loss) (see instructions) Type:	10	1	0,00
1	11	Section 179 deduction (attach Form 4562)	11	6	2,93
1	12a	Charitable contributions	12a		
	b		12b		
	С	Section 59(e)(2) expenditures	12c		
	d	Other deductions (see instructions) Type:	12d	50	2,36
1	13a	Low-income housing credit (section 42(j)(5))	13a		
	b	Low-income housing credit (other)	13b		
	с	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c		
	d	Other rental real estate credits (see instructions) Type:	13d		
	е	Other rental credits (see instructions) Type:	13e		
	f		13f		
			13g	5	1,01
5					
1	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items-International, and			
		check this box to indicate you are reporting items of international tax relevance			
1	15a	Post-1986 depreciation adjustment	15a		
ms			15b		
(AMT) Items			15c		
Ę	d	Oil, gas, and geothermal properties—gross income	15d		
A I			15e		-
		Other AMT items (attach statement)	15f		
3 1			16a		
			16b		
5			16c	1	9,45
		Distributions (attach statement if required) (see instructions)	16d		4,20
			16e		,
5	f	Foreign taxes paid or accrued	16f Form 11	20-5	5

Sched	ule K	Shareholders' Pro Rata Share Items (c	ontinued)			Tot	al amount
Other Information	17a b	Investment income			· · ·	17a 17b	71,14
E E	с	Dividend distributions paid from accumulated	earnings and profits			17c	
lut	d	Other items and amounts (attach statement)					
Recon- ciliation	18	Income (loss) reconciliation. Combine the column. From the result, subtract the sum of	the amounts on lines	11 through 12d and	16f .	18	18,610
Sched	ule L	Balance Sheets per Books	Beginning of t			End of tax ye	
		Assets	(a)	(b)	(c)		(d)
				435,384			1,311,478
2 a T	rade no	otes and accounts receivable	3,304,878		94	46,715	
b L	ess allo	owance for bad debts		3,304,878 (946,715
	nventori						
	-	vernment obligations					
5 T	ax-exe	mpt securities (see instructions)					
		urrent assets (attach statement)		56,254			52,491
		shareholders					
		e and real estate loans		800,000			1,235,158
		vestments (attach statement)					
	-	s and other depreciable assets	424,249		39	97,401	
		cumulated depreciation	374,043)	50,206 (33	7,358)	60,043
11a D	Depletat	ole assets					
b L	ess acc	cumulated depletion)	()	
12 L	and (ne	et of any amortization)					
13a Ir	ntangibl	le assets (amortizable only)					
b L	ess acc	cumulated amortization ()	()	
14 C	Other as	sets (attach statement)		41,754			
15 T	otal ass	sets		4,688,476			3,605,885
	Li	iabilities and Shareholders' Equity					
16 A	Account	s payable		2,837,445			1,435,888
17 N	/lortgage	es, notes, bonds payable in less than 1 year					
18 C	Other cu	Irrent liabilities (attach statement)		22,831			33,080
		om shareholders					
		es, notes, bonds payable in 1 year or more		25,000			25,000
		bilities (attach statement)					
		stock		10,000			10,000
23 A	Addition	al paid-in capital					
		d earnings		1,793,200			2,101,917
25 A	djustme	ents to shareholders' equity (attach statement)					
26 L	less cos	st of treasury stock	()		(
27 T	otal liab	bilities and shareholders' equity		4,688,476			3,605,885

Form 1	120-S (2022)					Page 5
Sche	edule M-1 Reconciliation of Income (Los Note: The corporation may be req	<i>.</i> .		· /·	Return	
1 2	Net income (loss) per books Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)	ome included on Schedule K, lines 1, 2, 4, 5a, 6, 7, 8a, 9, and 10, not recorded				
3 a b	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize): Depreciation \$	19,452	a 7	Deductions included lines 1 through 12, ar against book income Depreciation \$ Add lines 5 and 6 . Income (loss) (Sche	d 16f, not charged this year (itemize): 	000
4 Sche	Add lines 1 through 3		ount, S	Subtract line 7 from li Shareholders' Und	ne 4 istributed Taxabl	
		(a) Accumu adjustments a		(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	1,7	75,833			
2	Ordinary income from page 1, line 21	4	24,118			
3	Other additions	1	59,796			
4	Loss from page 1, line 21	()			
5	Other reductions	(58	34,756)			()
6	Combine lines 1 through 5	1,7	74,991			
7	Distributions	1	74,200			

1,600,791

8

Balance at end of tax year. Subtract line 7 from

SCHEDULE D (Form 1120-S)

Tax Year 2022 Form 1120-S ATS Scenario 6 Capital Gains and Losses and Built-in Gains

Attach to Form 1120-S.

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

► Go to www.irs.gov/Form1120S for instructions and the latest information.

Name

WorkNAIIDay, Inc.

Department of the Treasury Internal Revenue Service

Employer identification number

00-000007

OMB No. 1545-0123

2021

Did the corporation 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 the cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,030,000	951,351	0	78,649		
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4 5 6 7	5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Tax on short-term capital gain included on line 23 below 6						

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 the cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss froi Form(s) 8949, Pai line 2, column (m rt II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked .					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked .					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked .					
11	Long-term capital gain from installment s		11 12			
12	Long-term capital gain or (loss) from like-kind exchanges from Form 8824					
13	Capital gain distributions (see instructions	13	/			
14	Tax on long-term capital gain included or	14	()			
15	Net long-term capital gain or (loss). Co on Form 1120-S, Schedule K, line 8a or 1	15				

Schedule D (Form 1120-S) 2021

line 22b

23

Part III Built-in Gains Tax (See instructions before completing this part.) 16 Excess of recognized built-in gains over recognized built-in losses (attach computation statement) 16 17 Taxable income (attach computation statement) 17 . . 18 Net recognized built-in gain. Enter the smallest of line 16, line 17, or line 8 of Schedule B 18 . . 19 19 20 Subtract line 19 from line 18. If zero or less, enter -0- here and on line 23 20 . . 21 21 . . 22 22 Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation years

Tax. Subtract line 22 from line 21 (if zero or less, enter -0-). Enter here and on Form 1120-S, page 1,

Schedule D (Form 1120-S) 2021

23

-	-

Tax Ye Form 1120-S A				677757
Schedule K-1 2022		Final K-1 Amended Amended Shareholder's Share Deductions, Credits	of C	
Department of the Treasury Internal Revenue Service For calendar year 2022, or tax year	1	Ordinary business income (loss) 212,059	13 P	Credits 25,507
beginning / / 2022 ending / /	2	Net rental real estate income (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3	Other net rental income (loss)		—
Part I Information About the Corporation	4	Interest income 35,574		-
A Corporation's employer identification number 00-0000007	5a	Ordinary dividends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends	14	Schedule K-3 is attached if checked .
WorkNAllDay, Inc. 37 Any Street Anytown, NC 28041-0280	6	Royalties	15	Alternative minimum tax (AMT) items
	7	Net short-term capital gain (loss) 39,325		
C IRS Center where corporation filed return OSPC	8a	Net long-term capital gain (loss)		_
D Corporation's total number of shares Beginning of tax year	8b	Collectibles (28%) gain (loss)		
End of tax year	8c	Unrecaptured section 1250 gain		
Part II Information About the Shareholder	9	Net section 1231 gain (loss)	16 C	Items affecting shareholder basis 9,726
E Shareholder's identifying number 000-00-0006	10 A	Other income (loss) 5,000	D	87,100
 F Shareholder's name, address, city, state, and ZIP code Carrie Ortiz 55 Any Street Anytown, WI 53201 				
G Current year allocation percentage50 %	11	Section 179 deduction	17 A	Other information 35,574
H Shareholder's number of shares		31,468		
Beginning of tax year . . . End of tax year 	12 S	Other deductions 251,185		
Loans from shareholder Beginning of tax year \$. End of tax year \$.	_			
e Only				
For IRS Use Only				
For	18 19	More than one activity for at-risk More than one activity for passiv	• •	
		* See attached statement f		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. w12.irs.gov/Form1120S Cat. No. 11520D Schedule K-1 (Form 1120-S) 2022

Tax Ye Form 1120-S A	ATS S	cenario 6		671757
Schedule K-1 2022 (Form 1120-S)		Final K-1 Amended Amended Shareholder's Share Deductions, Credits	of C	
Department of the Treasury Internal Revenue Service For calendar year 2022, or tax year	1	Ordinary business income (loss) 212,059	13 P	Credits 25,507
beginning / / 2022 ending / /	2	Net rental real estate income (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3	Other net rental income (loss)		
Part I Information About the Corporation	4	Interest income 35,573		
A Corporation's employer identification number 00-0000007	5a	Ordinary dividends		
B Corporation's name, address, city, state, and ZIP code WorkNAIIDay, Inc.	5b	Qualified dividends	14	Schedule K-3 is attached if checked
37 Any Street Anytown, NC 28041-0280	6	Royalties	15	Alternative minimum tax (AMT) items
	7	Net short-term capital gain (loss) 39,324		
C IRS Center where corporation filed return OSPC	8a	Net long-term capital gain (loss)		_
D Corporation's total number of shares Beginning of tax year	8b	Collectibles (28%) gain (loss)		
End of tax year	8c	Unrecaptured section 1250 gain		
Part II Information About the Shareholder	9	Net section 1231 gain (loss)	16 C	Items affecting shareholder basis 9,726
E Shareholder's identifying number 000-00-0008	10 A	Other income (loss) 5,000	D	87,100
 F Shareholder's name, address, city, state, and ZIP code Bin Xempt 51 Any Street Anytown, WI 53201 				
G Current year allocation percentage50 %	11	Section 179 deduction	17 A	Other information 35,573
H Shareholder's number of shares		31,467		
Beginning of tax year . . . End of tax year . . .	12 A	Other deductions 251,184		
Loans from shareholder Beginning of tax year \$. End of tax year \$.	-			
Out				
For IRS Use Only				
부 고 전	18	More than one activity for at-risk	, purpc	uses*
	19	More than one activity for passiv		
		* See attached statement f	or ad	ditional information.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. wh3.irs.gov/Form1120S Cat. No. 11520D Schedule K-1 (Form 1120-S) 2022

Form **1125-A**

Department of the Treasury

(Rev. November 2018)

Tax Year 2022 Form 1120-S ATS Scenario 6 Cost of Goods Sold

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

Internal	Revenue Service		► Go	o to www	v.irs.g	ov/F	orm11	25A	for	the la	ates	t inf	orma	ation							
Name																	Employ	ver ident	tificatio	on num	nber
WorkN	AllDay, Inc																	00-00	00000	07	
1	Inventory at beg	jinning of year														1					
2	Purchases															2			890	0,846	
3	Cost of labor .															3			543	3,037	
4	Additional section	on 263A costs	(attach sch	nedule) .												4					
5	Other costs (atta	ach schedule)														5			8,62	7,996	
6	Total. Add lines	1 through 5.														6			10,06	1,879	
7	Inventory at end	l of year														7					
8	Cost of goods appropriate line											-				8			10,061	1,879	
9a	 Check all method (i) ✓ Cost (ii) □ Lower of (iii) □ Other (Specified) 	f cost or marke	ət	C	2	tion.)															
b	Check if there w																				
с	Check if the LIF	O inventory m	ethod was	adopted	this ta	ax yea	ar for a	ny g	ood	s (if c	hecl	ked,	atta	ch Fo	orm 97	0) .			. 🕨		
d	If the LIFO inver under LIFO .										•					9d					
е	If property is pro															ictions		Y	es	√ N	10
f	Was there any o attach explanati	-	÷ .									-			-	-			es	✓ N	١o

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

• A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.

• A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

14

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

• The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.

• Real property or personal property (tangible and intangible) acquired for resale.

• The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

1125-E Form (Rev. October 2016)

Department of the Treasury Internal Revenue Service

Tax Year 2022 Form 1120-S ATS Scenario 6 **Compensation of Officers**

Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S. ▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e. OMB No. 1545-0123

Employer identification number

WorkNAIIDay, Inc.

Name

00-000007

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to	Percent of s	tock owned	(f) Amount of
	(see instructions)	business	(d) Common	(e) Preferred	compensation
1 Khiry U Farr	000-00-0020	100 %	10 %	%	161,698
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%		%	
2 Total compensation of officers				2	161,698
3 Compensation of officers claimed on Fo	orm 1125-A or elsewhere o	on return		3	· · · ·
4 Subtract line 3 from line 2. Enter the appropriate line of your tax return				4	161,698
For Paperwork Reduction Act Notice, see separa		Cat. No. 55		Forr	n 1125-E (Rev. 10-2016)

Л	567		Form 11 Depreciati	20-SATSS		on		MB No. 1545-0172
Form 45	JOZ		(Including Info					90 99
Department	t of the Treasury		Atta	ch to your tax i	return.			Attachment
Internal Rev	Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.							Sequence No. 179
()	own on return			,	hich this form relat	es	Ident	ifying number
WorkNAI				Ifacturing	4.80			00-000007
Part I			rtain Property Un ed property, comp			aplata Dart I		
1 Max			s)			lipiete Fait I.	1	62,935
	1		placed in service (se				2	62,935
			placed in service (se				3	2,700,000
			ne 3 from line 2. If ze				4	0
						-0 If married filing		
sep	arately, see inst	ructions					5	62,935
6	(a) De	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
Compres	ssor				62,935	6	2,935	
				7				
			from line 29					
			roperty. Add amour			7	8	62,935
			aller of line 5 or line				9	62,935
			from line 13 of your				10	(2.025
					,	ine 5. See instructions	11	62,935 62,935
			to 2023. Add lines		r	13	12	02,935
			for listed property.			13		
						e listed property. See	instr	uctions)
						ty) placed in service		
			IS				14	
15 Pro	perty subject to	section 168(f)(1	1) election				15	
			ý S)				16	
Part III			on't include listed					
				Section A				
							17	5,761
						one or more general		
ass			· · · · · · ·				0	
			(c) Basis for depreciation			General Depreciation	i Syst	em
(a) Classi	ification of property	placed in	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
100 0	VOOK DKODOKty	service	only—see instructions)	poned				
	-year property -year property							
	-year property							
	-year property							
	-year property							
	-year property							
	-year property			25 yrs.		S/L		
	sidential rental			27.5 yrs.	MM	S/L		
pro	operty			27.5 yrs.	MM	S/L		
i No	nresidential real			39 yrs.	MM	S/L		
pro	operty				MM	S/L		
		-Assets Place	d in Service During	2022 Tax Ye	ar Using the A	Iternative Depreciation	on Sys	stem
20a Cla			5,791	3 yrs.	HY	S/L		965
b 12-	•			12 yrs.		S/L		
<u>c</u> 30-				30 yrs.	MM	S/L	ļ	
d 40-		Poo inotri ot! -		40 yrs.	MM	S/L		
Part IV		See instructio					04	
	ted property. Ent				20 in column ((g), and line 21. Enter	21	
			of your return. Partn				22	6,726
		-	ed in service during	-				0,720
			section 263A costs			23		

Tax Year 2022

For Paperwork Reduction Act Notice, see separate instructions.

Form	4562 (2022)												Page Z
	t V Listed Property (Include aut entertainment, recreation, or amu		,	ertain	other	vehicle	es, cei	rtain a	aircraft	, and	prope	rty us	
	Note: For any vehicle for which you 24b, columns (a) through (c) of Secti	are us	ing the						lease	expense	e, comp	olete or	ily 24a
	Section A–Depreciation and Other In								for pas	senaer	automo	obiles.)	
24a	Do you have evidence to support the business/inv] Yes [idence w		-	No
	whicles first) in service investment use Cost or c	d) other basi		(e) for depre ness/inves	stment	(f) Recovery period	/ Me	(g) ethod/ vention		(h) preciation	Ele	(i) ected sec cost	
25	Special depreciation allowance for qualifi				ced in								
-06	the tax year and used more than 50% in a Property used more than 50% in a qualifie	•			e. See	Instruct	ions .	25					
	Ford Pickup 10/15/12 100 %	u busin		<u>,</u>	0	5	200	DB-HY					
2011	%	H		9			200			2			
27	Property used 50% or less in a qualified by	usiness	use:		7								
	%						S/L -						
	%				_	-	S/L -	_					
	Add amounts in column (h), lines 25 throug		'ntar ha	ro and		01 000	S/L -	_	-	-			
	Add amounts in column (i), line 25 throug Add amounts in column (i), line 26. Enter h							28			29		
				mation									
Com	plete this section for vehicles used by a sole p	roprieto	r, partne	er, or oth	ner "mol	re than §	5% own	er," or	related p	berson. I	f you pr	ovided	vehicles
to yo	our employees, first answer the questions in Se	ction C	to see if	you me	et an ex	ception	to com	pleting	this sec	tion for t	hose ve	hicles.	
30	Total business/investment miles driven during the year (don't include commuting miles) .		(a) icle 1		b) cle 2		c) cle 3		(d) iicle 4		e) cle 5		f) cle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
05	use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												
	Section C-Questions for	Emplo	vers W	/ho Pro	vide Ve	hicles	for Use	e bv Tł	neir Em	plovee	s		
Ansv	wer these questions to determine if you mee	-	-					-				who ar	en't
	e than 5% owners or related persons. See i												
37	Do you maintain a written policy statemer your employees?								-	ommutir 		Yes	No
38	Do you maintain a written policy statemen employees? See the instructions for vehic												
	Do you treat all use of vehicles by employe												
40	Do you provide more than five vehicles to use of the vehicles, and retain the informat									es aboi			
41	Do you meet the requirements concerning	qualifie	ed autor	nobile d	demons	stration	use? S	ee inst	ructions	s			
	Note: If your answer to 37, 38, 39, 40, or 4												
Par	t VI Amortization												
	(a) (b) Description of costs begins	ation	Amo	(c) rtizable ar	nount	C	(d) ode secti	on	(e) Amortiza period percent	or	Amortiza	(f) tion for th	iis year
42	Amortization of costs that begins during yo	our 202	2 tax ye	ear (see	instruc	tions):							
	Amortization of costs that began before yo		-						• •	43			
44	Total. Add amounts in column (f). See the	Instruc	LIONS TO	n where	; ιυ rep	υrι				44			

Form 4797

Tax Year 2022 Form 1120-S ATS Scenario 6 **Sales of Business Property** (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184 9**0**99

Attach to your tax return.

Department of the Treasury	
Internal Revenue Service	

Go to www.irs.gov/Form4797	7 for instructions and t	he latest information

Attachment Sequence No. 2	7

Name(s) shown on return
WorkNAIIDay, Inc

Identifying	number
	00-0000007

1 a	Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets.	1b	
с	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I	Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other
	Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

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 o basis, j improveme expense o	olus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2011	Ford F250	09/01/2012	10/31/2022	0	31,247		31,247	0
3	Gain, if any, from Form 46	84. line 39					3	
4	Section 1231 gain from in	,					4	
5	Section 1231 gain or (loss						5	
6	Gain, if any, from line 32,	,	0				6	
7	Combine lines 2 through 6						7	
	Partnerships and S corp line 10, or Form 1120-S, S Individuals, partners, S from line 7 on line 11 bel 1231 losses, or they were Schedule D filed with your	Schedule K, line 9. corporation share ow and skip lines recaptured in an e	Skip lines 8, 9, 11, eholders, and all 8 and 9. If line 7 earlier year, enter t	, and 12 below. others. If line 7 is z is a gain and you di he gain from line 7 a	zero or a loss, enter dn't have any prior	the amount year sectior		
8	Nonrecaptured net section	•					8	
9	Subtract line 8 from line 7 line 9 is more than zero, e capital gain on the Sched	7. If zero or less, e nter the amount fro	nter -0 If line 9 is om line 8 on line 12	s zero, enter the gair 2 below and enter th	n from line 7 on line e gain from line 9 as	12 below. Is a long-term	F	
Part							·	
10	Ordinary gains and losses	not included on lir	nes 11 through 16	(include property he	ld 1 year or less):			

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	14,433
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	14,433
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
а	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an		
	employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1		
	(Form 1040), Part I, line 4	18b	4808

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Pag	e	2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (c) Date sold (b) Date acquired (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: 19 (mo., day, yr.) (mo., day, yr.) 03/10/2022 2012 Chevrolet Tahoe 03/07/2012 Α 2010 Dodge 3500 07/03/2010 07/10/2022 в 2008 Chevrolet Silverado 10/07/2022 С 10/10/2007 D **Property A Property B Property C Property D** These columns relate to the properties on lines 19A through 19D. Gross sales price (Note: See line 1a before completing.) . 20 5,000 7.760 1.800 20 19,930 19,467 24,619 21 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable. 22 19,930 19.467 24,492 22 0 0 127 23 Adjusted basis. Subtract line 22 from line 21. 23 5.000 24 Total gain. Subtract line 23 from line 20 24 7.760 1,673 25 If section 1245 property: 19,930 19,467 24,492 Depreciation allowed or allowable from line 22 . 25a а 5,000 7,760 1,673 Enter the smaller of line 24 or 25a. 25b b 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. Additional depreciation after 1975. See instructions 26a а Applicable percentage multiplied by the smaller of line b 24 or line 26a. See instructions. 26b Subtract line 26a from line 24. If residential rental property С or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976. 26d Enter the **smaller** of line 26c or 26d . 26e е Section 291 amount (corporations only) . 26f f Add lines 26b, 26e, and 26f g 26g 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses 27a а 27b Line 27a multiplied by applicable percentage. See instructions b С Enter the smaller of line 24 or 27b 27c If section 1254 property: 28 a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a **b** Enter the **smaller** of line 24 or 28a. 28b 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions . 29a **b** Enter the **smaller** of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 14,433 30 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 14,433 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from 32 other than casualty or theft on Form 4797, line 6 32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 33 Section 179 expense deduction or depreciation allowable in prior years. . . . 33 34 34

		Form 1120-S ATS Scenario 6	I		1545-1190
Form	8824	Like-Kind Exchanges	-	UNID INU.	1545-1190
FOIII		(and section 1043 conflict-of-interest sales)		20	22
	ment of the Treasury	Attach to your tax return.		Attachmer	nt
Internal	Revenue Service	Go to www.irs.gov/Form8824 for instructions and the latest information.		Sequence	No. 109
Name(s	s) shown on tax returr		Identif	fying numbe	r
Work	NAIIDay, Inc.			00-000	007
Par	t I Informa	tion on the Like-Kind Exchange			
		rty should be described on lines 1 and 2. If the property described on line 1 or line tes, indicate the country.	2 is I	real prope	rty located
1	Description of 2018 Ford F250	ike-kind property given up:			
2	Description of 2020 Ford F250	ike-kind property received:	9)))
3	Date like-kind	property given up was originally acquired (month, day, year)	;	3 M 109/	30/2019 (Y
4	Date you actua	lly transferred your property to the other party (month, day, year)		4 M™0/	31/2022/Y

Tax Year 2022

- 5
 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement
 5
 M10/12/2022/Y
- 6 Date you actually received the like-kind property from other party (month, day, year). See instructions 6 Mi10/31/2022/Y

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions on line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.

8	Name of related party	Relationship to you	Related party's identifying number
	Address (no., street, and apt., room, or suite no.; city or town; state; and ZIP code)		
9	During this tax year (and before the date that is 2 years after the the exchange), did the related party sell or dispose of any part of (or an intermediary) in the exchange?		eived from you
10	During this tax year (and before the date that is 2 years after the the exchange), did you sell or dispose of any part of the like-kind		
	If both lines 9 and 10 are "No" and this is the year of the exchang the year of the exchange, stop here. If either line 9 or line 10 is ' deferred gain or (loss) from line 24 unless one of the exceptions of	Yes," complete Part III and	

- 11 If one of the exceptions below applies to the disposition, check the applicable box.
 - **a** The disposition was after the death of either of the related parties.
 - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
 - c 🗌 You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

For Paperwork Reduction Act Notice, see the instructions.

Cat. No. 12311A

Form 88	24 (2022)		Page 2
Name(s)	shown on tax return. Do not enter name and social security number if shown on other side.	Your soci	al security number
WorkN	JAIIDay, Inc	C	0-000007
Part	III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received	ved	
	on: If you transferred and received (a) more than one group of like-kind properties, or (b) cash or oth porting of multi-asset exchanges in the instructions.	er (not li	ike-kind) property,
Note:	Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line	e 15.	
12 13	Fair market value (FMV) of other property given up. See instructions12Adjusted basis of other property given up113	-	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	or 14	
	Caution: If the property given up was used previously or partly as a home, see Property used a <i>home</i> in the instructions.	s	
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduce (but not below zero) by any exchange expenses you incurred. See instructions	d 15	2
16 17	FMV of like-kind property you received	16	40,000
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchang expenses not used on line 15. See instructions	e 18	
19	Realized gain or (loss). Subtract line 18 from line 17	19	40,000
20	Enter the smaller of line 15 or line 19, but not less than zero	20	0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21	0
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule I	C	
	or Form 4797, unless the installment method applies. See instructions	22	0
23	Recognized gain. Add lines 21 and 22	23	0
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions		40,000
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23. See instructions	s 25	0
Part	Deferral of Gain From Section 1043 Conflict-of-Interest Sales		

Note: This part is to be used **only** by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		_
27	Description of divested property		
28	Description of replacement property		
29	Date divested property was sold (month, day, year)	29	MM/DD/YYYY
30	Sales price of divested property. See instructions		
31 32	Basis of divested property 31 Realized gain. Subtract line 31 from line 30	32	
33 34	Cost of replacement property purchased within 60 days after date of sale . 33 Subtract line 33 from line 30. If zero or less, enter -0	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Form **8824** (2022)

	QQ/1 Credit for Small Employer Health Insurance Premiu	ms	OMB No. 1545-2198
Form Departm	► Attach to your tax return.		2021 Attachment
Internal	Revenue Service Go to www.irs.gov/Form8941 for instructions and the latest information.		Sequence No. 65
Name(s	s) shown on return	Identif	fying number
Work	VAIIDay, Inc.		00-000007
Α	 Did you pay premiums during your tax year for employee health insurance coverage you provid Health Options Program (SHOP) Marketplace (or do you qualify for an exception to this requirement ✓ Yes. Enter Marketplace Identifier (if any) ▶ <u>01-FFE</u> No. Stop. Do not file Form 8941. See instructions for an exception that may apply to cooperative, estate, trust, or tax-exempt entity. 	ent)? Se	e instructions.
В	Enter the employer identification number (EIN) used to report employment taxes for individua different from the identifying number listed above ▶	s inclue	ded on line 1 below if
С	 Does a tax return you (or any predecessor) filed for a tax year beginning after 2013 and before 2 line A checked "Yes" and line 12 showing a positive amount? See instructions. Yes. Stop. Do not file Form 8941. See instructions for an exception that may apply to cooperative, estate, trust, or tax-exempt entity. Also see instructions for information about the 	a partn	ership, S corporation,
	✓ No. Go to line 1.		
Cau 1	Ition: See the instructions and complete Worksheets 1 through 7 as needed. Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	1	16
2	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	13
3	Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a multiple of \$1,000. If you entered \$56,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	27,000
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	4	127,534
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which the employee enrolls in health insurance coverage (total from Worksheet 4, column (c))	5	200,705
6	Enter the smaller of line 4 or line 5	6	127,534
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 35% (0.35) • All other employers, multiply line 6 by 50% (0.50)	-	
0	• All other small employers, multiply line 6 by 50% (0.50)	7	63,767
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	8	51,014
9	If line 3 is \$27,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	9	51,014
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4. See instructions	10	0
11	Subtract line 10 from line 4. If zero or less, enter -0	11	127,534
12	Enter the smaller of line 9 or line 11	12	51,014
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a)).	13	16
14	Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	14	13
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	0
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4h	16	51,014

		10	
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, Part III, line 4h	18	
19	Enter the amount you paid in 2021 for taxes considered payroll taxes for purposes of this credit. See instructions	19	
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, Part III, line 6f	20	

For Paperwork Reduction Act Notice, see separate instructions.

	8949	
Form	UJTJ	

Department of the Treasury

Internal Revenue Service

Tax Year 2022 Form 1120-S ATS Scenario 6

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

n. f Schedule D. Attachment Sequence No. 12A

	y number or taxpayer identification number
WorkNAIIDay, Inc	00-000007

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(Manday, Jrg) disposed of	Date sold or	(sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.			(h) Gain or (loss) Subtract column (e)
			disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
110 sh	ares Americus	04/01/2022	07/15/2022	1,030,000	951,351		0	78,649
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).		1,030,000	951,351		0	78,649		

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

For Paperwork Reduction Act Notice, see your tax return instructions23

Attachment Sequence No. 12A	Page 2
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Form 8949 (2022)	Attachment Sequence No. 12A
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
WorkNAIIDay, Inc	00-000007

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								

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