Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

A C	heck	all tha	at apply:	For calendar year 2023 or f	iscal year begi	nning		, 2023, and	endir	ng		, 20
_			estate	Name of estate or trust (If a gra			ns.)	,,			er ident	ification number
=		trust		BLACK AND ORANGE							00-40	000002
=		lex tru		Name and title of fiduciary					D	Date en	tity creat	
=			ability trust	JOHN DOE FIDUCIARY								
=			tion only)	Number, street, and room or su	uite no. (If a P.O.	box, see the inst	ructions.)		E	Nonexe	mpt char	ritable and split-interest
=		or type	• •		(a	2011, 000 1110 11101			-	trusts, o	check ap	plicable box(es).
=			estate-Ch. 7	500 TEST STREET					_		tructions	
=				City or town, state or province,	country and 7IF	or foreign posta	al code		┨┖			c. 4947(a)(1). Check here oundation
=			estate—Ch. 11	MARION, AL 36756	oodiniy, and zii	or foreign poots	0000					c. 4947(a)(2)
_			me fund Schedules K-1		7	Final return		anded wetuwn		Describ		
a	attach	ed (se	e	applicable	_	•	_	nended return	,	는		erating loss carryback
		ctions)		boxes: Change in tring trust made a section 645 elec		Change in fiduci		ange in fiduciary	s na	ne	Change	e in fiduciary's address
G								Trust TIN				25.000
	1			e							1	25,000
	2		-	dividends							2a	
	١			nds allocable to: (1) Benefic								
ခ	3			me or (loss). Attach Sche							3	125,723
Income	4			(loss). Attach Schedule [4	
nc	5		-	s, partnerships, other est				-	-		5	
_	6			or (loss). Attach Schedule	•	,					6	(19,500)
	7	0	rdinary gain	or (loss). Attach Form 479	97						7	
	8			List type and amount							8	
	9			. Combine lines 1, 2a, and							9	
	10	In	terest. Chec	k if Form 4952 is attached		10						
	11	Ta	axes				11					
	12	Fi	duciary fees.	. If only a portion is deduc		12						
	13	С	haritable dec	duction (from Schedule A,		13						
	14	A:	ttorney, acco	ountant, and return prepa	rer fees. If or	nly a portion i	s deductib	ole under sec	tion	67(e),		
SL		SE	ee instruction	ns							14	
Deductions	15	a O	ther deduction	ons (attach schedule). See	e instructions	for deduction	ns allowab	le under sect	ion	67(e)	15a	1,600
支	ŀ	o N	et operating	loss deduction. See instr	uctions .						15b	
ਲੂ	16	A	dd lines 10 th	nrough 15b							16	1,600
صّ	17	A	djusted total	income or (loss). Subtrac	t line 16 from	line 9		17				
	18	In	come distrib	ution deduction (from Scl	hedule B, line	e 15). Attach S	Schedules	K-1 (Form 10	(41)		18	129,623
	19	Es	state tax ded	luction including certain g	eneration-sk	ipping taxes (attach cor	nputation) .			19	
	20			ness income deduction. A	•		•				20	
	21	E	xemption .								21	300
	22	A	•	nrough 21							22	
S	23			ne. Subtract line 22 from I							23	0
Tax and Payments	24	To	otal tax (fron	n Schedule G, Part I, line	9)						24	30,200
Ĕ	25			et 965 tax liability paid fro							25	
ay	26		-	i ts (from Schedule G, Par							26	30,200
<u>-</u>	27			penalty. See instructions	-						27	·
ä	28			e 26 is smaller than the to							28	
×	29			. If line 26 is larger than the							29	0
T a	30			29 to be: a Credited to			; b Refun				30	
		Unde	er penalties of pe	erjury, I declare that I have exam	nined this return,	including accom	panying sche	dules and stater	nents	, and to	the best	
Sig	gn			ct, and complete. Declaration of								
He	- 1											ne IRS discuss this return e preparer shown below?
. 10	,, ,	Sign	ature of fiduciary	y or officer representing fiduciary	Dat	e	EIN of fidu	ciary if a financia	l insti	tution		structions. Yes No
_			Print/Type prep	, , , , , ,	Preparer's sign			Date		Check	if if	PTIN
Pa			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-					nployed	
	epa		Firm's name		<u> </u>			1	Firm	s EIN	-	<u> </u>
Us	e O	nly	Firm's name Firm's address							e no.		
										J		

rm 1041 (2023) Page **2**

OIIII I	041 (2020)		raye z
Sch	edule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.		
1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable		
	purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	
Sch	edule B Income Distribution Deduction		
1	Adjusted total income. See instructions	1	129,623
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a		
	positive number	6	
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0	7	129,623
8	If a complex trust, enter accounting income for the tax year as determined		
	under the governing instrument and applicable local law 8		
9	Income required to be distributed currently	9	129,623
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	129,623
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	129,623
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0	14	129,623
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 .	15	
Sch	edule G Tax Computation and Payments (see instructions)		
Part	I — Tax Computation		
1	Tax:		
а	Tax on taxable income. See instructions		
b	Tax on lump-sum distributions. Attach Form 4972		
С	Alternative minimum tax (from Schedule I (Form 1041), line 54) 1c 30,200		
d	Total. Add lines 1a through 1c	1d	30,200
2a	Foreign tax credit. Attach Form 1116		
b	General business credit. Attach Form 3800		
С	Credit for prior year minimum tax. Attach Form 8801		
d	Bond credits. Attach Form 8912		
е	Total credits. Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0	3	30,200
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions	4	
5	Net investment income tax from Form 8960, line 21	5	
6a	Recapture tax from Form 4255	6a	
b	Recapture tax from Form 8611	6b	
С	Other recapture taxes:	6c	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Other taxes and amounts due	8	
9	Total tax. Add lines 3 through 8. Enter here and on page 1, line 24	9	30,200

Form 1041 (2023) Page **3**

Sch	edule G Tax Computation and Payments (see instructions) (continued)							
Part	I – Payments							
10	Current year's estimated tax payments and amount applied from preceding year's return	10			0			
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11						
12	Subtract line 11 from line 10	12			0			
13	Tax paid with Form 7004. See instructions	13						
14	Federal income tax withheld. If any is from Form(s) 1099, check here	14		30,200				
15	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)	15						
16	Payments from Form 2439	16						
17	Payments from Form 4136	17						
18a	Elective payment election amount from Form 3800	18a						
b	Other credits or payments (see instructions)	18b						
19	Total payments. Add lines 12 through 18b. Enter here and on page 1, line 26	19			0,200			
	r Information			Yes	_			
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of ex	pense	s.		✓			
	Enter the amount of tax-exempt interest income and exempt-interest dividends \$							
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensationally received the contract assignment or similar arrangement).			√				
•	individual by reason of a contract assignment or similar arrangement?							
3	At any time during calendar year 2023, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?							
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the							
4	foreign country During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or tran							
4	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions							
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If				✓			
3	the instructions for the required attachment				1			
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions							
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions							
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in							
	estate, and check here							
9	Are any present or future trust beneficiaries skip persons? See instructions				✓			
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year? See the Instru	ruction	s for					
	Form 8938				✓			
11a	Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?							
b	If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instruction							
12	Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an el transferee for S corporation stock held on the last day of the tax year? See instructions							
13	At any time during the tax year, did the estate or trust (a) receive (as a reward, award, or payment for	prope	rty or					
	services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital	asset)	? See					
	instructions							
14	ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions							
15	ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see in	structi	ons					

SCHEDULE I (Form 1041)

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2023

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

		00-	000002
Par	Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs , see instructions	1	12 , 23
2	Interest	2	
3	Taxes	3	
4	Refund of taxes	4 ()
5	Depletion (difference between regular tax and AMT)	5	
6	Net operating loss deduction. Enter as a positive amount	6	
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19 ()
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	22 ()
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	12 , 23
	Complete Part II below before going to line 24.		
24	Income distribution deduction from Part II, line 42		
25	Estate tax deduction (from Form 1041, line 19)		
26	Add lines 24 and 25	26	
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	12 , 23
	If line 27 is:		
	• \$28,400 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't		
	liable for the alternative minimum tax.		
	 Over \$28,400, but less than \$208,200, go to line 43. 		
	• \$208,200 or more, enter the amount from line 27 on line 49 and go to line 50.		
	• ESBTs, see instructions.		
Par			
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33 ()
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

Schedule I (Form 1041) 2023 Page **2**

Part	II Income Distribution Deduction on a Minimum Tax Basis (continue	ed)		
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29			
•	or less, enter -0		41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of	of line 40 or line 41.		
	Enter here and on line 24		42	
Part	III Alternative Minimum Tax			
43	Exemption amount		43	\$28,400
44	Enter the amount from line 27	44 12 , 23		
45		45 \$94,600		
46	Subtract line 45 from line 44. If zero or less, enter -0			
47	Multiply line 46 by 25% (0.25)		47	
48	Subtract line 47 from line 43. If zero or less, enter -0		48	1 ,
49	Subtract line 48 from line 44		49	10 ,
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified div on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the Otherwise, if line 49 is:	•		
	• \$220,700 or less, multiply line 49 by 26% (0.26).			
	 Over \$220,700, multiply line 49 by 28% (0.28) and subtract \$4,414 from the rest 		50	2 ,
51	Alternative minimum foreign tax credit (see instructions)		51	
52	Tentative minimum tax. Subtract line 51 from line 50		52	2 ,
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from	·	53	
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0			
Part	Form 1041, Schedule G, line 1c		54	
	on: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tailed Dividends Tax Worksheet in the Instructions for Form 1041, see the instructionart.			
55	Enter the amount from line 49		55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	56		
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57		
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter			
	the smaller of that result or the amount from line 10 of the Schedule D Tax			
E0	Worksheet (as refigured for the AMT, if necessary)	58	59	
59 60	Subtract line 59 from line 55		60	
61	If line 60 is \$220,700 or less, multiply line 60 by 26% (0.26). Otherwise, multiply I		00	
01	and subtract \$4,414 from the result		61	
62	Maximum amount subject to the 0% rate	62 \$3,000		
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0	63		
64	Subtract line 63 from line 62. If zero or less, enter -0	64		
65	Enter the smaller of line 55 or line 56	65		
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66		
67	Subtract line 66 from line 65	67		

Schedule I (Form 1041) 2023 Page **3**

Part	IV Line 50 Computation Using Maximum Capital Gains Rates (contil	nuea	<i>(</i>)		
68	Maximum amount subject to rates below 20%	68	\$14,650		
69	Enter the amount from line 64	69			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0	70			
71	Add line 69 and line 70	71			
72	Subtract line 71 from line 68. If zero or less, enter -0	72			
73	Enter the smaller of line 67 or line 72	73			
74	Multiply line 73 by 15% (0.15)			74	
75	Add lines 66 and 73	75			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherw	/ise, g	go to line 76.		
76	Subtract line 75 from line 65	76			
77	Multiply line 76 by 20% (0.20)			77	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwis	se, go	o to line 78.		
78	Add lines 60, 75, and 76	78			
79	Subtract line 78 from line 55	79			
80	Multiply line 79 by 25% (0.25)			80	
81	Add lines 61, 74, 77, and 80			81	
82	If line 55 is \$220,700 or less, multiply line 55 by 26% (0.26). Otherwise, multiply and subtract \$4,414 from the result			82	
83	Enter the smaller of line 81 or line 82 here and on line 50			83	

Schedule I (Form 1041) 2023

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

Name	ame of proprietor							Social security number (SSN)				
A	Principal business or profession	n, incl	uding product or service (se	e instru	uctions)	В	Ente			instruct		
С	Business name. If no separate	busin	ess name, leave blank.			D	Emp				(see instr.)	
E	Business address (including suite or room no.) 1 00											
	City, town or post office, state	, and Z	ZIP code	0 0	1							
F	Accounting method: (1)	_			Other (specify)							
G					2023? If "No," see instructions for I				_	✓ Yes	☐ No	
Н	•		•						-			
I					n(s) 1099? See instructions						✓ No	
J		requi	red Form(s) 1099?						L	Yes	✓ No	
Par						_						
1	Form W-2 and the "Statutory of	employ	ee" box on that form was cl	necked	this income was reported to you or		1				,3 0	
2						.	2					
3						- 1	3				,3 0	
4	•	,				- 1	4				2 , 00	
5	•					- +	5				, 0	
6	_		_		refund (see instructions)		6					
7 Pari	Fynances Enter ex	200 .	es for business use of yo	ur ho		.	7					
8	Advertising	8	1,2 0		Office expense (see instructions)	П	18				3 0	
	· ·	-	1,2 0	19	Pension and profit-sharing plans	- t	19				3 0	
9	Car and truck expenses (see instructions)	9	2, 00	20	Rent or lease (see instructions):		13					
10	Commissions and fees .	10	27 00	a	Vehicles, machinery, and equipmen	.	20a					
11	Contract labor (see instructions)	11		b	Other business property		20b					
12	Depletion	12		21	Repairs and maintenance	- t	21				2,13	
13	Depreciation and section 179			22	Supplies (not included in Part III)	- t	22				-	
	expense deduction (not included in Part III) (see			23	Taxes and licenses	- 1	23				2	
	instructions)	13		24	Travel and meals:							
14	Employee benefit programs			а	Travel	.	24a					
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b					
15	Insurance (other than health)	15		25	Utilities	.	25				0	
16	Interest (see instructions):			26	Wages (less employment credits)		26					
а	Mortgage (paid to banks, etc.)	16a	, 00	27a	Other expenses (from line 48) .	.	27a					
b	Other	16b		b	Energy efficient commercial bldgs	- 1						
17	Legal and professional services	17	2	1. 4	deduction (attach Form 7205) .	\rightarrow	27b					
28					8 through 27b	.	28					
29	Tentative profit or (loss). Subtr					:	29					
30	unless using the simplified me Simplified method filers only	thod. S	See instructions.		nses elsewhere. Attach Form 8829	,						
	and (b) the part of your home Method Worksheet in the instr						30					
31	Net profit or (loss). Subtract	ine 30	from line 29.			Ī						
	• If a profit, enter on both Sch checked the box on line 1, see		* **				31					
	• If a loss, you must go to line	e 32.			J	_			_			
32	If you have a loss, check the b	ox tha	t describes your investment	in this	activity. See instructions.							
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box on	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		32a 32b	☐ s			s at risk. nt is not	

a c	The cost of documentation of			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att		xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation		. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		,23
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		1 ,
38	Materials and supplies	38		3
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		0,
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		2 , 00
Part		truc	k expenses or	line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/year) 1 / 1 / 2	023		
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehic	le for:	
а	Business 3,000 b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Tes	✓ No
46	Do you (or your spouse) have another vehicle available for personal use?		🗸 Yes	☐ No
47a	Do you have evidence to support your deduction?		_	☐ No
b	If "Yes," is the evidence written?		✓ Yes	☐ No
Part	If "Yes," is the evidence written?	27b	, or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

ivame	same of proprietor						ocial security number (SSN)					
A	Principal business or profession	on, incl	uding product or service (se	e instr	uctions)	В	B Enter code from instructions					
С	Business name. If no separate	husina	ess name leave blank			느		2 2 3 0 oyer ID number		ano inotri		
	Baoineso name. Il no soparate	Duomi	335 Harrio, Icavo Blarik.							,ee insir.)		
E	Business address (including s	uite or i	room no.) 00									
	City, town or post office, state	e, and Z	ZIP code , ()1								
F		Cash) [Other (specify)							
G	Did you "materially participate	e" in the	e operation of this business	during	2023? If "No," see instructions for							
Н	If you started or acquired this	busine	ss during 2023, check here					\square				
I	Did you make any payments i	n 2023	that would require you to fil	e Form	n(s) 1099? See instructions			🗆 Y	′ es	✓ No		
J		e requir	red Form(s) 1099?			<u></u>		<u> 🗆 </u>	Yes	☐ No		
Par	Income											
1	•				this income was reported to you or				_			
					1		1		2	2 , 32		
2							2					
3							3		2			
4	,	,				_	4		1			
5	=						5			101, 2		
6			•		refund (see instructions)	_	7					
7 Part	Gross income. Add lines 5 ar		es for business use of yo	our ho		:—	/					
8	Advertising	8	1,000		Office expense (see instructions)	Т	18			2		
9	Car and truck expenses		1,000	19	Pension and profit-sharing plans		19					
9	(see instructions)	9		20	Rent or lease (see instructions):							
10	Commissions and fees .	10		a	Vehicles, machinery, and equipmen	t 1	20a					
11	Contract labor (see instructions)	11		b	Other business property		20b					
12	Depletion	12		21	Repairs and maintenance		21					
13	Depreciation and section 179			22	Supplies (not included in Part III)		22			1, 2		
	expense deduction (not included in Part III) (see			23	Taxes and licenses	. $ extstyle ext$	23					
	instructions)	13		24	Travel and meals:							
14	Employee benefit programs			а	Travel	. 🛂	24a					
	(other than on line 19) .	14		b	Deductible meals (see instructions) 2	24b					
15	Insurance (other than health)	15		25	Utilities		25			0		
16	Interest (see instructions):			26	Wages (less employment credits)	L	26					
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	. 2	27a					
b	Other	16b		b	Energy efficient commercial bldg							
17	Legal and professional services	17	2		deduction (attach Form 7205) .		27b					
28	Total expenses before expen				•	_	28					
29	Tentative profit or (loss). Subt						29					
30	Expenses for business use of unless using the simplified me	•		e expe	nses elsewhere. Attach Form 8829	,						
	Simplified method filers only			(a) vou	ır home:							
	and (b) the part of your home		· · · · · · · · · · · · · · · · · · ·	, 4, , 500	. Use the Simplified	-						
	Method Worksheet in the instr			ter on I			30					
31	Net profit or (loss). Subtract		-									
	If a profit, enter on both Sch checked the box on line 1, ser	edule	1 (Form 1040), line 3, and c		, , ,		31					
	• If a loss, you must go to lin		,	•	,	_						
32	If you have a loss, check the k		t describes your investment	in this	activity. See instructions.							
	 If you checked 32a, enter th 		,)							
	SE, line 2. (If you checked the					3	32a 🗌	All investme	ent is a	at risk.		
	Form 1041, line 3.			ĺ		3	32b [_	stment	t is not		
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	av he li	mited ,			at risk.				

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: a 🗸 Cost b \square Lower of cost or market c \square Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation		. 🗌 Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		31, 3
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		3 ,1 0
38	Materials and supplies	38		,000
39	Other costs	39		
40	Add lines 35 through 39	40		1 ,0
41	Inventory at end of year	41		, 3
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		1 ,3 0
Part	-	truck		
43	When did you place your vehicle in service for business purposes? (month/day/year) 1 / 1 / 2	023		
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicle	e for:	
а	Business 3,000 b Commuting (see instructions) c 0	Other		
45	Was your vehicle available for personal use during off-duty hours?		Tes	✓ No
46	Do you (or your spouse) have another vehicle available for personal use?		🗸 Yes	☐ No
47a	Do you have evidence to support your deduction?		🗸 Yes	☐ No
b	If "Yes," is the evidence written?		🗸 Yes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065. Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 14

Name	of proprietor						Social se	curity nu	umber (SSN)	_
A Pr	incipal crop or activity		B Enter code	from Part I		ing method:	D Employ	er ID num	ber (EIN) (see in	nstr.)
				1 1		✓ Accrual				
	d you "materially participate" in the operati		_					_		No
	d you make any payments in 2023 that wo		,	,				_		No
	'Yes," did you or will you file required Forn									<u>0</u> /
Par				•			arts II and	a III, and	Part I, line	9.)
1a	Sales of purchased livestock and other				1	1a				
b	Cost or other basis of purchased livesto				-	1b		-		
С								1c		
2	Sales of livestock, produce, grains, and	•	1 1		1			2		—
3a	Cooperative distributions (Form(s) 1099-	,	3a					3b		—
4a	Agricultural program payments (see inst		4a			able amount		4b		
5a	Commodity Credit Corporation (CCC) lo		1 1		1			5a		
b	CCC loans forfeited		5b			able amount		5c		
6	Crop insurance proceeds and federal cr		1 1	nstruction	1			01		
а	Amount received in 2023			Г	➡'	able amount		6b		—
c	If election to defer to 2024 is attached, o			_		ount deferred from	t	6d		—
7	Custom hire (machine work) income .						t t	7		—
8	Other income, including federal and state	-			•	*	T T	8		—
9	Gross income. Add amounts in the rigaccrual method, enter the amount from								23 ,0	000
Par								9 oo instri		
		Aoorda	i wearou.			rofit-sharing pla		23	20110110.	—
10	Car and truck expenses (see instructions). Also attach Form 4562	10	2,000			see instructions	1	23		—
11	Chemicals	11	2,000		•	ninery, equipme	´ 1	24a	1 ,(റററ
12	Conservation expenses (see instructions)	12				ninery, equiprile nimals, etc.) .		24b	1 ,0	
13	Custom hire (machine work)	13				aintenance.	Ī	25	2 (000
14	Depreciation and section 179 expense	10			•	nts	Ī	26		
17	(see instructions)	14			•	arehousing	T T	27		
15	Employee benefit programs other than				-		T T	28		
15	on line 23	15					İ	29	1 ,(200
16	Feed	16	,000				t	30	10,0	
17	Fertilizers and lime	17	7222			eding, and med	T T	31		00
18	Freight and trucking	18	20,000		Other expense	-		Ţ.		
19	Gasoline, fuel, and oil	19	1 ,000	a	•			32a	11,0	000
20	Insurance (other than health)	20	,,,,,	b				32b		_
21	Interest (see instructions):			С				32c		
а	Mortgage (paid to banks, etc.)	21a		d				32d		_
b	Other	21b		е				32e		
22	Labor hired (less employment credits)	22	,000	f				32f		
33	Total expenses. Add lines 10 through 3	2f. If line 3	2f is negative, see	e instruct	ions			33	2 ,	00
34	Net farm profit or (loss). Subtract line 3	3 from line	e9					34	1 ,	00
	If a profit, stop here and see instructions	for where					·			
35	Reserved for future use.									
36	Check the box that describes your inves	tment in th	nis activity and se	e instruct	tions for where	to report your	loss:			
а	All investment is at risk.	b So	me investment is	not at ris	k.					

Schedule F (Form 1040) 2023 Page 2

	ie i (oiii 1040) 2020		raye Z
Part	Farm Income – Accrual Method (see instructions)		
37	Sales of livestock, produce, grains, and other products (see instructions)	37	2 ,2
38a	Cooperative distributions (Form(s) 1099-PATR) . 38a Taxable amount	38b	
39a	Agricultural program payments	39b	
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	
b	CCC loans forfeited	40c	
41	Crop insurance proceeds	41	
42	Custom hire (machine work) income	42	
43	Other income (see instructions)	43	32
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	300,000
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
46	Cost of livestock, produce, grains, and other products purchased during the year 46 110,000		
47	Add lines 45 and 46		
48	Inventory of livestock, produce, grains, and other products at end of year		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	,000
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9	50	

* If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural your principal source of income is from providing such

services if your principal source of income is from providing such services. Instead, see the Instructions for Schedule C (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, see the Instructions for Schedule C (Form 1040).
- Income from managing a farm for a fee or on a contract basis. Instead, see the Instructions for Schedule C (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, see the Instructions for Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

113110 Timber tract operations

113210 Forest nurseries and gathering of forest products

113310 Logging

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		Final K-1		Amend	led K-1	OMB No. 1545-0092			
Schedule K-1 (Form 1041) 20 23	Pa	rt III				of Current Year Income, and Other Items			
Department of the Treasury For calendar year 2023, or tax year	1	Interest i		ons, ore	11	Final year deductions			
Internal Revenue Service				12,500					
beginning 1 / 01 / 2023 ending 12 / 31 / 2023	- I	Ordinary	dividends	· ·					
Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instruction	1 -	Qualified	dividends						
	is. 3	Not short	torm conital	aoin	-				
Part I Information About the Estate or Trust A Estate's or trust's employer identification number	\dashv $"$	Net Short	-term capital	gaiii					
00-4000002	4a	Net long-	-term capital	gain					
B Estate's or trust's name	4b	28% rate	gain		12	Alternative minimum tax adjustment			
BLACK AND ORANGE TRST		Unrecapt	tured section	1250 gain					
	T-	Other po	rtfolio and						
C Fiduciary's name, address, city, state, and ZIP code	5		ness income						
JOHN DOE FIDUCIARY 500 TEST STREET	6	Ordinary	business inc	ome					
MARION, AL 36756				52,311					
	7	Net renta	al real estate i	income	13	Credits and credit recapture			
	8	Other rer	ntal income						
	0				-				
Check if Form 1041-T was filed and enter the date it was filed									
	9	Directly a	apportioned de	eductions	14	Other information			
E Check if this is the final Form 1041 for the estate or trust						outs.			
Part II Information About the Beneficiary	10	Estate ta	ax deduction		-				
F Beneficiary's identifying number									
452-00-4321									
G Beneficiary's name, address, city, state, and ZIP code									
JOHN BLUE 500 TEST STREET									
OMAHA, NE 68701									
	- 1	* See attached statement for additional information. Note: A statement must be attached showing the							
	bei dec	beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.							
	_≥								
	ő								
	Jse								
	RS (
H X Domestic beneficiary Foreign beneficiary	For IRS Use Only								

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0 1 1 1 1/4	-		Final K-1		Amend		OMB No. 1545-0092		
Schedule K-1 (Form 1041)	23	Pa	rt III		_		of Current Year Income,		
Department of the Treasury For calendar year 2023,	~—				ions, Cre		and Other Items		
Internal Revenue Service	or tax year	1	Interest i	ncome	12,500	11	Final year deductions		
beginning 1 / 01 / 2023 ending 12 / 31		2a	Ordinary	dividends					
Beneficiary's Share of Income, Deduc	tions,	2b	Qualified	l dividends					
Credits, etc. See back of form and	instructions.								
Part I Information About the Estate or Trust A Estate's or trust's employer identification number		3	Net short	-term capita	al gain				
00-4000002	-	4a	Net long	-term capita	l gain				
B Estate's or trust's name		4b	28% rate	e gain		12	Alternative minimum tax adjustment		
BLACK AND ORANGE TRST) N	4c	Unrecap	tured sectio	n 1250 gain		E		
C Fiduciary's name, address, city, state, and ZIP code		5		ortfolio and ness income					
JOHN DOE FIDUCIARY			Tioribadii						
500 TEST STREET MARION, AL 36756		6	Ordinary	business in	come 52,311				
		7	Net renta	al real estate	income	13	Credits and credit recapture		
		8	Other rea	ntal income					
D Check if Form 1041-T was filed and enter the date it was filed		9	Directly a	apportioned (deductions				
E Check if this is the final Form 1041 for the estate or trust						14	Other information		
Part II Information About the Beneficiary		10	Estate ta	ax deduction	1				
F Beneficiary's identifying number 452-00-4322	-								
G Beneficiary's name, address, city, state, and ZIP code	-								
JOHN GOLD	- 1								
1500 TEST STREET FORT DODGE, IA 50501	- 1								
	- 1								
	F	* Se	ee attac	hed state	ment for a	additio	onal information.		
			Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.						
H X Domestic beneficiary Foreign beneficiary		or IRS Use Only							

Cat. No. 11380D