CONFIDENTIAL

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
APR 12 2021
RECEIVED

PROCESSED

38116

LAST NAME — FIRST NAME — MIDDLE NAME:
Johnson Ben Frank

MAILING ADDRESS:
P.O. Box 220169

CITY: Glenwood ZIP: 32722 COUNTY: Volusia

NAME OF AGENCY:
County of Volusia

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Volusia County Council At Large

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 20 was $ 2,419,640.70.

## PART B -- ASSETS

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 150,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| Residence | $450,000.00 |
| Rental: 2805 Grand Ave, DeLand 32720 | $75,000.00 |
| | |
| | |

## PART C -- LIABILITIES

**LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| | |
| | |
| | |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| Space Coast Credit Union, DeLand, Fl. | $173.00 |
| | |
| | |



(Continued on reverse side)

## PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2020 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

| NAME OF SOURCE OF INCOME EXCEEDING $1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|---|---|---|
| See Attachment | | |
| | | |

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|---|---|---|---|
| See Attachment | | | |
| | | | |

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---|---|---|
| NAME OF BUSINESS ENTITY | | | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

## PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

**STATE OF FLORIDA**
**COUNTY OF** VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 6th day of APRIL, 2021 by BEN F. JOHNSON.

Marja D. Kolomyski
(Signature of Notary Public--State of Florida)

MARJA D. KOLOMYSKI
(Print, Type, or Stamp Commissioned Name of Notary Public)

MARJA D. KOLOMYSKI
MY COMMISSION # GG 121024
EXPIRES: July 22, 2021
Bonded Thru Notary Public Underwriters

Personally Known X OR Produced Identification

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ Signature

_____ Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE** ☐

Ben F. Johnson

P.O. Box 220169

Glenwood, Fla. 32722

Form 6 Full and Public Disclosure of Financial Interests 2020

| Part B-Assets Continued | |
|---|---|
| 2020 GMC Yukon Denali | $70,000 |
| 2019 Chevrolet Colorado | 30,000 |
| 2002 GMC Sonoma | 6,500 |
| 2014 Jayco Travel Trailer | 13,500 |
| 2014 Airboat | 40,000 |
| 2020 Utility Trailer | 1,800 |
| 2917 Toyota Camry | 13,000 |
| 2020 Polaris Ranger | 20,000 |

| Stocks, Bonds and Holdings | |
|---|---|
| Ohio National Insurance | $153,327.00 |
| Ohio National Insurance | 55,560.00 |
| Fidelity Investments | 543,232.98 |
| Fidelity Investments | 603,021.53 |
| Surety Bank Stocks | 15,000.00 |

| Bank Accounts | |
|---|---|
| Mainstreet Bank Savings | $158,086.88 |
| Mainstreet Bank Checking | 10,950.05 |
| Mainstreet Bank Farmton Account | 9,835.58 |

[redacted] 03/15/2021 1:40 PM

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

**Filing Status** Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Ben F. | Johnson | [redacted] |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| [redacted] | Johnson | [redacted] |

Home address (number and street). If you have a P.O box, see instructions. PO Box 220169 — Apt. no.

City, town or post office. If you have a foreign address, also complete spaces below. Glenwood — State FL — ZIP code 32722-0169

Foreign country name — Foreign province/state/county — Foreign postal code

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☒ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here ☐ ▶ (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

Attach Sch.B if required.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 146,077 |
| 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | 276 |
| 3a | Qualified dividends | 3a | 9,117 b Ordinary dividends | 3b | 14,479 |
| 4a | IRA distributions | 4a | b Taxable amount | 4b | |
| 5a | Pensions and annuities | 5a | 151,091 b Taxable amount | 5b | 151,004 |
| 6a | Soc. sec. ben. | 6a | 32,364 b Taxable amount | 6b | 27,509 |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | | | 7 | 8,806 |
| 8 | Other income from Schedule 1, line 9 | | | 8 | -105 |
| 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶ | | | 9 | 348,046 |
| 10 | Adjustments to income: | | | | |
| a | From Schedule 1, line 22 | 10a | 0 | | |
| b | Charitable contributions if you take the standard deduction. See instructions | 10b | 300 | | |
| c | Add line 10a and 10b. These are your **total adjustments to income** | | | 10c | 300 |
| 11 | Subtract line 10c from line 9. This is your **adjusted gross income** ▶ | | | 11 | 347,746 |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | | | 12 | 26,100 |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | 25 |
| 14 | Add lines 12 and 13 | | | 14 | 26,125 |
| 15 | **Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 321,621 |

**Standard Deduction for –**
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

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Form 1040 (2020) Ben F. & [redacted] Johnson [redacted] Page 2

| | | | | |
|---|---|---|---|---|
| 16 | **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 ☐ 3 | | 16 | 63,735 |
| 17 | Amount from Schedule 2, line 3 | | 17 | |
| 18 | Add lines 16 and 17 | | 18 | 63,735 |
| 19 | Child tax credit or credit for other dependents | | 19 | |
| 20 | Amount from Schedule 3, line 7 | | 20 | 35 |
| 21 | Add lines 19 and 20 | | 21 | 35 |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | | 22 | 63,700 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | | 23 | 891 |
| 24 | Add lines 22 and 23. This is your **total tax** ▶ | | 24 | 64,591 |
| 25 | Federal income tax withheld from: | | | |
| a | Form(s) W-2 | 25a 43,506 | | |
| b | Form(s) 1099 | 25b 39,274 | | |
| c | Other forms (see instructions) | 25c | | |
| d | Add lines 25a through 25c | | 25d | 82,780 |
| 26 | 2020 estimated tax payments and amount applied from 2019 return. | | 26 | |
| 27 | Earned income credit (EIC) | 27 | | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | |
| 30 | Recovery rebate credit. See instructions | 30 0 | | |
| 31 | Amount from Schedule 3, line 13 | 31 | | |
| 32 | Add lines 27 through 31. These are your **total other payments and refundable credits** ▶ | | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your **total payments** ▶ | | 33 | 82,780 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

**Refund**

Direct deposit? See instructions

| | | | | |
|---|---|---|---|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | 34 | 18,189 |
| 35a | Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | | 35a | 18,189 |
| ▶b | Routing number [redacted] ▶c Type: ☐ Checking ☒ Savings | | | |
| ▶d | Account number [redacted] | | | |
| 36 | Amount of line 34 you want **applied to your 2021 estimated tax** ▶ | 36 | | |

**Amount You Owe**

For details on how to pay, see instructions.

| | | | | |
|---|---|---|---|---|
| 37 | Subtract line 33 from line 24. This is the **amount you owe now** ▶ | | 37 | |
| | **Note:** Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) ▶ | 38 | | |

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**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ Ronald J Cantlay | Phone no. ▶ 386-734-9441 | Personal identification number (PIN) ▶ [redacted]

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

| | | | |
|---|---|---|---|
| Your signature | Date | Your occupation: Retired | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation: Radio show host | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. | Email address

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
|---|---|---|---|---|
| Ronald J Cantlay | Ronald J Cantlay | 03/15/21 | ********* | ☐ Self-employed |

Firm's name ▶ Dreggors, Rigsby & Teal, P.A. | Phone no. 386-734-9441

Firm's address ▶ 1006 N Woodland Blvd, Deland FL 32720-2769 | Firm's EIN ▶ **-***3200

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

Form **1040** (2020)

DAA

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

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

▶ Attach to Form 1040,1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 01

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

Ben F. & [redacted] Johnson

Your social security number [redacted]

## Part I Additional Income

| | | | |
|---|---|---|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | 0 |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -105 |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -105 |

## Part II Adjustments to Income

| | | | |
|---|---|---|---|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

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**SCHEDULE 2**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Taxes

▶ Attach to Form 1040 or 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 02

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

Ben F. & [redacted] Johnson

Your social security number [redacted]

## Part I Tax

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

## Part II Other Taxes

| | | | |
|---|---|---|---|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a ☐ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) | 8 | 891 |
| 9 | Section 965 net tax liability installment from Form 965-A 9 | | |
| 10 | Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 891 |

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

**Schedule 2 (Form 1040) 2020**

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**SCHEDULE 3**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
**2020**
Attachment Sequence No. 03

Name(s) shown on Form 1040 ,1040-SR, or 1040-NR
Ben F. & [redacted] Johnson

Your social security number
*[redacted]

## Part I Nonrefundable Credits

| | | | |
|---|---|---|---|
| 1 | Foreign tax credit. Attached Form 1116 if required | 1 | 35 |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ | 6 | |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 35 |

## Part II Other Payments and Refundable Credits

| | | | | | |
|---|---|---|---|---|---|
| 8 | Net premium tax credit. Attach Form 8962 | | | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | | | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | | | 10 | |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | | | 11 | |
| 12 | Other payments or refundable credits: | | | | |
| | a Form 2439 | 12a | | | |
| | b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | | | |
| | c Health coverage tax credit from Form 8885 | 12c | | | |
| | d Other | 12d | | | |
| | e Deferral for certain Schedule H or SE filers (see instructions) | 12e | | | |
| | f Add lines 12a through 12e | | | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | | 13 | |

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

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Schedule 3 (Form 1040) 2020

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**SCHEDULE B** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Interest and Ordinary Dividends

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 08

Name(s) shown on return

Ben F. & [redacted] Johnson

Your social security number [redacted]

## Part I Interest

(See instructions and the instructions for Form 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | | Amount |
|---|---|---|---|
| 1 | List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶<br>Mainstreet Community Bank<br>National Financial Services LLC - [redacted] | 1 | 275<br>1 |
| 2 | Add the amounts on line 1 | 2 | 276 |
| 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶ | 4 | 276 |

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

## Part II Ordinary Dividends

(See instructions and the instructions for Form 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | | Amount |
|---|---|---|---|
| 5 | List name of payer ▶<br>National Financial Services LLC - Acct [redacted]<br>Surety Bank | 5 | 14,467<br>12 |
| 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶ | 6 | 14,479 |

**Note:** If line 6 is over $1,500, you must complete Part III.

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## Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

| | | Yes | No |
|---|---|---|---|
| 7a | At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions | | X |
| b | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements<br>If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ | | |
| 8 | During 2020 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions | | X |

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**SCHEDULE C** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 09

Name of proprietor: **Ben F. Johnson**

Social security number (SSN): ★[redacted]

A Principal business or profession, including product or service (see instructions): **Hunt Club**

B Enter code from instructions ▶ **114210**

C Business name. If no separate business name, leave blank. **Farmton Hunt Club**

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **PO Box 220169**

City, town or post office, state, and ZIP code **Glenwood FL 32722-0169**

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2020, check here ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? [X] Yes [ ] No

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ] | 1 | 405,138 |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 405,138 |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 405,138 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 ▶ | 7 | 405,138 |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | 1,605 | 18 | Office expense (see instructions) | 18 | 583 |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | 327,486 |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 39,919 | 21 | Repairs and maintenance | 21 | 1,017 |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | 11,525 | 23 | Taxes and licenses | 23 | 1,096 |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | 219 |
| b | Other | 16b | | b | Deductible meals (see instructions) | 24b | 526 |
| 17 | Legal and professional services | 17 | 905 | 25 | Utilities | 25 | 187 |
| | | | | 26 | Wages (less employment credits) | 26 | |
| | | | | 27a | Other expenses (from line 48) | 27a | 17,731 |
| | | | | b | **Reserved for future use** | 27b | |

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| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | 402,799 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 2,339 |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | 2,339 |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | 0 |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited. | 32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk. | |

Ben F. Johnson

Schedule C (Form 1040) 2020 Hunt Club [redacted]



**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

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44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

| | | | |
|---|---|---|---|
| 45 | Was your vehicle available for personal use during off-duty hours? | ☐ Yes | ☐ 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 V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

| | |
|---|---|
| Bank Charges | 5 |
| Cell Phone | 1,192 |
| Computer supply & Maint. | 258 |
| Dues & Subscribtions | 1,274 |
| Equipment expense | 1,829 |
| Fuel and Vehicle expense | 5,301 |
| Hunting dogs expenses | 3,729 |
| Hunting supplies | 3,241 |
| Postage | 482 |
| Promotional | 420 |

48 **Total other expenses.** Enter here and on line 27a 48 17,731

**SCHEDULE D**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 12

Name(s) shown on return
Ben F. & [redacted] Johnson

Your social security number
[redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 116,477 | 119,431 | 0 | -2,954 |
| 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions | 6 | ( ) |
| 7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | 7 | -2,954 |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 187,831 | 189,028 | 542 | -655 |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 21,021 | 9,296 | 0 | 11,725 |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |

| | | |
|---|---|---|
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | 11 | 105 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | 12 | |
| 13 Capital gain distributions. See the instructions | 13 | 585 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions | 14 | ( ) |
| 15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on the back | 15 | 11,760 |

## Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 8,806

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet ..... ▶ 18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the instructions), enter the amount, if any, from line 18 of that worksheet ..... ▶ 19

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

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21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: ..... 21 ( )

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

**Note:** When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074

**2020**

Attachment Sequence No. **12A**

Name(s) shown on return

Ben F. & [redacted] Johnson

Social security number or taxpayer identification number

[redacted]

*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.

- [X] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(C)** Short-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 *Column (e)* in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| National Financial Services LLC | Various | Various | 116,477 | 119,431 | | | -2,954 |
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| | | | | | | | |
| 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) ▶ | | | 116,477 | 119,431 | | 0 | -2,954 |

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**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.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

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

Ben F. & [redacted] Johnson [redacted]

*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.

- [X] **(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 *Column (e)* in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| National Financial Services LLC | Various | Various | 187,831 | 189,028 | W | 542 | -655 |
| | | | | | | | |
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| 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) ▶ | | | 187,831 | 189,028 | | 542 | -655 |

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**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.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

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

Ben F. & [redacted] Johnson [redacted]

*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 *Column (e)* in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| 13.000 sh AAPL Apple Inc | 09/21/10 | 02/20/20 | 4,166 | 527 | | | 3,639 |
| 76.000 sh XOM Exxon Mobil Corp | 06/24/02 | 03/02/20 | 3,969 | 3,058 | | | 911 |
| 125.000 sh ORCL Oracle Corp | 08/19/02 | 08/04/20 | 6,968 | 1,377 | | | 5,591 |
| 0.244 sh VTrs Viatris Inc. Cash in Lieu | 10/13/08 | 11/20/20 | 4 | 3 | | | 1 |
| 144.000 sh WFC Wells Fargo & Co | 01/27/12 | 03/02/20 | 5,914 | 4,331 | | | 1,583 |
| | | | | | | | |
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| | | | | | | | |
| 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) ▶ | | | 21,021 | 9,296 | | 0 | 11,725 |

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**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.

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**SCHEDULE E** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

**2020**

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

Ben F. & [redacted] Johnson [redacted]

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C.** See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

| | | | |
|---|---|---|---|
| A | Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions | Yes | [X] No |
| B | If "Yes," did you or will you file required Form(s) 1099? | Yes | No |

| | | | Fair Rental Days | Personal Use Days | QJV |
|---|---|---|---|---|---|
| 1a | Physical address of each property (street, city, state, ZIP code) | A | 366 | | |
| A | 2805 Grand Ave, Glenwood, FL 32722 | B | | | |
| B | | C | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | | | | |
| A | 1 | | | | |
| B | | | | | |
| C | | | | | |

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

**Type of Property:**

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| **Income:** | | **Properties:** A | B | C |
|---|---|---|---|---|
| 3 Rents received | 3 | 9,000 | | |
| 4 Royalties received | 4 | | | |
| **Expenses:** | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 771 | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | 878 | | |
| 10 Legal and other professional fees | 10 | 50 | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 1,706 | | |
| 15 Supplies | 15 | 3,183 | | |
| 16 Taxes | 16 | 1,406 | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | 25 | | |
| 19 Other (list) ▶ See Statement 1 | 19 | 6,378 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 14,397 | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** | 21 | -5,397 | | |
| 22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) | 22 | (3,122) | ( ) | ( ) |

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| | | |
|---|---|---|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 9,000 |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | |
| c Total of all amounts reported on line 12 for all properties | 23c | |
| d Total of all amounts reported on line 18 for all properties | 23d | 25 |
| e Total of all amounts reported on line 20 for all properties | 23e | 14,397 |

| | | |
|---|---|---|
| 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses | 24 | 0 |
| 25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (3,122) |
| 26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | -3,122 |

**For Paperwork Reduction Act Notice, see the separate instructions.**

DAA

Schedule E (Form 1040) 2020

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

Your social security number

Ben F. & [redacted] Johnson [redacted]

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

## Part II Income or Loss From Partnerships and S Corporations

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

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

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|---|---|---|---|---|---|---|
| A | Surety Bank | S | | [redacted] | X | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|---|---|---|---|---|
| | (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss allowed (see Schedule K-1) | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
| A | 0 | 3,017 | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| 29a Totals | | 3,017 | | | |
| b Totals | | | | | |

| | | |
|---|---|---|
| 30 | Add columns (h) and (k) of line 29a | 3,017 |
| 31 | Add columns (g), (i), and (j) of line 29b | ( 0 ) |
| 32 | **Total partnership and S corporation income or (loss).** Combine lines 30 and 31 | 3,017 |

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## Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|---|---|---|
| A | | |
| B | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | |
|---|---|---|---|---|
| | (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | | |
| B | | | | |
| 34a Totals | | | | |
| b Totals | | | | |

| | | |
|---|---|---|
| 35 | Add columns (d) and (f) of line 34a | |
| 36 | Add columns (c) and (e) of line 34b | ( ) |
| 37 | **Total estate and trust income or (loss).** Combine lines 35 and 36 | |

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

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|---|---|---|---|---|---|
| | | | | | |

| | | |
|---|---|---|
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | |

## Part V Summary

| | | |
|---|---|---|
| 40 | Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below | |
| 41 | **Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶ | -105 |
| 42 | **Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions | |
| 43 | **Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules | |

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Form **1116**

Department of the Treasury
Internal Revenue Service (99)

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

**2020**

Attachment Sequence No. **19**

Name

**Ben F. Johnson**

Identifying number as shown on page 1 of your tax return [redacted]

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

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

h Resident of (name of country) ▶ **US United States**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| | | Foreign Country or U.S. Possession A OC | B OC | C | | Total (Add cols. A, B, and C.) |
|---|---|---|---|---|---|---|
| i | Enter the name of the foreign country or U.S. possession ▶ | Various | Other Countries | | | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions) | | 691 | | 1a | 691 |
| b | Dividends & Interest<br>Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ ☐ | | | | | |
| | **Deductions and losses** (Caution: See instructions.): | | | | | |
| 2 | Expenses **definitely related** to the income on line 1a (attach statement) | | | | | |
| 3 | Pro rata share of other deductions **not definitely related:** | | | | | |
| a | Certain itemized deductions or standard | 26,100 | 26,100 | | | |
| b | deduction (see instructions) | | | | | |
| | Other deds. (attach stmt.) | 26,100 | 26,100 | | | |
| c | Add lines 3a and 3b | | 691 | | | |
| d | Gross foreign source income (see instructions) | 768,915 | 768,915 | | | |
| e | Gross income from all sources (see instructions) | | 0.0009 | | | |
| f | Divide line 3d by line 3e (see instructions) | | 23 | | | |
| g | Multiply line 3c by line 3f | | | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | | |
| b | Other interest expense | | | | | |
| 5 | Losses from foreign sources | | 23 | | 6 | 23 |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | | | | 7 | 668 |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶ | | | | | |

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## Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued | Foreign taxes paid or accrued — In foreign currency | | | | In U.S. dollars | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols (q) through (t)) |
| | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | | (q) Dividends | (r) Rents and royalties | (s) Interest | | |
| A | | | | | | | | | | |
| B | 1099 Tax | | | | | 35 | | | | 35 |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ | | | | | | | | 8 | 35 |

**For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2020)

DAA

Ben F. Johnson

Form 1116 (2020) [redacted]



## Part III Figuring the Credit

| | | | | |
|---|---|---|---|---|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 35 | |
| 10 | Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 35 | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | ( ) | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | | 14 35 |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) | 15 | 668 | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 668 | |
| 18 | **Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption | 18 | 321,621 | |
| | **Caution:** If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | | 19 0.0021 |
| 20 | **Individuals:** Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR,line 16 | | | 20 63,735 |
| | **Caution:** If you are completing line 20 for separate category **g** (lump-sum distributions), see instructions | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | | | 21 132 |
| 22 | Increase in limitation (section 960 (c)) | | | 22 |
| 23 | Add lines 21 and 22 | | | 23 132 |
| 24 | Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions) ▶ | | | 24 35 |

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

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

Form **4797**

Department of the Treasury
Internal Revenue Service

# Sales of Business Property
## (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

**2020**

Attachment Sequence No. **27**

Name(s) shown on return

Ben F. & [redacted] Johnson

Identifying number [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions ..... 1

## 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 or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|---|---|---|---|---|
| From K1 | | | | | | 105 |
| | | | | | | |

| | | | |
|---|---|---|---|
| 3 | Gain, if any, from Form 4684, line 39 | 3 | |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| 6 | Gain, if any, from line 32, from other than casualty or theft | 6 | |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | 105 |
| | **Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | |
| | **Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | 8 | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | 9 | |

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## Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 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 | 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 | |
| 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. | | |
| a | 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 | |

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2020)

There are no amounts for Page 2

DAA

Form **8889**

Department of the Treasury
Internal Revenue Service

# Health Savings Accounts (HSAs)

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

▶ Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment Sequence No. **52**

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

[redacted] Johnson
Ben F. Johnson

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ [redacted]

***Before you begin:*** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

## Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|---|---|---|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶ | ☐ Self-only ☐ Family | |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers See instructions | 2 | |
| 3 | If you were under age 55 at the end of 2020, and on the first day of **every** month during 2020, you were, or were considered, an eligible individual with the **same** coverage, enter $3,550 ($7,100 for family coverage). **All others,** see the instructions for the amount to enter | 3 | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount (see instructions) | 7 | |
| 8 | Add lines 6 and 7 | 8 | |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | |
| 13 | **HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 **Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions). | 13 | |

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

| | | | |
|---|---|---|---|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | 14a | 200 |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | |
| c | Subtract line 14b from line 14a | 14c | 200 |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 200 |
| 16 | **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | 0 |
| 17a | If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐ | | |
| b | **Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | |

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

| | | | |
|---|---|---|---|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | **Total income.** Add lines 18 and 19. include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | **Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the next to the box | 21 | |

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Form **8995**

Department of the Treasury
Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.

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

OMB No. 1545-2294

**2020**

Attachment Sequence No. **55**

Name(s) shown on return

Ben F. & [redacted] Johnson

Your taxpayer identification number

[redacted]2

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

*Use this form if your taxable income, before your qualified business income deduction, is at or below $163,300 ($326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.*

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|---|---|---|---|
| i | Surety Bank | [redacted] | 3,017 |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | 3,017 | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | ( 6,216 ) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 0 | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 124 | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | ( ) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 124 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 | 25 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 | 25 |
| 11 | Taxable income before qualified business income deduction | 11 | 321,646 | | |
| 12 | Net capital gain (see instructions) | 12 | 17,923 | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 303,723 | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 60,745 |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶ | | | 15 | 25 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 | ( 3,199 ) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 | ( 0 ) |

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Form **8960**

Department of the Treasury
Internal Revenue Service (99)

# Net Investment Income Tax—Individuals, Estates, and Trusts

▶ Attach to your tax return.

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

OMB No. 1545-2227

**2020**

Attachment Sequence No. 72

Name(s) shown on your tax return

Ben F. & [redacted] Johnson

Your social security number or EIN

[redacted]

## Part I Investment Income

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable interest (see instructions) | | | 1 | 276 |
| 2 | Ordinary dividends (see instructions) | | | 2 | 14,479 |
| 3 | Annuities (see instructions) | | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | -105 | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | | |
| c | Combine lines 4a and 4b | | | 4c | -105 |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | 8,806 | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | | |
| d | Combine lines 5a through 5c | | | 5d | 8,806 |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | 23,456 |

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

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

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## Part III Tax Computation

| | | | | | |
|---|---|---|---|---|---|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | | 12 | 23,456 |
| | **Individuals:** | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 347,746 | | |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000 | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 97,746 | | |
| 16 | Enter the smaller of line 12 or line 15 | | | 16 | 23,456 |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions) | | | 17 | 891 |
| | **Estates and Trusts:** | | | | |
| 18a | Net investment income (line 12 above) | 18a | | | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | | |
| c | Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- | 18c | | | |
| 19a | Adjusted gross income (see instructions) | 19a | | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | | |
| 20 | Enter the smaller of line 18c or line 19c | | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions) | | | 21 | |

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Form **8829**

Department of the Treasury
Internal Revenue Service (99)

# Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to *www.irs.gov/Form8829* for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment Sequence No. 176

Name(s) of proprietor(s)

Ben F. Johnson

Your social security number [redacted]

## Part I Part of Your Home Used for Business

| | | | |
|---|---|---|---|
| 1 | Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) | 1 | 864 |
| 2 | Total area of home | 2 | 2592 |
| 3 | Divide line 1 by line 2. Enter the result as a percentage | 3 | 33.33% |

**For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.**

| | | | | |
|---|---|---|---|---|
| 4 | Multiply days used for daycare during year by hours used per day | 4 | hr. | |
| 5 | If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784 | 5 | hr. | |
| 6 | Divide line 4 by line 5. Enter the result as a decimal amount | 6 | | |
| 7 | Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶ | 7 | | 33.33% |

## Part II Figure Your Allowable Deduction

| | | | | | |
|---|---|---|---|---|---|
| 8 | Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions. | | | 8 | 2,339 |
| | **See instructions for columns (a) and (b) before completing lines 9-22.** | (a) Direct expenses | (b) Indirect expenses | | |
| 9 | Casualty losses (see instructions) | 9 | | | |
| 10 | Deductible mortgage interest (see instructions) | 10 | | | |
| 11 | Real estate taxes (see instructions) | 11 | | | |
| 12 | Add lines 9, 10, and 11 | 12 | | | |
| 13 | Multiply line 12, column (b), by line 7 | | 13 | | |
| 14 | Add line 12, column (a), and line 13 | | | 14 | |
| 15 | Subtract line 14 from line 8. If zero or less, enter -0- | | | 15 | 2,339 |
| 16 | Excess mortgage interest (see instructions) | 16 | | | |
| 17 | Excess real estate taxes (see instructions) | 17 | 2,648 | | |
| 18 | Insurance | 18 | | | |
| 19 | Rent | 19 | | | |
| 20 | Repairs and maintenance | 20 | | | |
| 21 | Utilities | 21 | | | |
| 22 | Other expenses (see instructions) | 22 | | | |
| 23 | Add lines 16 through 22 | 23 | 2,648 | | |
| 24 | Multiply line 23, column (b), by line 7 | | 24 | 883 | |
| 25 | Carryover of prior year operating expenses (see instructions) | | 25 | 1,869 | |
| 26 | Add line 23, column (a), line 24, and line 25 | | | 26 | 2,752 |
| 27 | Allowable operating expenses. Enter the **smaller** of line 15 or line 26 | | | 27 | 2,339 |
| 28 | Limit on excess casualty losses and depreciation. Subtract line 27 from line 15 | | | 28 | 0 |
| 29 | Excess casualty losses (see instructions) | | 29 | | |
| 30 | Depreciation of your home from line 42 below | | 30 | 1,196 | |
| 31 | Carryover of prior year excess casualty losses and depreciation (see instructions) | | 31 | 1,197 | |
| 32 | Add lines 29 through 31 | | | 32 | 2,393 |
| 33 | Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32 | | | 33 | 0 |
| 34 | Add lines 14, 27, and 33 | | | 34 | 2,339 |
| 35 | Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions | | | 35 | |
| 36 | **Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ▶ | | | 36 | 2,339 |

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## Part III Depreciation of Your Home

| | | | |
|---|---|---|---|
| 37 | Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions | 37 | 140,000 |
| 38 | Value of land included on line 37 | 38 | |
| 39 | Basis of building. Subtract line 38 from line 37 | 39 | 140,000 |
| 40 | Business basis of building. Multiply line 39 by line 7 | 40 | 46,662 |
| 41 | Depreciation percentage (see instructions) | 41 | 2.5640% |
| 42 | Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above | 42 | 1,196 |

## Part IV Carryover of Unallowed Expenses to 2021

| | | | |
|---|---|---|---|
| 43 | Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0- | 43 | 413 |
| 44 | Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0- | 44 | 2,393 |

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

DAA

Form **8829** (2020)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return

Ben F. & [redacted] Johnson

Identifying number [redacted]

Business or activity to which this form relates

Hunt Club

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 1,040,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,590,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 39,720 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

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## Part III MACRS Depreciation (Don't include listed property. See instructions.)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | 122 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

### Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only–see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs. | | S/L | |
| c | 30-year | | | 30 yrs. | MM | S/L | |
| d | 40-year | | | 40 yrs. | MM | S/L | |

## Part IV Summary (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | 77 |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 39,919 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| Computer | 05/30/16 | 100.00 % | 1,337 | 668 | 5.0 | 200DBHY | 77 | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L- | | |
| | | % | | | | S/L- | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | 77 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | 29 | | |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (**don't** include commuting miles) | | | | | | | | | | | | |
| 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 use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions | | |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2020 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2020 tax year | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | |

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

# Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

**2020**

Attachment Sequence No. **858**

Name(s) shown on return

Identifying number

Ben F. & [redacted] Johnson [redacted]

## Part I 2020 Passive Activity Loss

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

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

| | | | | |
|---|---|---|---|---|
| 1a | Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | | |
| b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | ( 5,397 ) | |
| c | Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | ( 55,972 ) | |
| d | Combine lines 1a, 1b, and 1c | | | 1d -61,369 |

**Commercial Revitalization Deductions From Rental Real Estate Activities**

| | | | | |
|---|---|---|---|---|
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) | 2a | ( ) | |
| b | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | ( ) | |
| c | Add lines 2a and 2b | | | 2c ( ) |

**All Other Passive Activities**

| | | | | |
|---|---|---|---|---|
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 3,122 | |
| b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | ( ) | |
| c | Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | ( ) | |
| d | Combine lines 3a, 3b, and 3c | | | 3d 3,122 |

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4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . 4 -58,247

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

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

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

| | | | | |
|---|---|---|---|---|
| 5 | Enter the **smaller** of the loss on line 1d or the loss on line 4 | | | 5 58,247 |
| 6 | Enter $150,000. If married filing separately, see instructions | 6 | 150,000 | |
| 7 | Enter modified adjusted gross income, but not less than zero. See instructions | 7 | 320,237 | |
| | **Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | |
| 8 | Subtract line 7 from line 6 | 8 | | |
| 9 | Multiply line 8 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions | | | 9 |
| 10 | Enter the **smaller** of line 5 or line 9 | | | 10 0 |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

## Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

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

| | | | |
|---|---|---|---|
| 11 | Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

## Part IV Total Losses Allowed

| | | | |
|---|---|---|---|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | 3,122 |
| 16 | **Total losses allowed from all passive activities for 2020.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | 3,122 |

Ben F. & [redacted] Johnson [redacted]

Form 8582 (2020) 

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

| Name of activity | Current year (a) Net income (line 1a) | Current year (b) Net loss (line 1b) | Prior years (c) Unallowed loss (line 1c) | Overall gain or loss (d) Gain | Overall gain or loss (e) Loss |
|---|---|---|---|---|---|
| Residental Rental - 2805 Grand Ave | | 5,397 | 55,972 | | 61,369 |
| | | | | | |
| | | | | | |
| **Total.** Enter on Form 8582, lines 1a, 1b, and 1c ▶ | | 5,397 | 55,972 | | |

**Worksheet 2—For Form 8582, Lines 2a and 2b** (see instructions)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| **Total.** Enter on Form 8582, lines 2a and 2b ▶ | | | |

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (see instructions)

| Name of activity | Current year (a) Net income (line 3a) | Current year (b) Net loss (line 3b) | Prior years (c) Unallowed loss (line 3c) | Overall gain or loss (d) Gain | Overall gain or loss (e) Loss |
|---|---|---|---|---|---|
| Surety Bank | 3,122 | | | 3,122 | |
| | | | | | |
| | | | | | |
| **Total.** Enter on Form 8582, lines 3a, 3b, and 3c ▶ | 3,122 | | | | |

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**Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14.** See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| **Total** ▶ | | | 1.00 | | |

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|---|---|---|---|
| Residental Rental - 2805 Grand Ave | Sch E1 | 61,369 | 1.0000 | 58,247 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** ▶ | | 61,369 | 1.00 | 58,247 |

Ben F. & [redacted] Johnson [redacted]

Form 8582 (2020) 

**Worksheet 6—Allowed Losses** (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|---|---|---|---|
| Residental Rental - 2805 Grand Ave | Sch E1 | 61,369 | 58,247 | 3,122 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | 61,369 | 58,247 | 3,122 |

**Worksheet 7 — Activities With Losses Reported on Two or More Forms or Schedules** (see instructions)

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

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Form **1040** | **Tax Return Reconciliation Worksheet** | **2020**

**Filing Status:** ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name: *Qualifying person that is a child but not a dependent:

| Taxpayer first name and initial | Last name | Taxpayer social security number |
|---|---|---|
| Ben F. | Johnson | [redacted] |
| If a joint return, spouse's first name and initial [redacted] | Last name Johnson | Spouse's social security number [redacted] |

Home address (number and street). If you have a P.O. box, see instructions. PO Box 220169 | Apt. no. | Presidential Election Campaign — Taxpayer ☐ Spouse

City, town or post office, state, and ZIP code. Glenwood FL 32722-0169

Foreign country name | Foreign province/state/county | Foreign postal code ☐

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? Yes ☐ No ☒ X

6a ☒ X **Taxpayer.** If someone can claim you as a dependent, **do not** check box 6a

b ☒ X **Spouse**

| | |
|---|---|
| Boxes checked on 6a and 6b | 2 |
| Children on 6c who lived with you | |
| Children on 6c who did not live with you | |
| Dependents on 6c not entered above | |
| Total. Add lines above | 2 |

**6c Dependents:**

| (1) First name / Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for: Child tax credit | Other dependents | If more than four dependents, ✓ here |
|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |

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| | | | | | | |
|---|---|---|---|---|---|---|
| **Income** (Schedule 1) | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 7 | 146,077 |
| | 8a | **Taxable** interest. Attach Schedule B if required | | | 8a | 276 |
| | b | **Tax-exempt** interest. **Do not** include on line 8a | 8b | | | |
| | 9a | Ordinary dividends. Attach Schedule B if required | | | 9a | 14,479 |
| | b | Qualified dividends | 9b | 9,117 | | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | | | 10 | |
| | 11 | Alimony received | | | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | | | 12 | 0 |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | | | 13 | 8,806 |
| | 14 | Other gains or (losses). Attach Form 4797 | | | 14 | |
| | 15a | IRA distributions | 15a | | b Taxable amount | 15b |
| | 16a | Pensions and annuities | 16a | 151,091 | b Taxable amount | 16b 151,004 |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 17 | -105 |
| | 18 | Farm income or (loss). Attach Schedule F | | | 18 | |
| | 19 | Unemployment compensation | | | 19 | |
| | 20a | Social security benefits | 20a | 32,364 | b Taxable amount | 20b 27,509 |
| | 21 | Other income. List type and amount | | | 21 | |
| | 22 | Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | | | 22 | 348,046 |
| **Adjusted Gross Income** (Schedule 1) | 23 | Educator expenses | 23 | | | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | | | |
| | 26 | Moving expenses. Attach Form 3903 | 26 | | | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | | | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | | | |
| | 29 | Self-employed health insurance deduction | 29 | | | |
| | 30 | Penalty on early withdrawal of savings | 30 | | | |
| | 31a | Alimony paid b Recipient's SSN ▶ | 31a | | | |
| | 32 | IRA deduction | 32 | | | |
| | 33 | Student loan interest deduction | 33 | | | |
| | 34 | Tuition and fees. Attach Form 8917 | 34 | | | |
| | 35 | Charitable contributions if you take the standard deduction | 35 | 300 | | |
| | 36 | Add lines 23 through 35 | | | 36 | 300 |
| | 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | | | 37 | 347,746 |

Form **1040** | **Tax Return Reconciliation Worksheet, Page 2** | **2020**

Name Ben F. & [redacted] Johnson | Tp TIN [redacted]

| | | | | | |
|---|---|---|---|---|---|
| | 38 | Amount from line 37 (adjusted gross income) | | 38 | 347,746 |
| **Tax and Credits** (Schedules 2, 3) | 39a | Check if: [X] **You** were born before January 2,1956, [ ] Blind. [ ] **Spouse** was born before January 2,1956, [ ] Blind. } **Total boxes checked** ▶ | 39a | 1 | |
| | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ | 39b | [ ] | |
| **Standard Deduction for—** • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $12,400 Married filing jointly or Qualifying widow(er), $24,800 Head of household, $18,650 | 40 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | | 40 | 26,100 |
| | 41 | Subtract line 40 from line 38 | | 41 | 321,646 |
| | 42 | Qualified business income deduction (see instructions) | | 42 | 25 |
| | 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | | 43 | 321,621 |
| | 44 | **Tax** (see instr.). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] | | 44 | 63,735 |
| | 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | | 45 | |
| | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | | 46 | |
| | 47 | Add lines 44, 45, and 46 ▶ | | 47 | 63,735 |
| | 48 | Foreign tax credit. Attach Form 1116 if required | 35 | | |
| | 49 | Credit for child and dependent care expenses. Attach Form 2441 | | | |
| | 50 | Education credits from Form 8863, line 19 | | | |
| | 51 | Retirement savings contributions credit. Attach Form 8880 | | | |
| | 52 | Child tax credit/credit for other dependents | | | |
| | 53 | Residential energy credits. Attach Form 5695 | | | |
| | 54 | Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] | | | |
| | 55 | Add lines 48 through 54. These are your **total credits** | | 55 | 35 |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ | | 56 | 63,700 |
| **Other Taxes** (Schedule 2) | 57 | Self-employment tax. Attach Schedule SE | | 57 | |
| | 58 | Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 | | 58 | |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | 59 | |
| | 60a | Household employment taxes from Schedule H | | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | | 60b | |
| | 61 | Taxes from: a [ ] Form 8959 b [X] Form 8960 c [ ] Instructions; enter code(s) | | 61 | 891 |
| [ ] | 62 | Section 965 net tax liability installment from Form 965-A | | 62 | |
| | 63 | Add lines 56 through 61. This is your **total tax** ▶ | | 63 | 64,591 |
| **Payments** (Schedule 3) | 64 | Federal income tax withheld from: | | 64 | |
| | a | Form(s) W-2 | 43,506 | | |
| | b | Form(s) 1099 | 39,274 | | |
| | c | Other forms | | | |
| | 65 | 2020 estimated tax payments and amount applied from 2019 return | | | |
| | 66a | **Earned income credit (EIC)** | | | |
| | b | Nontaxable combat pay election 66b | | | |
| | 67 | Additional child tax credit. Attach Schedule 8812 | | | |
| | 68 | American opportunity credit from Form 8863, line 8 | | | |
| | 69 | Recovery rebate credit | 0 | | |
| | 70 | Net premium tax credit. Attach Form 8962 | | | |
| | 71 | Amount paid with request for extension to file | | | |
| | 72 | Excess social security and tier 1 RRTA tax withheld | | | |
| | 73 | Credit for federal tax on fuels. Attach Form 4136 | | | |
| | 74 | Credits: Form 2439 ____ 8885 ____ Sch H & Form 7202 ____ Sch H & SE Filers ____ Other ____ | | | |
| | 75 | Add lines 64 (a-c), 65, 66a, 67 through 74. These are your **total payments** ▶ | | 75 | 82,780 |
| **Refund** | 76 | If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid** | | 76 | 18,189 |
| | 77a | Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ] | | 77a | 18,189 |
| | ▶ b | Routing number [redacted] ▶ c Type: [ ] Checking [X] Savings | | | |
| | ▶ d | Account number [redacted] | | | |
| | 78 | Amount of line 76 you want **applied to your** 2021 estimated tax ▶ 78 | | | |
| **Amount You Owe** | 79 | **Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions ▶ | | 79 | |
| | 80 | Estimated tax penalty (see instructions) 80 | | | |

**Int/Pen** Date filed | Int | Fail to file | Fail to pay | Total

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No** Personal identification no. (PIN) ▶ [redacted]
Designee's Name ▶ Ronald J Cantlay Phone no. ▶ 386-734-9441

**Other Info** Taxpayer Daytime phone number | Taxpayer: Occupation Retired | IRS Identity Protection PIN
Spouse: Occupation Radio show host | IRS Identity Protection PIN
[ ] Taxpayer [ ] Spouse Email address

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# Federal Statements

## Residental Rental - 2805 Grand Ave

### Statement 1 - Schedule E, Line 19 - Other Expenses

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| Roof | $ 5,500 | | $ 5,500 |
| Refrigerator | 878 | | 878 |
| Total | $ 6,378 | | $ 6,378 |

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Form **1040** | **Shareholder's Basis Worksheet Page 1** | **2020**

Name: Ben F. Johnson

Taxpayer Identification Number: [redacted]

Name of Entity: Surety Bank

EIN: [redacted]

Passive Activity Type: Other Passive

K1 Unit: 2

## Shareholder Stock Basis

| | | | |
|---|---|---|---|
| 1. | Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero | | 9,929 |
| | **Increases to stock basis** | | |
| 2. | Capital contributions | | |
| 3. | Ordinary business income | 3,017 | |
| 4. | Net rental real estate income | | |
| 5. | Other net rental income | | |
| 6. | Interest, dividends and royalties | 12 | |
| 7. | Net capital gains | | |
| 8. | Net section 1231 gain and ordinary business gain | 105 | |
| 9. | Tax-exempt interest and other tax-exempt income | | |
| 10. | Other income | | |
| 11. | Excess of deductions for depletion over basis of property (other than oil and gas) | | |
| 12. | Other increases to stock basis | | |
| 13. | Total increases to stock basis. Combine lines 2 through 12 | | 3,134 |
| 14. | **Stock basis before distributions and items of loss or deductions.** Add line 1 and line 13 and enter the result here | | 13,063 |
| | **Decreases to stock basis** | | |
| 15. | Distributions allowed | | 1,870 |
| 16. | **Stock basis after distributions and before items of loss or deductions.** Subtract line 15 from line 14. If zero or less, enter - 0 - | | 11,193 |
| 17. | Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2) | 3 | |
| 18. | Other decreases to stock basis | | |
| 19. | Amount used to restore loan basis | | |
| 20. | Total decreases (other than distributions) to stock basis. Combine lines 17 through 19 | | 3 |
| 21. | **Stock basis at the end of year.** (Subtract line 20 from line 16) Per IRC 1367(a)(2) do not enter an amount below zero | | 11,190 |

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## Shareholder Loan Basis

| | | | |
|---|---|---|---|
| 22. | Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero | | |
| 23. | Loans to corporation | | |
| 24. | Loan basis restored from line 19 above | | |
| 25. | Other increases to loan basis | | |
| 26. | Loan repayments from line 40 | | |
| 27. | **Loan basis before losses and deductions.** Combine lines 22 through 26 | | 0 |
| 28. | Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2) | | |
| 29. | Other decreases to loan basis | | |
| 30. | Total decreases to loan basis. Add lines 28 and 29 | | 0 |
| 31. | **Loan basis at the end of year** (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero | | 0 |
| 32. | **Stock and loan basis at the end of the year** (Add lines 21 and line 31) | | 11,190 |

## Gain Recognized on Excess Distributions

| | | | |
|---|---|---|---|
| 33. | Property distributions reported in Box 16, Code D, Schedule K-1 (1120S) | | 1,870 |
| 34. | Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18. | | 13,063 |
| 35. | **Total gain recognized on excess distributions.** (Subtract line 34 from line 33) | | 0 |

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____

## Gain Recognized on Repayment of Shareholder Loan

| | | | |
|---|---|---|---|
| 36. | Loan basis at beginning of tax year | | |
| 37. | Basis restored - amount used in prior years to offset losses | | |
| 38. | Loan basis before loan repayment. Add line 36 and line 37 | | |
| 39. | Face amount of shareholder loan at beginning of tax year | | |
| 40. | Loan repayments to shareholder during tax year | | |
| 41. | Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40 | | |
| 42. | **Gain recognized on repayment of shareholder loan** (Subtract line 41 from line 40) | | |

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____
- Ordinary income on Schedule E page 2 _____

Form **1040** | **Shareholder's Basis Worksheet Page 2** | **2020**

Name Ben F. Johnson | Id No. **[redacted]

Entity Name Surety Bank | EIN **-***0845 | Passive Activity Type Other Passive | K1 Unit 2

Basis reduced by nondeductible items before loss and deduction items

## Loss Allocated to Shareholder Stock and Loan Basis

| | Suspended Losses | Current Year Loss | Total Loss | Percent | Allowed Stock Loss | Disallowed Stock Loss | Percent | Allowed Loan Loss | Disallowed Loss Carryforward | Total Allowed Loss |
|---|---|---|---|---|---|---|---|---|---|---|
| Nondeductible noncapital exp & oil/gas depletion deduction: | | 3 | 3 | 1.0000 | 3 | | | | | 3 |
| Losses and deductions: | | | | | | | | | | |
| Ordinary business loss | | | | | | | | | | |
| Net rental real estate loss | | | | | | | | | | |
| Other net rental loss | | | | | | | | | | |
| Short-term capital loss | | | | | | | | | | |
| Long-term capital loss | | | | | | | | | | |
| 28% capital loss | | | | | | | | | | |
| Section 1231 loss | | | | | | | | | | |
| 4797 - Ordinary loss | | | | | | | | | | |
| Other portfolio loss | | | | | | | | | | |
| 1256 contracts and straddles | | | | | | | | | | |
| Other losses - Schedule E | | | | | | | | | | |
| Other losses - 1040 Sch 1 | | | | | | | | | | |
| Section 179 expense | | | | | | | | | | |
| Cash contributions | | | | | | | | | | |
| Cash contributions (30%) | | | | | | | | | | |
| Noncash contributions (50%) | | | | | | | | | | |
| Noncash contributions (30%) | | | | | | | | | | |
| Cap gain prop 50% org (30%) | | | | | | | | | | |
| Cap gain prop (20%) | | | | | | | | | | |
| Portfolio deductions (other) | | | | | | | | | | |
| Investment interest expense | | | | | | | | | | |
| Depletion | | | | | | | | | | |
| Deductions-royalty income | | | | | | | | | | |
| Section 59(e)(2) expenditures | | | | | | | | | | |
| Preproductive period exp. | | | | | | | | | | |
| Reforestation expense ded. | | | | | | | | | | |
| Other deductions | | | | | | | | | | |
| Foreign taxes | | | | | | | | | | |
| Total losses and deductions | | | | 1.0000 | | | | | | |
| Total nonded and deductible items | | 3 | 3 | | 3 | | | | | 3 |

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Form **1040** | **Broker Reconciliation Worksheet** | **2020**

Name(s) of Account holder
**Ben F. Johnson**

Taxpayer identification number
[redacted]

**Payer's name**
**National Financial Services LLC**

**Account number**
[redacted]25

| Form/Schedule/Worksheet | Form/Sch Line No. | Form 1099 Name | Form 1099 Box No(s) | Amount |
|---|---|---|---|---|
| **Schedule B** | | | | |
| Part I - Interest | 1 | 1099-INT | 1, 3, 10 | 1 |
| Part II - Ordinary Dividends | 5 | 1099-DIV | 1a | 14,467 |
| Nondividend distributions | | 1099-DIV | 3 | |
| **Schedule D** | | | | |
| Short-term 1099B transactions with no adjustments, basis reported to IRS | 1a | 1099-B | | |
| Long-term 1099B transactions with no adjustments, basis reported to IRS | 8a | 1099-B | | |
| Part II - Capital gain distributions | 13 | 1099-DIV | 2a | 585 |
| 28% Rate Capital Gain Worksheet (Schedule D, line 18) | 1, 4 | 1099-DIV, B | 2d, 3 | |
| Unrecaptured Section 1250 Gain Worksheet (Schedule D, line 19) | 11 | 1099-DIV | 2b | |
| **Schedule A** | | | | |
| State and local income taxes withheld | 5a | 1099 ALL | 17, 15, 16 | |
| Foreign tax deduction | 6 | 1099-INT, DIV | 6, 7 | |
| **Form 1040** | | | | |
| Tax-exempt interest | 2a | 1099-INT | 8 | |
| Tax-exempt interest dividends | 2a | 1099-DIV | 11 | |
| Qualified dividends | 3a | 1099-DIV | 1b | 9,117 |
| Penalty on early withdrawal of savings (Schedule 1) | 17 | 1099-INT | 2 | |
| Foreign tax credit (Credit claimed without filing Form 1116) (Schedule 3) | 1 | 1099-INT, DIV | 6, 7 | |
| Federal income tax withheld | 25b | 1099 ALL | 4 | |
| Section 199A dividends | 13 | 1099-DIV | 5 | 124 |
| **Form 1116** | | | | |
| Part II Foreign taxes paid or accrued | 8 | 1099-INT, DIV | 6, 7 | 35 |
| **Form 6251** | | | | |
| Interest from specified private activity bonds exempt from regular tax | 2g | 1099-INT | 9 | |
| Interest dividends from specified private activity bonds exempt from regular tax | 2g | 1099-DIV | 12 | |
| **Form 8949** | | | | |
| **Basis reported to IRS** | | | | |
| Short-term - 8949 Box A | 1 | 1099-B | | -2,954 |
| Short-term - 8949 Box A (column g) - Wash sale loss disallowed * | 1 | 1099-B | | |
| Long-term - 8949 Box D | 1 | 1099-B | | -655 |
| Long-term - 8949 Box D (column g) - Wash sale loss disallowed * | 1 | 1099-B | | -542 |
| **Basis not reported to IRS** | | | | |
| Short-term - 8949 Box B | 1 | 1099-B | | |
| Short-term - 8949 Box B (column g) - Wash sale loss disallowed * | 1 | 1099-B | | |
| Long-term - 8949 Box E | 1 | 1099-B | | 11,725 |
| Long-term - 8949 Box E (column g) - Wash sale loss disallowed * | 1 | 1099-B | | |
| **Not reported on Form 1099-B** | | | | |
| Short-term - 8949 Box C | 1 | 1099-B | | |
| Short-term - 8949 Box C (column g) - Wash sale loss disallowed * | 1 | 1099-B | | |
| Long-term - 8949 Box F | 1 | 1099-B | | |
| Long-term - 8949 Box F (column g) - Wash sale loss disallowed * | 1 | 1099-B | | |
| Long-term - 8949 Box F - Section 1202 gain exclusion adjustment | 1 | 1099-DIV | 2c | |
| **Form 6781** | | | | |
| Net section 1256 contracts loss election | 1 | 1099-B | 11 | |
| Part I - Section 1256 Contracts Marked to Market | 4 | | | |
| Form 1099-B adjustments | 6 | | | |
| Net section 1256 contracts loss carry back | | | | |
| **Form 4952** | | | | |
| Investment interest expenses - margin interest | 1 | | | |

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* Form 8949 column (g), amount of adjustment, is reported as wash sale loss disallowed for any transaction with a "W" in column (f) Code(s) from instructions. Therefore, transactions with multiple codes in column (f), may not reflect the true disallowed wash sale loss.

Form **1040**

# Broker Capital Transactions Detail Summary Report

**2020**

Name(s) shown on return: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

| | Broker Account Name | Account No. | T/S/J |
|---|---|---|---|
| A | National Financial Services LLC | [redacted]25 | T |
| B | | | |
| C | | | |
| D | | | |
| E | | | |

| | Column A | Column B | Column C | Column D | Column E | Total Col A - E* |
|---|---|---|---|---|---|---|
| **Basis reported to the IRS** | | | | | | |
| Short-term - Sch D line 1a | | | | | | |
| Proceeds + | | | | | | |
| Basis - | | | | | | 0 |
| Gain/-Loss = | | | | | | |
| Long-term - Sch D line 8a | | | | | | |
| Proceeds + | | | | | | |
| Basis - | | | | | | 0 |
| Gain/-Loss = | | | | | | |
| Short-term - 8949 Box A / Sch D line 1b | | | | | | |
| Proceeds + | 116,477 | | | | | 116,477 |
| Basis - | 119,431 | | | | | 119,431 |
| Adjustment + | | | | | | |
| Gain/-Loss = | -2,954 | | | | | -2,954 |
| Long-term - 8949 Box D / Sch D line 8b | | | | | | |
| Proceeds + | 187,831 | | | | | 187,831 |
| Basis - | 189,028 | | | | | 189,028 |
| Adjustment + | 542 | | | | | 542 |
| Gain/-Loss = | -655 | | | | | -655 |
| **Basis not reported to the IRS** | | | | | | |
| Short-term - 8949 Box B / Sch D line 2 | | | | | | |
| Proceeds + | | | | | | |
| Basis - | | | | | | |
| Adjustment + | | | | | | 0 |
| Gain/-Loss = | | | | | | |
| Long-term - 8949 Box E / Sch D line 9 | | | | | | |
| Proceeds + | 21,021 | | | | | 21,021 |
| Basis - | 9,296 | | | | | 9,296 |
| Adjustment + | | | | | | |
| Gain/-Loss = | 11,725 | | | | | 11,725 |
| **Not reported on 1099B/Substitute statement** | | | | | | |
| Short-term - 8949 Box C / Sch D line 3 | | | | | | |
| Proceeds + | | | | | | |
| Basis - | | | | | | |
| Adjustment + | | | | | | 0 |
| Gain/-Loss = | | | | | | |
| Long-term - 8949 Box F / Sch D line 10 | | | | | | |
| Proceeds + | | | | | | |
| Basis - | | | | | | |
| Adjustment + | | | | | | 0 |
| Gain/-Loss = | | | | | | |
| **Account Total** | | | | | | |
| Proceeds + | 325,329 | | | | | 325,329 |
| Basis - | 317,755 | | | | | 317,755 |
| Adjustment + | 542 | | | | | 542 |
| Gain/-Loss = | 8,116 | | | | | 8,116 |

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*Total column completed on last unit

Form **1040** | **Qualified Dividends and Capital Gain Tax Worksheet** | **2020**

Name | Taxpayer Identification Number

**Ben F. & [redacted] Johnson** | [redacted]

| | | | |
|---|---|---|---|
| 1. | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. 321,621 | |
| 2. | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a* | 2. 9,117 | |
| 3. | Are you filing Schedule D?*<br>☒ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-<br>☐ **No.** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7 | 3. 8,806 | |
| 4. | Add lines 2 and 3 | 4. 17,923 | |
| 5. | Subtract line 4 from line 1. If zero or less, enter -0- | 5. 303,698 | |
| 6. | Enter:<br>$40,000 if single or married filing separately,<br>$80,000 if married filing jointly or qualifying widow(er),<br>$53,600 if head of household. | 6. 80,000 | |
| 7. | Enter the smaller of line 1 or line 6 | 7. 80,000 | |
| 8. | Enter the smaller of line 5 or line 7 | 8. 80,000 | |
| 9. | Subtract line 8 from line 7. This amount is taxed at 0% | 9. 0 | |
| 10. | Enter the smaller of line 1 or line 4 | 10. 17,923 | |
| 11. | Enter the amount from line 9 | 11. 0 | |
| 12. | Subtract line 11 from line 10 | 12. 17,923 | |
| 13. | Enter:<br>$441,450 if single,<br>$248,300 if married filing separately,<br>$496,600 if married filing jointly or qualifying widow(er),<br>$469,050 if head of household. | 13. 496,600 | |
| 14. | Enter the smaller of line 1 or line 13 | 14. 321,621 | |
| 15. | Add lines 5 and 9 | 15. 303,698 | |
| 16. | Subtract line 15 from line 14. If zero or less, enter -0- | 16. 17,923 | |
| 17. | Enter the smaller of line 12 or line 16 | 17. 17,923 | |
| 18. | Multiply line 17 by 15% (0.15) | | 18. 2,688 |
| 19. | Add lines 9 and 17 | 19. 17,923 | |
| 20. | Subtract line 19 from line 10 | 20. 0 | |
| 21. | Multiply line 20 by 20% (0.20) | | 21. 0 |
| 22. | Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet | | 22. 61,047 |
| 23. | Add lines 18, 21, and 22 | | 23. 63,735 |
| 24. | Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet | | 24. 65,348 |
| 25. | **Tax on all taxable income.** Enter the **smaller** of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | | 25. 63,735 |

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*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040** | **Standard Deduction & Dependent MAGI Worksheets** | **2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

## Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.
   - Single or Married filing separately - $12,400
   - Married filing jointly or qualifying widow(er) - $12,400
   - Head of household - $18,650

   1. 24,800
2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?
   - [X] **No.** Skip line 3; enter the amount from line 1 on line 4.
   - [ ] **Yes.** Go to line 3.
3. Is your **earned income** more than $750?
   - [ ] **Yes.** Add $350 to your earned income. Enter the total.
   - [ ] **No.** Enter $1,100 ..... 3.
4. Enter the **smaller** of line 1 or line 3. If under 65 and not blind, continue to line 6. **Otherwise,** go to line 5. ..... 4. 24,800
5. Check if: [X] **You** were 65 or older, [ ] Blind; [ ] **Spouse** was 65 or older, [ ] Blind. **Total boxes checked** [1]
   If 65 or older or blind, multiply $1,300 ($1,650 if single or head of household) by the number in the box above ..... 5. 1,300
6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12 ..... 6. 26,100

## Dependent Modified Adjusted Gross Income Worksheet

1. Are you required to file a tax return?
   - [ ] **No.** Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
   - [ ] **Yes.** Include Modified Adjusted Gross Income in claiming taxpayer's household income.

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2. **Adjusted Gross Income.** Enter the amount from Form 1040, Line 11. ..... 2.
3. Enter tax-exempt interest from Form 1040, line 2b. ..... 3.
4. Enter the amount from your Form 2555, lines 45 and 50. ..... 4.
5. **Subtotal.** Combine lines 2 through 4. ..... 5.
6. Enter the total Social Security benefits from Form 1040, line 6a. ..... 6.
7. Enter the taxable Social Security benefits from Form 1040, line 6b. ..... 7.
8. Nontaxable Social Security benefits. Subtract line 7 from line 6. ..... 8.
9. **Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.**
   Add lines 5 and 8. ..... 9.

Form **1116** | **Foreign Tax Credit Worksheet A** | **2020**

Name: Ben F. & [redacted]ohnson

Taxpayer Identification Number: [redacted]

## Regular

| | | Category #1 | Category #2 | |
|---|---|---|---|---|
| | Specify ▶ | Passive Inc | | |
| 1. Separate category capital gain or (loss) | 1. | 585 | | |
| 2. Foreign source capital gain net income | | | | 2. 585 |
| 3. Capital gain net income | | | | 3. 8,806 |
| 4. Total U.S. capital loss adjustment | | | | 4. -8,221 |
| 5. Adjusted separate category capital gain | | | | 5. |
| 6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.) | 6. | | | |
| 7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.) | 7. | | | |
| 8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable Form 1116.) | 8. | | | |

## Alternative Minimum Tax

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| | | Category #1 | Category #2 | |
|---|---|---|---|---|
| | Specify ▶ | | | |
| 1. Separate category capital gain or (loss) | 1. | | | |
| 2. Foreign source capital gain net income | | | | 2. |
| 3. Capital gain net income | | | | 3. |
| 4. Total U.S. capital loss adjustment | | | | 4. |
| 5. Adjusted separate category capital gain | | | | 5. |
| 6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.) | 6. | | | |
| 7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.) | 7. | | | |
| 8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable AMT Form 1116.) | 8. | | | |

## Instructions for Foreign Tax Credit Worksheet A

**Line 1.** For each separate category for which you have foreign source capital gains or losses, combine your foreign source capital gains and losses in that separate category and enter the result on line 1. Show a loss on line 1 of this worksheet as a negative amount and include the loss on line 5 of the Form 1116 you are filing for that separate category.

**Line 2.** Combine the amounts entered on line 1. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.

**Line 3.** Enter the amount from line 16 of Schedule D, less the portion of net capital gain included on Form 4952, line 4g. If zero or less enter -0-. (Please refer to the Schedule D AMT Worksheets for amounts to be reported on the AMT Foreign Tax Credit Worksheet A.)

**Line 4.** Subtract line 3 from line 2. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.

**Line 5.** If both separate categories have a positive amount on line 1, skip line 5 and go to line 6. If only one separate category has a positive amount on line 1, subtract line 4 from that positive amount. Enter the result here and on line 1a of the Form 1116 you are filing for that separate category.

**Stop here.**

| Form 1040 | Foreign Tax Credit Carryover Report | 2020 |
|---|---|---|

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

Foreign Income Category ..... Passive Income

| Year | Regular | AMT |
|---|---|---|
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| 2017 | | |
| 2018 | | |
| 2019 | | 29 |
| 2020 | | |
| Carryover to 2021 | | 29 |

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See Foreign Tax Credit Carryover Worksheet

Form **1040** | **Foreign Tax Credit Carryover Worksheet** | **2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

Foreign Income Category ..... Passive Income

## Regular

| | Foreign Taxes Available | Maximum Credit Allowable | Unused (+) or Excess (-) | Carryback Applied from CY | Carryforward Applied to CY | * CY Unused (+) or Excess (-) |
|---|---|---|---|---|---|---|
| 2010 | 41 | 87 | -46 | | | -46 |
| 2011 | 2 | 267 | -265 | | | -265 |
| 2012 | 24 | 58 | -34 | | | -34 |
| 2013 | 61 | 203 | -142 | | | -142 |
| 2014 | 24 | 178 | -154 | | | -154 |
| 2015 | 154 | 233 | -79 | | | -79 |
| 2016 | 150 | 243 | -93 | | | -93 |
| 2017 | 118 | 2,050 | -1,932 | | | -1,932 |
| 2018 | 72 | 125 | -53 | | | -53 |
| 2019 | 72 | 211 | -139 | | | -139 |
| 2020 | 35 | 132 | -97 | | | -97 |

* Amounts flow to the Foreign Tax Credit Carryover Report

## Alternative Minimum Tax

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| | Foreign Taxes Available | Maximum Credit Allowable | Unused (+) or Excess (-) | Carryback Applied from CY | Carryforward Applied to CY | * CY Unused (+) or Excess (-) |
|---|---|---|---|---|---|---|
| 2010 | 41 | 84 | -43 | | | -43 |
| 2011 | 2 | 256 | -254 | | | -254 |
| 2012 | 24 | 71 | -47 | | | -47 |
| 2013 | 61 | 207 | -146 | | | -146 |
| 2014 | 24 | 184 | -160 | | | -160 |
| 2015 | 154 | 303 | -149 | | | -149 |
| 2016 | 150 | 296 | -146 | | | -146 |
| 2017 | 118 | 2,439 | -2,321 | | | -2,321 |
| 2018 | 72 | 85 | | | | |
| 2019 | 72 | | 59 | | 30 | 29 |
| 2020 | 35 | 65 | -30 | | 30 | |

* Amounts flow to the Foreign Tax Credit Carryover Report

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Form **1040**

# K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797

**2020**

**Name** Ben F. Johnson | **Taxpayer Identification Number** ***[redacted]

**Entity Name** Surety Bank | **EIN** **-***0845 | **Entity Type** S Corporation | **Screen** K1 | **K1 Unit** 2

**Activity** | **Passive Activity Type** Other Passive | **Entire disposition of activity**

| | Current Year Amount | PY Suspended Basis Loss | Disallowed Basis Limitation | PY Suspended At-risk Loss | Disallowed At-risk Limitation | PY Suspended Passive Loss | Disallowed Loss Limitation | Tax Return |
|---|---|---|---|---|---|---|---|---|
| **Schedule E page 2** | | | | | | | | |
| Ordinary business income/-loss | 3,017 | | | | | | | |
| Net rental real estate income/-loss | | | | | | | | |
| Other net rental income/-loss | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 expense | | | | | | | | |
| Disallowed Section 179 expense | | | | | | | | |
| Depletion | | | | | | | | |
| Section 59(e)(2) expenditures | | | | | | | | |
| Preproductive period expense | | | | | | | | |
| Reforestation expense deduct | | | | | | | | |
| Other deductions | | | | | | | | |
| Unreimbursed expenses | | | | | | | | |
| Other inc/loss - Schedule E | | | | | | | | |
| Debt financed acquisition | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| **Total Schedule E page 2** | 3,017 | | | | | | | 3,017 |
| **Schedule E page 1** | | | | | | | | |
| Royalties | | | | | | | | |
| Deductions-royalty income | | | | | | | | |
| Depletion | | | | | | | | |
| **Total Schedule E page 1** | | | | | | | | |
| **Schedule B** | | | | | | | | |
| Interest Income | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| Dividend Income | 12 | | | | | | | 12 |
| Qualified dividends (1040, Page 2) | | | | | | | | |
| **Schedule D/8949/6781** | | | | | | | | |
| Short-term capital gain/-loss | | | | | | | | |
| Long-term capital gain/-loss | | | | | | | | |
| 28% capital gain/-loss | | | | | | | | |
| 1256 contracts and straddles | | | | | | | | |
| **Form 4797** | | | | | | | | |
| 4797 Part I | 105 | | | | | | | 105 |
| 4797 Part II | | | | | | | | |
| Section 179/280F recapture | | | | | | | | |

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Form **1040**

# K-1 Reconciliation Worksheet - Form 4684, Sch SE, Misc, Credits

**2020**

**Name** Ben F. Johnson | **Taxpayer Identification Number** [redacted]

**Entity Name** Surety Bank | **EIN** [redacted] | **Entity Type** S Corporation | **Screen** K1 | **K1 Unit** 2

**Activity** | **Passive Activity Type** Other Passive | **Entire disposition of activity**

| | Current Year Amount | PY Suspended Basis Loss | Disallowed Basis Limitation | PY Suspended At-risk Loss | Disallowed At-risk Limitation | PY Suspended Passive Loss | Disallowed Loss Limitation | Tax Return |
|---|---|---|---|---|---|---|---|---|
| **Form 4684** | | | | | | | | |
| Form 4684 lt loss trade/business | | | | | | | | |
| Form 4684 lt loss income producing | | | | | | | | |
| Form 4684 long-term gain | | | | | | | | |
| Form 4684 st loss income producing | | | | | | | | |
| **Schedule SE** | | | | | | | | |
| Net earnings from self-employ | | | | | | | | |
| Gross farming or fishing inc | | | | | | | | |
| Gross nonfarm income | | | | | | | | |
| **Miscellaneous / Basis Worksheet** | | | | | | | | |
| Self-employed medical insurance | | | | | | | | |
| Shareholder med ins not on Form W2 | | | | | | | | |
| Other tax-exempt income | | | | | | | | |
| Nondeductible expenses | 3 | | | | | | | 3 |
| Cash & market security distrib | | | | | | | | |
| Property distributions | 1,870 | | | | | | | 1,870 |
| Repayment of shareholder loans | | | | | | | | |
| Dependent care benefits (Form 2441) | | | | | | | | |
| **Credits** | | | | | | | | |
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Form **1040** | **Passive Activity Deduction Worksheet** | **2020**

Name: Ben F. Johnson

Taxpayer Identification Number: [redacted]

Activity Type: Residental Rental - 2805 Grand Ave / Rental real estate w/active participation

Form: Sch E Unit: 1

Entire Disposition of Activity

## Regular Tax Loss Calculations

| | Prior Year Suspended Losses | Current Year Generated | Current Year Utilized | Suspended Losses To Next Year |
|---|---|---|---|---|
| Operating | 55,972 | 5,397 | 3,122 | 58,247 |
| Short-term capital loss | | | | |
| Long-term capital loss | | | | |
| 28% rate capital loss | | | | |
| Section 1231 loss | | | | |
| Ordinary business loss | | | | |
| Other Losses - 1040 Schedule 1 | | | | |
| Commercial revitalization | | | | |

## Alternative Minimum Tax Loss Calculations

| | Prior Year Suspended Losses | Current Year Generated | Current Year Utilized | Suspended Losses To Next Year |
|---|---|---|---|---|
| Operating | 55,963 | 5,397 | 3,123 | 58,237 |
| Short-term capital loss | | | | |
| Long-term capital loss | | | | |
| 28% rate capital loss | | | | |
| Section 1231 loss | | | | |
| Ordinary business loss | | | | |
| Other Losses - 1040 Schedule 1 | | | | |
| Commercial revitalization | | | | |

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Form **1040**

# Passive Activity MAGI Calculation

**2020**

Name

Ben F. & [redacted] Johnson

Taxpayer Identification Number

[redacted]

| | | | | | |
|---|---|---|---|---|---|
| 1 | Adjusted gross income | | | 1 | 347,746 |
| 2 | Subtractions: | | | | |
| 2(a) | Passive activity income | 2(a) | 3,122 | | |
| 2(b) | Taxable social security income | 2(b) | 27,509 | | |
| 2(c) | Other | 2(c) | | | |
| 2(d) | Total subtractions | | | 2(d) | 30,631 |
| 3 | Additions: | | | | |
| 3(a) | Allowed passive activity losses | 3(a) | 3,122 | | |
| 3(b) | Rental real estate loss allowed to real estate professionals | 3(b) | | | |
| 3(c) | Overall loss from a PTP | 3(c) | | | |
| 3(d) | Taxpayer's IRA deduction | 3(d) | | | |
| 3(e) | Spouse's IRA deduction | 3(e) | | | |
| 3(f) | One-half self-employment tax | 3(f) | | | |
| 3(g) | Series EE & I Bond Interest | 3(g) | | | |
| 3(h) | Employer's adoption assistance program exclusion amount | 3(h) | | | |
| 3(i) | Student loan interest deduction | 3(i) | | | |
| 3(j) | Tuition and fees deduction | 3(j) | | | |
| 3(k) | Other | 3(k) | | | |
| | Total additions | | | 3(m) | 3,122 |
| 4 | Modified adjusted gross income | | | 4 | 320,237 |

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Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

Principle business or profession: Hunt Club

Form/Schedule: C | Unit: 1

| | | | |
|---|---|---|---|
| 1. | Schedule C, Line 31, Net profit or (loss) | 1. | 0 |
| | Additions for qualified business income: | | |
| 2. | Form 4797, Ordinary income | 2. | |
| | Prior suspended losses utilized this year | | |
| 3. | Passive suspended losses | 3. | |
| 4. | At-Risk suspended losses | 4. | |
| 5. | Section 179 carryover | 5. | |
| 6. | Total additions to net profit or (loss). Add lines 2 through 5. | 6. | |
| | Subtractions for qualified business income | | |
| 7. | Form 4797, Ordinary loss (includes share of Net section 1231 losses) | 7. | |
| 8. | Deductible portion of self-employment taxes | 8. | |
| 9. | Self-employed SEP, SIMPLE, and qualified plans | 9. | |
| 10. | Self-employed health insurance deduction | 10. | |
| 11. | Reserved | 11. | |
| 12. | Reserved | 12. | |
| 13. | Total subtraction to net profit or (loss). Add lines 7 through 12. | 13. | |
| 14. | Qualified business income for this activity. Line 1 plus line 6 less line 13. | 14. | 0 |

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| Carryovers: | Beginning of Year Pre -2018 (A) | Beginning of Year After 2017 (B) | Allowed loss (C) | End of Year Pre -2018 (D) | End of Year After 2017 (E) | QBI Portion of Allowed Losses |
|---|---|---|---|---|---|---|
| Passive activity: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| At-Risk: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |
| Other: | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

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Schedule **E**

# K-1 Reconciliation Worksheet - Qualified Business Income

**2020**

Name Ben F. Johnson

Taxpayer Identification Number [redacted]

Entity Name Surety Bank EIN **-***0845 Entity Type S Corporation Screen K1 K1 Unit 2

Activity Passive Activity Type Other Passive

Entire disposition of activity

| Qualified Business Income | Screen K1QBI Amount | QBI Items from Schedule K-1 | Basis Limit Adjustment | At-risk Limit Adjustment | Passive Limitation | Qualified Business Income |
|---|---|---|---|---|---|---|
| Ordinary business inc/-loss | 3,017 | 3,017 | | | | 3,017 |
| Net rental real estate inc/-loss | | | | | | |
| Other net rental income/-loss | | | | | | |
| Royalties | | | | | | |
| Section 1231 gain (loss) | | | | | | |
| Section 179 expense | | | | | | |
| Disallowed Section 179 exp | | | | | | |
| Other income (loss) | | | | | | |
| Other income/-loss Form 1040 | | | | | | |
| Reserved | | | | | | |
| Other deductions | | | | | | |
| 4797 ordinary income / -loss | | | | | | |
| Depletion | | | | | | |
| UPE + Debt financed acquisit | | | | | | |
| Deductible part of SE tax | | | | | | |
| Self-employed health insurance | | | | | | |
| Self-employed qualified plans | | | | | | |
| Ordinary gains on distribution | | | | | | |
| Total Qualified Business Income | | | | | | 3,017 |

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Form 8995 or 8995-A

| Prior Year Suspended QBI Losses Allowed | | |
|---|---|---|
| Passive / 179 | Basis | At-risk |
| | | |
| | | |
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Qualified business net (loss) carryforward from prior years

Form 8995, line 3 or Form 8995-A (Schedule C), line 2

| Suspended Loss Carryforwards | Pre -TCJA Passive | Post- TCJA Passive | Pre -TCJA Basis | Post - TCJA Basis | Pre -TCJA At-Risk | Post- TCJA At-Risk | Other carryovers |
|---|---|---|---|---|---|---|---|
| Ordinary business loss | | | | | | | |
| Net rental real estate loss | | | | | | | |
| Other net rental loss | | | | | | | |
| Section 179 expense | | | | | | | |
| Depletion | | | | | | | |
| Section 59(e)(2) expenditure | | | | | | | |
| Preproductive period exp | | | | | | | |
| Reforestation expense ded | | | | | | | |
| Other deductions | | | | | | | |
| Other losses - Schedule E | | | | | | | |
| Dependent care expense | | | | | | | |
| 4797 - Ordinary loss | | | | | | | |
| Other losses - 1040 Sch 1 | | | | | | | |
| Section 1231 loss | | | | | | | |

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Form **1040**

# Rent and Royalty Reconciliation

**2020**

Name
**Ben F. & [redacted] Johnson**

Taxpayer identification number
[redacted]

Property description
**Residental Rental - 2805 Grand Ave**

Passive type: **Active participation**

Unit 1 Ownership Percentage
T, S, J T Business Use Percentage 100.00
State FL Personal Use Percentage

1. Physical address:
Street 2805 Grand Ave
City, state, zip Glenwood FL 32722
Property type: Single Family Residence

2. Property Use Information:
Fair Rental Days 366
Personal Use Days
QJV

| | Column A | Column B | Column C | (Column A - B - C) |
|---|---|---|---|---|
| **Income:** | **Total Income/Expense** | **Nonbusiness Expenses** | **Vacation Home / Personal Use Expenses** | **Income / Expenses Reported on Schedule E** |
| 3. Rents received | 9,000 | | | 9,000 |
| 4. Royalties received | | | | |
| **Expenses:** | | | | |
| 5. Advertising | | | | |
| Auto | | | | |
| Travel | | | | |
| 6. Auto and travel (total) | | | | |
| 7. Cleaning and maintenance | 771 | | | 771 |
| 8. Commissions | | | | |
| 9. Insurance | 878 | | | 878 |
| 10. Legal and other professional fees | 50 | | | 50 |
| 11. Management fees | | | | |
| Mortgage interest from 1098 | | | | |
| Refinancing points on 1098 | | | | |
| 12. Mortgage interest paid to banks, etc. | | | | |
| Other mortgage interest | | | | |
| Other interest | | | | |
| Refinancing points | | | | |
| Qualified mortgage insurance | | | | |
| 13. Other interest (total) | | | | |
| 14. Repairs | 1,706 | | | 1,706 |
| 15. Supplies | 3,183 | | | 3,183 |
| Real estate taxes | 1,406 | | | |
| All other taxes | | | | |
| 16. Taxes (total) | 1,406 | | | 1,406 |
| 17. Utilities | | | | |
| 18. Depreciation expense or depletion | 25 | | | 25 |
| 19. Other (list) | | | | |
| Roof | 5,500 | | | 5,500 |
| Refrigerator | 878 | | | 878 |
| 20. Total expenses. Add lines 5 through 19 | 14,397 | | | 14,397 |
| 21. Income or (loss) from rental or royalty properties. | | | | -5,397 |

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| Form 1040 | Social Security Worksheet | 2020 |
|---|---|---|

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

If you are married filing separately and you **lived apart** from your spouse for all of 2020:

- Form 1040/1040-SR: Enter "D" to the right of the word "benefits" on line 6a.

| | | | |
|---|---|---|---|
| 1. | Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **Forms RRB-1099** (if applicable). Also, enter this amount on Form 1040 or 1040-SR, line 6a. | 1. | 32,364 |
| 2. | Multiply line 1 by 50% (0.50). | 2. | 16,182 |
| 3. | Add the amounts on Form 1040 or 1040-SR, lines 1, 2a, 2b, 3b, 4b, 5b, 7, and Schedule 1, line 9. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 28), foreign earned income or housing (Form 2555, lines 45 and 50), certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico | 3. | 320,537 |
| 4. | Add lines 2 and 3 | 4. | 336,719 |
| 5. | Enter the total of the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 thru 19, plus adjust from Schedule 1, line 22. | 5. | 300 |
| 6. | Subtract line 5 from line 4 | 6. | 336,419 |
| 7. | Enter $25,000 ($32,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time during 2020) | 7. | 32,000 |
| 8. | Subtract line 7 from line 6. If zero or less, enter -0-<br>• If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2020, enter -0- on Form 1040 or 1040-SR, line 6b.<br>• If line 8 is more than zero, go to line 9. | 8. | 304,419 |
| 9. | Enter $9,000 ($12,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time during 2020) | 9. | 12,000 |
| 10. | Subtract line 9 from line 8. If zero or less, enter -0- | 10. | 292,419 |
| 11. | Enter the smaller of line 8 or line 9 | 11. | 12,000 |
| 12. | Enter one half of line 11 | 12. | 6,000 |
| 13. | Enter the smaller of line 2 or line 12 | 13. | 6,000 |
| 14. | Multiply line 10 by 85% (0.85). If line 10 is zero, enter -0- | 14. | 248,556 |
| 15. | Add lines 13 and 14 | 15. | 254,556 |
| 16. | Multiply line 1 by 85% (0.85) | 16. | 27,509 |
| 17. | Taxable benefits. Enter the smaller of line 15 or line 16. Also, enter this amount on Form 1040 or 1040-SR, line 6b. | 17. | 27,509 |

Percentage of total benefits received included as taxable income. 85.0%

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**Note:** If part of your benefits are taxable for 2020 **and** they include benefits paid in 2020 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

## Form 1040, Dividend Income

| Payer | Ordinary Dividends | Qualified Dividends | Section 199A Dividends |
|---|---|---|---|
| National Financial Services LLC (7025) | $ 14,467 | $ 9,117 | $ 124 |
| Surety Bank | 12 | | |
| Total | $ 14,479 | $ 9,117 | $ 124 |

## Form 1040, Line 6 - Capital Gain Distributions

| Payer | Capital Gain Distribution |
|---|---|
| National Financial Services LLC (7025) | $ 585 |
| Total | $ 585 |

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# Federal Statements

**Hunt Club**

## Schedule C, Line 1 - Gross Receipts or Sales

| Description | Amount |
|---|---|
| Hunt Club Dues | $ 405,138 |
| Total | $ 405,138 |

**Hunt Club**

## Schedule C, Line 15 - Insurance (other than health)

| Description | Amount |
|---|---|
| Insurance | $ 11,525 |
| Total | $ 11,525 |

**Hunt Club**

## Schedule C, Line 23 - Taxes and Licenses

| Description | Amount |
|---|---|
| Taxes & Licenses | $ 1,096 |
| Total | $ 1,096 |

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# Federal Statements

## Residental Rental - 2805 Grand Ave
### Schedule E, Line 3 - Rents Received

| Description | Amount |
|---|---|
| Rental Income | $ 9,000 |
| Total | $ 9,000 |

## Residental Rental - 2805 Grand Ave
### Schedule E, Line 9 - Insurance

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| Insurance (Rent, 1) | $ 878 | | $ 878 |
| Total | $ 878 | | $ 878 |

## Residental Rental - 2805 Grand Ave
### Schedule E, Line 10 - Legal and Other Professional Fees

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| Legal & professional (Rent, 1) | $ 50 | | $ 50 |
| Total | $ 50 | | $ 50 |

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## Residental Rental - 2805 Grand Ave
### Schedule E, Line 16 - Taxes

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| Real estate taxes | $ 1,406 | | $ 1,406 |
| Total | $ 1,406 | | $ 1,406 |

## Passive Income - OC

### Form 1116 line 1a - Gross Income From Sources Within Country

| Description | A | B | C |
|---|---|---|---|
| Foreign qualified dividends | $ | $ | $ |
| Frgn qualified divs - no adjustment | | 106 | |
| Foreign capital gains Wrk A | 0 | 585 | |
| Other foreign gross income | | | |
| 1116 Foreign Gross Income | | 106 | |
| - 1116 Foreign Qualified Dividends | | 106 | |
| | 0 | 0 | |
| Total | 0 | 691 | |

## Passive Income - OC

### Form 1116 line 3e - Gross Income from All Sources

| Description | Amount |
|---|---|
| 1040 ln 1/2b-5b Sch 1 ln 1/2a/7/8 | $ 339,345 |
| Gross Sch C business income | 405,138 |
| Gross Sch D capital gains | 12,310 |
| Gross Form 4797 gains | 105 |
| Gross Sch E rental income | 9,000 |
| Share PS/S-corp gross income | 3,017 |
| Total | $ 768,915 |

Client Copy

## Form 4797 - Adjustments to Part I Gains and Losses

From K1

| | |
|---|---|
| Surety Bank | $ 105 |
| Total | $ 105 |

Client Copy

# Federal Statements

## Form 8582, Passive Activity Income and Allowed Losses

| Activity Name | Screen | Unit # | Current Year Net Income | Current Year Net Loss | Prior Year Unallowed Loss | Unallowed Loss | Allowed Loss | Form Location |
|---|---|---|---|---|---|---|---|---|
| Residental Rental - 2805 Grand Ave | E | 1 | $ | $ 5,397 | $ 55,972 | $ 58,247 | $ 3,122 | Sch E Part I |
| Surety Bank | K-1 | 2 | 3,017 | | | | | Sch E Part II |
| Surety Bank | K-1 | 2 | 105 | | | | | 4797 Part I |
| Total | | | $ 3,122 | $ 5,397 | $ 55,972 | $ 58,247 | $ 3,122 | |

Client Copy

# Federal Statements

**iHeartMedia + Entertainment Inc**

## Form W-2, Box 12

| Description | Amount |
|---|---|
| Cost of group term life insurance coverage over 50,000 | $ 366 |
| Section 401(k) contributions | 6,853 |
| Cost of employer-sponsored health coverage | 11,629 |
| Total | $ 18,848 |

Client Copy

# Federal Statements

**County of Volusia**

## Form W-2, Box 12

| Description | Amount |
|---|---|
| Cost of employer-sponsored health coverage | $ 8,122 |
| Total | $ 8,122 |

**County of Volusia**

## Form W-2, Box 14 - Other

| Description | Amount |
|---|---|
| Medical insurance premiums | $ 1,946 |
| Total | $ 1,946 |

Client Copy

Form **1040**

# Carryover Report

**2020**

Name
Ben F. & [redacted] Johnson

Taxpayer Identification Number
[redacted]

| Carryover Item | Available to 2020 | 2020 Amounts | | Carryover to 2021 |
|---|---|---|---|---|
| Minimum tax credit | | | | |
| Investment interest | | | | |
| Investment interest - AMT | | | | |
| Short-term capital loss | | | | |
| Short-term capital loss - AMT | | | | |
| Long-term capital loss | | | | |
| Long-term capital loss - AMT | | | | |
| Residential energy efficient property | | | | |
| D.C. first-time homebuyer credit | | | | |
| Tax credit bonds | | | | |
| Qualified business income loss | 6,216 | Utilized | -3,017 | 3,199 |
| Qualified REIT income and PTP loss | | | | |

**Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

| | | |
|---|---|---|
| 2015 Amounts | | |
| 2016 Amounts | | |
| 2017 Amounts | | |
| 2018 Amounts | | |
| 2019 Amounts | | |
| Available to 2020 | | |
| 2020 Amounts | | |
| Carryover to 2021 | | |

**AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

| | | |
|---|---|---|
| 2015 Amounts | | |
| 2016 Amounts | | |
| 2017 Amounts | | |
| 2018 Amounts | | |
| 2019 Amounts | | |
| Available to 2020 | | |
| 2020 Amounts | | |
| Carryover to 2021 | | |

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[redacted]/15/2021 4:40 PM

Form **1040** | **Pension/Annuity Report** | **2020**

Name | Taxpayer Identification Number

Ben F. & [redacted] Johnson | [redacted]

| | T/S | Payer | Gross Distribution | Rollover | Taxable Amount |
|---|---|---|---|---|---|
| A | T | Florida Retirement System | 73,376 | | 73,289 |
| B | T | Florida Retirement System | 77,715 | | 77,715 |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| O | | | | | |
| | | Taxpayer | 151,091 | | 151,004 |
| | | Spouse | | | |
| | | Total | 151,091 | | 151,004 |

Client Copy

| | NIIT | Capital Gain Distribution | Public Safety Officer Exclusion | Federal Withholding | State Withholding | Local Withholding |
|---|---|---|---|---|---|---|
| A | | | | 13,772 | | |
| B | | | | 25,502 | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |
| I | | | | | | |
| J | | | | | | |
| K | | | | | | |
| L | | | | | | |
| M | | | | | | |
| N | | | | | | |
| O | | | | | | |
| Taxpayer | | | | 39,274 | | |
| Spouse | | | | | | |
| Total | | | | 39,274 | | |

Form **1040** | **Salaries & Wages Report** | **2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

| | T/S | Employer | Federal Wages | Federal Withheld | Soc Sec Wages |
|---|---|---|---|---|---|
| A | S | [redacted] | 102,363 | 17,824 | 109,217 |
| B | T | County of Volusia | 43,714 | 25,682 | 43,714 |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| Taxpayer | | | 43,714 | 25,682 | 43,714 |
| Spouse | | | 102,363 | 17,824 | 109,217 |
| Totals | | | 146,077 | 43,506 | 152,931 |

| | Soc Sec Withheld | Medicare Wages | Medicare Withheld | Soc Sec Tips | Allocated Tips | Dep Care Ben | Other, Box 14 |
|---|---|---|---|---|---|---|---|
| A | 6,771 | 109,217 | 1,584 | | | | |
| B | 2,710 | 43,714 | 634 | | | | 1,946 |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |
| G | | | | | | | |
| H | | | | | | | |
| I | | | | | | | |
| J | | | | | | | |
| K | | | | | | | |
| L | | | | | | | |
| M | | | | | | | |
| Taxpayer | 2,710 | 43,714 | 634 | | | | 1,946 |
| Spouse | 6,771 | 109,217 | 1,584 | | | | |
| Totals | 9,481 | 152,931 | 2,218 | | | | 1,946 |

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| | State | State Wages | State Withheld | Name of Locality | Local Wages | Local Withheld |
|---|---|---|---|---|---|---|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |
| I | | | | | | |
| J | | | | | | |
| K | | | | | | |
| L | | | | | | |
| M | | | | | | |
| Taxpayer | | | | | | |
| Spouse | | | | | | |
| Totals | | | | | | |

Form **1040** | **Withholding (WH) Summary Report** | **2020**

Name: Ben F. & [redacted]Johnson

Taxpayer Identification Number: [redacted]

| T/S | Description | Form | Federal WH | State WH | Local WH |
|---|---|---|---|---|---|
| S | [redacted] | W-2 | 17,824 | | |
| T | County of Volusia | W-2 | 25,682 | | |
| T | Florida Retirement System | 1099 | 13,772 | | |
| T | Florida Retirement System | 1099 | 25,502 | | |
| | | | | | |
| | | | | | |
| | | |

Form **1040** | **Two Year Comparison Report - Page 1** | **2019 & 2020**

Name: **Ben F. & [redacted] Johnson**

Taxpayer Identification Number: [redacted]

| | | | 2019 | 2020 | Differences |
|---|---|---|---|---|---|
| | **Filing Status** | | MFJ | MFJ | |
| | **Dependents** | | 0 | 0 | |
| Income | 1. Salaries and wages | 1. | 147,475 | 146,077 | -1,398 |
| | 2. Interest income | 2. | 269 | 276 | 7 |
| | 3. Tax exempt interest income | 3. | 250 | | -250 |
| | 4. Dividend income | 4. | 14,662 | 14,479 | -183 |
| | 5. Qualified dividend income | 5. | 10,469 | 9,117 | -1,352 |
| | 6. Taxable state/local refunds | 6. | | | |
| | 7. Alimony received | 7. | | | |
| | 8. Business income/loss | 8. | -7,779 | | 7,779 |
| | 9. Capital gain/loss | 9. | 14,504 | 8,806 | -5,698 |
| | 10. Other gains/losses | 10. | | | |
| | 11. Taxable IRA distributions | 11. | | | |
| | 12. Taxable pensions | 12. | 147,416 | 151,004 | 3,588 |
| | 13. Rent and royalty income including farm rental | 13. | -1,357 | -3,122 | -1,765 |
| | 14. Partnership/S corp income | 14. | 1,357 | 3,017 | 1,660 |
| | 15. Estate or trust income | 15. | | | |
| | 16. Farm income/loss | 16. | | | |
| | 17. Unemployment compensation | 17. | | | |
| | 18. Taxable social security | 18. | 27,081 | 27,509 | 428 |
| | 19. Other income | 19. | | | |
| | 20. **Total income** | 20. | 343,628 | 348,046 | 4,418 |
| Adjustments | 21. Moving expenses | 21. | | | |
| | 22. Deductible part of self-employment tax | 22. | | | |
| | 23. SEP/SIMPLE/Qualified plans deductions | 23. | | | |
| | 24. SE health insurance | 24. | | | |
| | 25. Penalty on early withdrawal of savings | 25. | | | |
| | 26. Alimony paid | 26. | | | |
| | 27. IRA deductions | 27. | | | |
| | 28. Student loan interest | 28. | | | |
| | 29. Other adjustments (incl charitable contrib w/std ded) | 29. | | 300 | 300 |
| | 30. **Adjusted gross income** | 30. | 343,628 | 347,746 | 4,118 |
| Deductions | 31. Medical | 31. | | | |
| | 32. Taxes | 32. | 5,882 | 3,906 | -1,976 |
| | 33. Interest | 33. | | | |
| | 34. Contributions | 34. | 1,373 | 3,250 | 1,877 |
| | 35. Casualty losses | 35. | | | |
| | 36. Miscellaneous expenses | 36. | | | |
| | 37. **Allowable itemized deductions** | 37. | 7,255 | 7,156 | -99 |
| | 38. Standard deduction | 38. | 25,700 | 26,100 | 400 |
| | 39. Deduction taken | 39. | Standard 25,700 | Standard 26,100 | 400 |
| | 40. Taxable income before Qual Bus Inc Ded (QBID) | 40. | 317,928 | 321,646 | 3,718 |
| | 41. QBID | 41. | 48 | 25 | -23 |
| | 42. **Taxable income** | 42. | 317,880 | 321,621 | 3,741 |

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Form **1040** | **Two Year Comparison Report - Page 2** | **2019 & 2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

| | | | 2019 | 2020 | Differences |
|---|---|---|---|---|---|
| | 43. Taxable income from 2YR page 1, line 42 | 43. | 317,880 | 321,621 | 3,741 |
| | 44. Tax on taxable income | 44. | 62,393 | 63,735 | 1,342 |
| | 45. Alternative minimum tax | 45. | | | |
| | 46. Excess advance premium tax credit | 46. | | | |
| | 47. Child care credit | 47. | | | |
| | 48. Education credits | 48. | | | |
| T | 49. Retirement savings credit | 49. | | | |
| a | 50. Child & other dependent tax credit | 50. | | | |
| x | 51. General business credit | 51. | | | |
| | 52. Other credits | 52. | 72 | 35 | -37 |
| C | 53. **Total credits** | 53. | 72 | 35 | -37 |
| o | 54. **Net tax liability** | 54. | 62,321 | 63,700 | 1,379 |
| m | 55. Self-employment taxes | 55. | | | |
| p | 56. Other taxes | 56. | 1,119 | 891 | -228 |
| u | 57. **Total tax** | 57. | 63,440 | 64,591 | 1,151 |
| t | 58. Income tax withheld | 58. | 82,413 | 82,780 | 367 |
| a | 59. Estimated tax payments | 59. | | | |
| t | 60. Earned income credit | 60. | | | |
| i | 61. Additional Child tax credit | 61. | | | |
| o | 62. Other refundable tax credits | 62. | | | |
| n | 63. Other payments | 63. | | | |
| | 64. **Total payments** | 64. | 82,413 | 82,780 | 367 |
| | 65. **Tax due/-refund** | 65. | -18,973 | -18,189 | 784 |
| | 66. Penalties and interest | 66. | | | |
| | 67. **Net tax due/-refund** | 67. | -18,973 | -18,189 | 784 |
| | 68. Refund applied to estimated tax payments | 68. | | | |
| | 69. Refund received | 69. | -18,973 | -18,189 | 784 |
| | 70. **Effective tax rate** | 70. | 20.0 % | 20.0 % | |

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## Two Year Comparison - Tax Reconciliation Marginal Tax Rates

| | 2019 Taxable Income | 2019 Marginal Tax Rate | 2020 Taxable Income | 2020 Marginal Tax Rate |
|---|---|---|---|---|
| Ordinary income | 292,907 | 24.0% | 303,698 | 24.0% |
| Capital income | 24,973 | 15.0% | 17,923 | 15.0% |
| Capital - Sec. 1250 | | % | | % |
| Capital - Sec. 1202 | | % | | % |

| Form 1040 | Two Year Comparison Report - Schedule C | 2019 & 2020 |
|---|---|---|

Name
Ben F. Johnson

Taxpayer identification number
[redacted]

Principal business or profession
Hunt Club

Unit
1

| Income | | 2019 | 2020 | Differences |
|---|---|---|---|---|
| 1. Gross receipts or sales | 1. | 422,671 | 405,138 | -17,533 |
| 2. Returns and allowances | 2. | | | |
| 3. **Cost of goods sold** | 3. | | | |
| 4. **Gross profit** | 4. | 422,671 | 405,138 | -17,533 |
| 5. Other income | 5. | | | |
| 6. **Gross income** | 6. | 422,671 | 405,138 | -17,533 |
| **Expenses** | | | | |
| 7. Advertising | 7. | 229 | 1,605 | 1,376 |
| 8. Car and truck expenses | 8. | 9,996 | | -9,996 |
| 9. Commissions and fees | 9. | | | |
| 10. Contract labor | 10. | | | |
| 11. Depletion | 11. | | | |
| 12. Depreciation and section 179 expense deduction | 12. | 48,638 | 39,919 | -8,719 |
| 13. Employee benefit programs | 13. | | | |
| 14. Insurance (other than health) | 14. | 12,006 | 11,525 | -481 |
| 15. Interest - mortgage (paid to banks, etc.) | 15. | | | |
| 16. Interest - other | 16. | | | |
| 17. Legal and professional services | 17. | 1,046 | 905 | -141 |
| 18. Office expense | 18. | 1,114 | 583 | -531 |
| 19. Pension and profit-sharing plans | 19. | | | |
| 20. Rent or lease - vehicles, machinery, and equipment | 20. | | | |
| 21. Rent or lease - other business property | 21. | 342,941 | 327,486 | -15,455 |
| 22. Repairs and maintenance | 22. | 7,208 | 1,017 | -6,191 |
| 23. Supplies (not included in cost of goods sold) | 23. | 3,125 | | -3,125 |
| 24. Taxes and licenses | 24. | 548 | 1,096 | 548 |
| 25. Travel | 25. | 557 | 219 | -338 |
| 26. Total meals and entertainment | 26. | 1,554 | 1,052 | -502 |
| 26a. Nondeductible meals and entertainment | 26a. | 777 | 526 | -251 |
| 26b. Deductible meals and entertainment | 26b. | 777 | 526 | -251 |
| 27. Utilities | 27. | 376 | 187 | -189 |
| 28. Wages (less employment credits) | 28. | | | |
| 29. Other expenses | 29. | 1,889 | 17,731 | 15,842 |
| 30. **Total expenses** | 30. | 430,450 | 402,799 | -27,651 |
| **Profit/ (loss)** | | | | |
| 31. Tentative profit (loss) | 31. | -7,779 | 2,339 | 10,118 |
| 32. Expenses for business use of home | 32. | | 2,339 | 2,339 |
| 33. **Net profit or (loss)** | 33. | -7,779 | | 7,779 |
| **Cost of Goods Sold** | | | | |
| 34. Inventory - Beginning of year | 34. | | | |
| 35. Purchases | 35. | | | |
| 36. Labor | 36. | | | |
| 37. Materials | 37. | | | |
| 38. Other costs | 38. | | | |
| 39. **Goods available for sale (sum of lines 34-38)** | 39. | | | |
| 40. Inventory - End of year | 40. | | | |

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| Form 1040 | Two Year Comparison Report - Schedule E Page 1 | 2019 & 2020 |
|---|---|---|

Name
Ben F. Johnson

Taxpayer identification number
[redacted]

Property description
Residental Rental - 2805 Grand Ave

Unit
1

| | | 2019 | 2020 | Differences |
|---|---|---|---|---|
| **Income** | | | | |
| 1. Total rents and royalties received | 1. | 8,900 | 9,000 | 100 |
| **Expenses** | | | | |
| 2. Advertising | 2. | | | |
| 3. Auto and travel | 3. | | | |
| 4. Cleaning and maintenance | 4. | 2,280 | 771 | -1,509 |
| 5. Commissions | 5. | | | |
| 6. Insurance | 6. | 1,489 | 878 | -611 |
| 7. Legal and other professional fees | 7. | 50 | 50 | |
| 8. Management fees | 8. | | | |
| 9. Mortgage interest paid to banks, etc. | 9. | | | |
| 10. Other interest | 10. | | | |
| 11. Repairs | 11. | 421 | 1,706 | 1,285 |
| 12. Supplies | 12. | 2,868 | 3,183 | 315 |
| 13. Taxes | 13. | 1,408 | 1,406 | -2 |
| 14. Utilities | 14. | | | |
| 15. Depreciation expense or depletion | 15. | 49 | 25 | -24 |
| 16. Other expenses | 16. | 1,517 | 6,378 | 4,861 |
| 17. **Total expenses** | 17. | 10,082 | 14,397 | 4,315 |
| **Profit/(loss)** | | | | |
| 18. **Income or (loss) from rental real estate or royalty properties** | 18. | -1,182 | -5,397 | -4,215 |
| 19. Deductible rental real estate loss | 19. | -1,357 | -3,122 | -1,765 |
| **Carryover** | | | | |
| 20. Vacation home operating expenses carryover to next year | 20. | | | |
| 21. Vacation home excess casualty & depreciation carryover to next yr | 21. | | | |

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Form **1040**

# Tax Return History Report - Page 1

**2020**

Name Ben F. & [redacted] Johnson

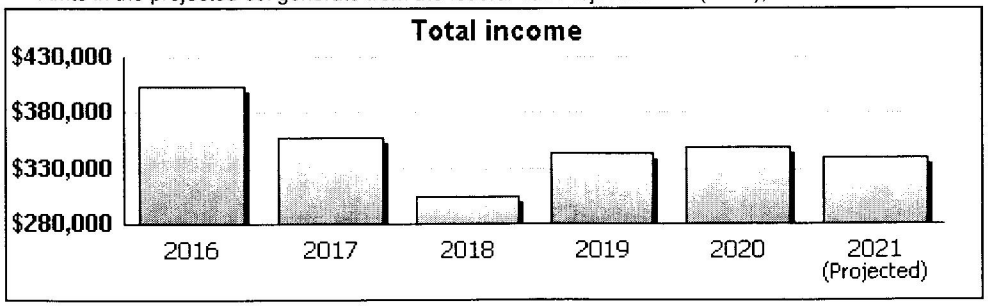
Taxpayer Identification Number [redacted]

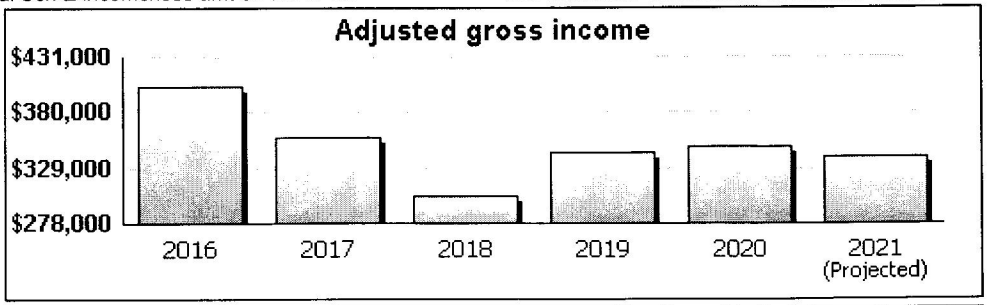
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 Projected |
|---|---|---|---|---|---|---|
| **Filing Status** | MFJ | MFJ | MFJ | MFJ | MFJ | MFJ |
| Salaries and wages | 304,874 | 159,697 | 125,207 | 147,475 | 146,077 | 146,077 |
| Interest income | 441 | 214 | 237 | 269 | 276 | 276 |
| Dividend income | 13,013 | 14,824 | 15,465 | 14,662 | 14,479 | 14,479 |
| Business income/loss | 12,808 | 19,793 | 22,305 | -7,779 | | |
| Capital gains/losses | -3,000 | -3,000 | -3,000 | 14,504 | 8,806 | |
| Other gains/losses | | | | | | |
| IRA distributions, pensions, annuities | 65,285 | 140,859 | 143,918 | 147,416 | 151,004 | 151,004 |
| Rent, royalty, farm rental income | | | -25,266 | -1,357 | -3,122 | -105 |
| Partnership/S corp income | 54 | | | 1,357 | 3,017 | * |
| Estate or trust income | | | | | | * |
| Farm income/loss | | | | | | |
| Other income/loss | 10,651 | 26,004 | 26,336 | 27,081 | 27,509 | 27,867 |
| **Total income** | 404,126 | 358,391 | 305,202 | 343,628 | 348,046 | 339,598 |
| Total adjustments | 172 | 1,399 | 1,576 | | ** 300 | ** 600 |
| **Adjusted gross income** | 403,954 | 356,992 | 303,626 | 343,628 | 347,746 | 338,998 |
| **Allowable itemized deductions** | 15,402 | 4,968 | 5,675 | 7,255 | 7,156 | 7,156 |
| Standard deduction | 13,850 | 13,950 | 25,300 | 25,700 | 26,100 | 26,450 |
| **Itemized or standard deduction taken** | 15,402 | 13,950 | 25,300 | 25,700 | 26,100 | 26,450 |
| Exemptions | 2,916 | 7,776 | | | | |
| Taxable income before Qual Bus Inc Ded | 385,636 | 335,266 | 278,326 | 317,928 | 321,646 | 312,548 |
| Qual Bus Inc Ded | | | 4,442 | 48 | 25 | |
| **Taxable income** | 385,636 | 335,266 | 273,884 | 317,880 | 321,621 | 312,548 |

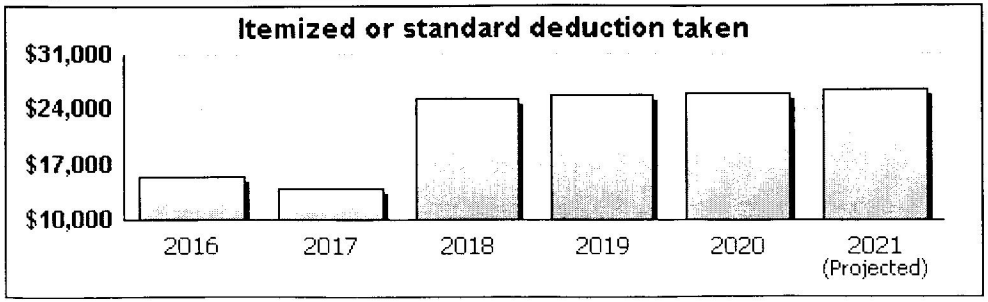
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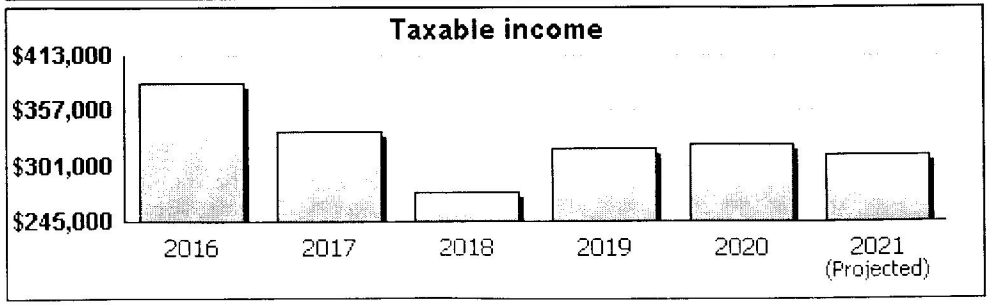
* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.

** Incl Charitable Contribution w/standard deduction.



Form **1040**

# Tax Return History Report - Page 2

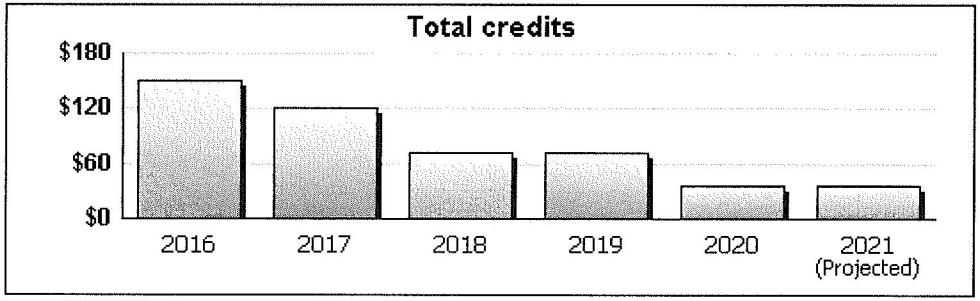
**2020**

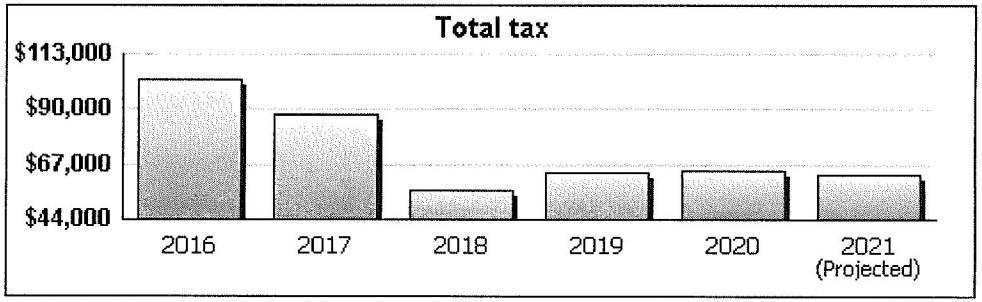
Name Ben F. & [redacted] Johnson

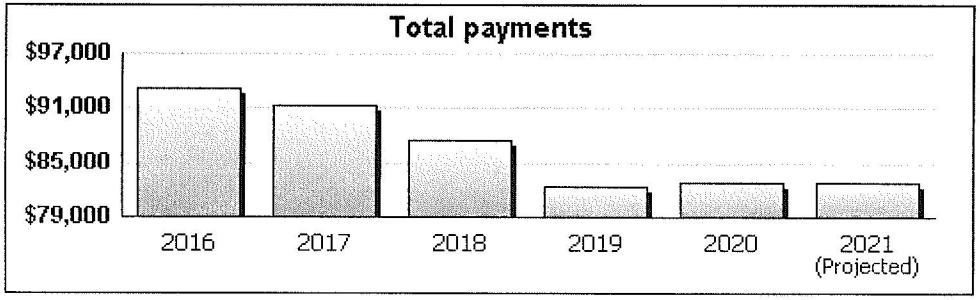
Taxpayer Identification Number [redacted]

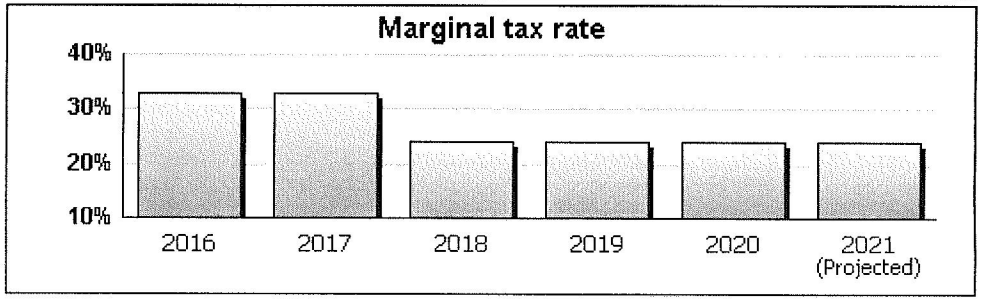
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 Projected |
|---|---|---|---|---|---|---|
| **Taxable income** | 385,636 | 335,266 | 273,884 | 317,880 | 321,621 | 312,548 |
| Tax on taxable income and Form 8962 | 101,053 | 84,029 | 53,306 | 62,393 | 63,735 | 62,233 |
| Alternative minimum tax | | 921 | | | | |
| Total credits | 150 | 121 | 72 | 72 | 35 | 35 |
| **Net tax liability** | 100,903 | 84,829 | 53,234 | 62,321 | 63,700 | 62,198 |
| Self-employment taxes | 343 | 2,797 | 3,152 | | | |
| Other taxes | 880 | 476 | | 1,119 | 891 | 557 |
| **Total tax** | 102,126 | 88,102 | 56,386 | 63,440 | 64,591 | 62,755 |
| Income tax withheld | 93,293 | 72,170 | 62,763 | 82,413 | 82,780 | 82,780 |
| Estimated tax payments | | 19,046 | 24,721 | | | |
| Other payments | | | | | | |
| **Total payments** | 93,293 | 91,216 | 87,484 | 82,413 | 82,780 | 82,780 |
| **Total due/-refund** | 8,833 | -3,114 | -31,098 | -18,973 | -18,189 | -20,025 |
| Penalties and interest | | | | | | |
| **Net tax due/-refund** | 8,833 | -3,114 | -31,098 | -18,973 | -18,189 | -20,025 |
| Refund applied to estimated tax payments | | 3,114 | | | | |
| Refund received | | | -31,098 | -18,973 | -18,189 | |
| **Marginal tax rate** | 33.0% | 33.0% | 24.0% | 24.0% | 24.0% | 24.0% |
| **Effective tax rate** | 26.0% | 26.0% | 21.0% | 20.0% | 20.0% | 20.0% |

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Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2020**

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: *[redacted]

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

**Filing Status** Married filing jointly **Tax Pct** Total Tax (ln 27) divided Total Taxable Income (ln 19) 20.0%

**Tax Method** Qualified Dividends & Capital Gain Tax Worksheet

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:
Tax using capital gains rates | Tax using Ordinary rates | Tax savings

| | Taxable Amount | Marginal Tax Rate | Tax on Taxable Income | Marginal Tax Rate - Income Range | Amount of Income to Next Tax Bracket |
|---|---|---|---|---|---|
| Ordinary Income | 303,698 | 24.0% | 61,047 | $171,050 - $326,600 | 22,902 |
| Capital Income | 17,923 | 15.0% | 2,688 | $80,250 - $622,050 | 604,127 |
| Capital Income - 1250 | | % | | | |
| Capital Income - 1202 | | % | | | |

*Tax on taxable ordinary income under $100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within $50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

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| **Income taxed at ordinary rates** | | (a) Taxable Income | | (b) Tax* |
|---|---|---|---|---|
| 1. 10% rate — Maximum taxable income per this bracket: $19,750 | 1a. | 19,750 | 1b. | 1,978 |
| 2. 12% rate — Maximum taxable income per this bracket: $60,500 | 2a. | 60,500 | 2b. | 7,263 |
| 3. 22% rate — Maximum taxable income per this bracket: $90,800 | 3a. | 90,800 | 3b. | 19,970 |
| 4. 24% rate — Maximum taxable income per this bracket: $155,550 | 4a. | 132,648 | 4b. | 31,836 |
| 5. 32% rate | 5a. | | 5b. | |
| 6. 35% rate | 6a. | | 6b. | |
| 7. 37% rate | 7a. | | 7b. | |
| 8. **Total ordinary taxable income and ordinary tax.** Add lines 1 through 7 | 8a. | 303,698 | 8b. | 61,047 |
| **Income taxed at capital gains rates** | | | | |
| 9. 0% capital gains rate | 9a. | | 9b. | |
| 10. 15% capital gains rate — Maximum taxable income per this bracket: $416,600 | 10a. | 17,923 | 10b. | 2,688 |
| 11. 20% capital gains rate | 11a. | | 11b. | |
| 12. 25% capital gains rate — Unrecaptured Section 1250 Gain | 12a. | | 12b. | |
| 13. 28% capital gains rate — Small business stock, collectibles | 13a. | | 13b. | |
| 14. **Total taxable capital gains and capital gains tax.** Add lines 9 through 13 | 14a. | 17,923 | 14b. | 2,688 |

| **Total taxable income** | | |
|---|---|---|
| 15. Total ordinary taxable income. Enter the amount from line 8a. | 15. | 303,698 |
| 16. Total capital gains taxable income. Enter the amount from line 14a. | 16. | 17,923 |
| 17. Add lines 15 and 16. | 17. | 321,621 |
| 18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c. | 18. | |
| 19. **Taxable income** reported on 1040, line 11b, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17. | 19. | 321,621 |
| **Total tax** | | |
| 20. Total ordinary tax. Enter the amount from line 8b. | 20. | 61,047 |
| 21. Total capital gains tax. Enter the amount from line 14b. | 21. | 2,688 |
| 22. Tax on child's interest and dividend. | 22. | |
| 23. Tax on lump-sum distribution. | 23. | |
| 24. Other taxes. | 24. | |
| 25. Add lines 20 through 24. | 25. | 63,735 |
| 26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5. | 26. | |
| 27. **Total tax** reported on 1040, line 12b, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25. | 27. | 63,735 |

# 1040 Federal Return Summary 2020

Name: Ben F. & [redacted] Johnson

Taxpayer Identification Number: [redacted]

Tax Form: 1040

Tax Method Used: Qual Div Cap Gain Wrk

Filing Status: MFJ

Dependents:

## Income

| | |
|---|---|
| Salaries & wages | 146,077 |
| Taxable interest income | 276 |
| Tax exempt interest | |
| Dividend income | 14,479 |
| Qualified dividends | 9,117 |
| Taxable state/local refunds | |
| Alimony received | |
| Business income/-loss | |
| Capital gain/-loss | 8,806 |
| Other gain/-loss (Form 4797) | |
| Taxable IRA distributions | |
| Taxable pension distributions | 151,004 |
| Rental, royalty, partnership, etc. income/-loss | -105 |
| Farm income/-loss | |
| Unemployment compensation | |
| Taxable social security benefits | 27,509 |
| Other income | |
| **Total income** | 348,046 |

## Adjustments

| | |
|---|---|
| Moving expenses | |
| Deductible part of self-employment tax | |
| SEP, SIMPLE, and qualified plan deduction | |
| Self-employed health insurance deduction | |
| Alimony paid | |
| IRA deduction | |
| Student loan interest deduction | |
| Other adjustments (incl charitable contrib w/std ded) | 300 |
| Total adjustments | 300 |
| **Adjusted gross income** | 347,746 |

## Deductions

| | |
|---|---|
| Medical and Dental expenses | |
| Taxes paid | |
| Interest paid | |
| Charitable contributions | |
| Other itemized deductions | |
| Total itemized deductions | |
| or, Standard deduction | 26,100 |
| Taxable income before Qual Bus Inc Ded (QBID) | 321,646 |
| QBID | 25 |
| **Taxable income** | 321,621 |

## Tax Computation

| | |
|---|---|
| Regular tax | 63,735 |
| Alternative minimum tax | |
| Excess advance premium tax credit | |
| Total tax before credits | 63,735 |
| Child and dependent care credit | |
| Education credits | |
| Other credits | 35 |
| Total credits | 35 |
| Tax after credits | 63,700 |
| Self-employment tax | |
| Additional tax on IRAs, etc. | |
| Other taxes | 891 |
| **Total tax** | 64,591 |

## Payments

| | |
|---|---|
| Federal income tax withheld | 82,780 |
| Estimated payments | |
| Other payments/credits | |
| **Total payments** | 82,780 |

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## Refund/Amount Due

| | |
|---|---|
| Amount overpaid | 18,189 |
| Overpayment applied | |
| Form 2210 penalty | |
| **Amount due/-refund** | -18,189 |
| Failure to file penalty | |
| Failure to pay penalty | |
| Late filing interest | |
| **Net amount due/-refund** | -18,189 |

## 2021 Estimates

| | |
|---|---|
| 1st quarter | |
| 2nd quarter | |
| 3rd quarter | |
| 4th quarter | |
| **Total Estimates** | |

## Tax Rates

| | |
|---|---|
| Marginal tax rate - Ordinary income* | 24.0 % |
| Marginal tax rate - Capital income* | 15.0 % |
| Effective tax rate | 20.0 % |

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.