

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/17/2023

General Information

Name: Isaac Nathan Durrance

Address: 618 E Cornell St, Avon Park, FL 33825

PID 275614

County: Highlands

AGENCY INFORMATION

Organization	Suborganization	Title
The School Board of Highlands County	Elected Constitutional Officer	Chairperson

Net Worth

My Net Worth as of December 31, 2022 was \$ 4,096,950.10.

Assets

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 effect is \$ 15,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
618 East Cornell St. Avon Park, FL 33825	\$ 388,300.00
5935 US 27 N, Sebring, FL 33870	\$ 875,000.00
323 South 6th Avenue, Wauchula, FL 33873	\$ 345,000.00
45 Ryant Road, Sebring, FL 33870	\$ 275,000.00
Cash Account/ First Southern Bank	\$ 82,000.00
Cash Account/ Truist Bank	\$ 105,000.00
Dental Office, Dr. Tina Thomas (Sebring)	\$ 1,100,000.00
Dental Office, Dr. Pete Dillon (Sebring)	\$ 500,000.00
Dental Office, Citrus Dental Center (Wauchula)	\$ 400,000.00
Dental Equipment	\$ 200,000.00
Dodge Ram Truck 2018	\$ 31,000.00
Jeep Wrangler 2018	\$ 22,000.00
Craig Cat Boat 2021	\$ 7,000.00
Jet Ski Switch 2022	\$ 29,000.00
Florida Prepaid Plan	\$ 14,950.10
Isaac Pension	\$ 211,000.00
Isaac 401 K	\$ 275,000.00
Tina 401 K	\$ 205,000.00
Isaac Annuity Cash Value	\$ 130,000.00
Tina Annuity Cash Value	\$ 110,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Southern Bank (office loan Wauchula)	205 W. Center Street, Sebring, FL 33870	\$ 150,000.00
First Southern Bank (Office Loan Dillon)	205 W. Center Street, Sebring, FL 33870	\$ 265,000.00
Henry Schein (equipment)	4710 Eisenhower Blvd. Tampa, FL 33634	\$ 80,000.00
Mid Florida Credit Union (Truck)	6105 US Hwy 27 N., Sebring, FL 33870	\$ 31,000.00
Truist Bank (Boat)	3601 US 27 N. Sebring, FL 33870	\$ 29,000.00
Truist Bank (Craig Cat Boat)	3601 US 27 N. Sebring, FL 33870	\$ 2,000.00
First Southern Bank (Sebring building)	205 W. Center Street, Sebring, FL 33870	\$ 462,000.00
First Southern Bank (Dillon building)	205 W. Center Street, Sebring, FL 33870	\$ 175,000.00
First Southern Bank (Wauchula building)	205 W. Center Street, Sebring, FL 33870	\$ 147,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
South Florida State College	600 W. College Dr. Avon Park, FL 33825	\$ 54,710.07
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

☒ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Isaac Nathan Durrance

Digitally signed: 04/17/2023

Filed with COE: 04/17/2023

U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

Your first name and middle initial ISAAC N.		Last name DURRANCE		Your social security number ***-**-XXXX	
If joint return, spouse's first name and middle initial TINA M.		Last name THOMAS-DURRANCE		Spouse's social security number ***-**-XXXX	
Home address (number and street). If you have a P.O. box, see instructions. 618 E. CORNELL STREET				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below. AVON PARK				State FL	
				ZIP code 33825	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

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.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instr. and check here	(1) First name Last name			Child tax credit	Credit for other dependents
	SAVANNAH DURRANCE	***-**-XXXX	DAUGHTER		☒

Income		1a Total amount from Form(s) W-2, box 1 (see instructions) 102,684	
1b Household employee wages not reported on Form(s) W-2		1b	
1c Tip income not reported on line 1a (see instructions)		1c	
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
1e Taxable dependent care benefits from Form 2441, line 26		1e	
1f Employer-provided adoption benefits from Form 8839, line 29		1f	
1g Wages from Form 8919, line 6		1g	
1h Other earned income (see instructions)		1h	
1i Nontaxable combat pay election (see instructions)		1i	
1j Add lines 1a through 1h 102,684		1j	
2a Tax-exempt interest		2a	
2b Taxable interest		2b	
3a Qualified dividends		3a	
3b Ordinary dividends		3b	
4a IRA distributions		4a	
4b Taxable amount		4b	
5a Pensions and annuities		5a	
5b Taxable amount		5b	
6a Soc. sec. ben.		6a	
6b Taxable amount		6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
8 Other income from Schedule 1, line 10		8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 242,288		9	
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your adjusted gross income 344,972		11	
12 Standard deduction or itemized deductions (from Schedule A)		12	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	
14 Add lines 12 and 13 48,458		14	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 270,614		15	

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

Form 1040 (2022)

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Form 1040 (2022) **ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE**

***-**-XXXX Page 2

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	52,618
	3		17	
	17	Amount from Schedule 2, line 3	18	52,618
	18	Add lines 16 and 17	19	500
	19	Child tax credit or credit for other dependents from Schedule 8812	20	
	20	Amount from Schedule 3, line 8	21	500
	21	Add lines 19 and 20	22	52,118
	22	Subtract line 21 from line 18. If zero or less, enter -0-	23	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	52,118
	24	Add lines 22 and 23. This is your total tax		

Payments	25	Federal income tax withheld from:	25a	13,464	25d	13,464
	a	Form(s) W-2	25b		26	28,400
	b	Form(s) 1099	25c			
	c	Other forms (see instructions)				
	d	Add lines 25a through 25c				
	26	2022 estimated tax payments and amount applied from 2021 return	27			
	27	Earned income credit (EIC)	28			
	28	Additional child tax credit from Schedule 8812	29			
	29	American opportunity credit from Form 8863, line 8	30			
	30	Reserved for future use	31			
	31	Amount from Schedule 3, line 15	32			
	32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	33	41,864		
	33	Add lines 25d, 26, and 32. These are your total payments				

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number	c	Type: ☐ Checking ☐ Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	10,254
	38	Estimated tax penalty (see instructions)	38	

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	CHARLES P. COX	Phone no. 863-382-1157
		Personal identification number (PIN) 01146

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	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
			SCHOOL BOARD MEMBER	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
			DENTIST	

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
		CHARLES P. COX		04/03/23	*****	
Paid Preparer Use Only	Firm's name	WICKS, BROWN, WILLIAMS & CO., CPA'S LLP		Phone no. 863-382-1157		
	Firm's address	140 S. COMMERCE AVENUE SEBRING FL 33870-3601		Firm's EIN 59-1863867		

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

Form 1040 (2022)

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

2022Attachment
Sequence No. 01

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

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Your social security number

***-**-XXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	242,288
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	242,288

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

Schedule 1 (Form 1040) 2022

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service**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

2022Attachment
Sequence No.**13**

Name(s) shown on return

Your social security number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE***-**-~~253~~**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 2022 that would require you to file Form(s) 1099? See instructions Yes ☒ No ☐

B If "Yes," did you or will you file required Form(s) 1099? Yes ☐ No ☐

1a Physical address of each property (street, city, state, ZIP code)

A 5935 US HWY 27 N, SEBRING, FL 33870

B 323 S. 6TH AVE., WAUCHULA, FL 33873

C 45 RYANT BLVD., SEBRING, FL 33870

1b Type of Property (from list below)	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.	Fair Rental Days	Personal Use Days	QJV
A 4		A 365		
B 7		B 365		
C 7		C 365		

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	3 126,939	3,000	3,000
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12 22,641	6,614	9,462
13 Other interest	13		
14 Repairs	14 41,000	3,837	
15 Supplies	15		
16 Taxes	16 17,815	3,283	3,467
17 Utilities	17		
18 Depreciation expense or depletion	18 14,483	3,641	5,528
19 Other (list) SEE STATEMENT 1	19 16,465		
20 Total expenses. Add lines 5 through 19	20 112,404	17,375	18,457
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 14,535	-14,375	-15,457
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 14,535	0	0
23a Total of all amounts reported on line 3 for all rental properties	23a 132,939		
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 38,717		
d Total of all amounts reported on line 18 for all properties	23d 23,652		
e Total of all amounts reported on line 20 for all properties	23e 148,236		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	14,535	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	14,535	
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	0	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

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

Your social security number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

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	TINA M THOMAS, DMD, PA	S		65-0798449	☒	
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
A		0	242,288
B			
C			
D			
29a Totals			242,288
b Totals			
30 Add columns (h) and (k) of line 29a		30	242,288
31 Add columns (g), (i), and (j) of line 29b		31	0
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	242,288

COPY

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		35	
36 Add columns (c) and (e) of line 34b		36	
37 Total estate and trust income or (loss). Combine lines 35 and 36		37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from 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				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
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	41	242,288
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	42	
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	43	

Form

6251**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form6251 for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.**2022**Attachment
Sequence No. **32**

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

Your social security number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	270,614
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	25,900
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	-1
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)	4	296,513

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is... AND line 4 is not over... THEN enter on line 5... Single or head of household \$ 539,900 \$ 75,900 Married filing jointly or qualifying widow(er) 1,079,800 118,100 Married filing separately 539,900 59,050 If line 4 is over the amount shown above for your filing status, see instructions.	5	118,100
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	178,413
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result.	7	46,387
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	46,387
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	52,618
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0

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

Form **6251** (2022)

SCHEDULE 8812
(Form 1040)**Credits for Qualifying Children**
and Other Dependents

OMB No. 1545-0074

2022Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	344,972
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	344,972
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500
8	Add lines 5 and 7	8	500
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	500
13	Enter the amount from the Credit Limit Worksheet A	13	52,618
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14	500

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27

(also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022

Schedule 8812 (Form 1040) 2022

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

b Number of qualifying children under 17 with the required social security number: _____ x \$1,500.
Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.
Enter -0- on line 27.

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the smaller of line 16a or line 16b

18a Earned income (see instructions)

b Nontaxable combat pay (see instructions)

19 Is the amount on line 18a more than \$2,500?

☐ No. Leave line 19 blank and enter -0- on line 20.☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result

20 Multiply the amount on line 19 by 15% (0.15) and enter the result

Next. On line 16b, is the amount \$4,500 or more?

☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13

23 Add lines 21 and 22

24 1040 and

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.

25 Subtract line 24 from line 23. If zero or less, enter -0-

26 Enter the larger of line 20 or line 25

Next, enter the smaller of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28

Schedule 8812 (Form 1040) 2022

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

OMB No. 1545-0074

2022Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.Attachment
Sequence No. **52**

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

**ISAAC N.
TINA M.****DURRANCE
THOMAS-DURRANCE**

Social security number of HSA beneficiary.

If both spouses have HSAs, see instructions.

***-**-6666

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 2022. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made in 2023 by the unextended due date of your tax return that were for 2022. 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 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others, see the instructions for the amount to enter	3 3,650
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, 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 3,650
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 2022, see the instructions for the amount to enter	6 3,650
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 3,650
9	Employer contributions made to your HSAs for 2022	9 500
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 500
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,150
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13

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 2022 from all HSAs (see instructions)	14a
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
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
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 8f	16
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 17c	17b

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

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total Income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	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 17d	21

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

Form **8889** (2022)

Form

8995

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2022Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Your taxpayer identification number

***-**-XXXX

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 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	DENTIST	65-0798449	242,288
II			
III			
IV			
V			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	242,288	
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	242,288	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		48,458
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		48,458
11	Taxable income before qualified business income deduction (see instructions)	319,072	
12	Net capital gain (see instructions)		
13	Subtract line 12 from line 11. If zero or less, enter -0-	319,072	
14	Income limitation. Multiply line 13 by 20% (0.20)		63,814
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		48,458
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8995** (2022)

Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year

20 **22**

Attachment

Sequence No. **70**

Taxpayer name(s) shown on return

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer identification number

***-**-XXXX

Preparer's name

CHARLES P. COX

Preparer taxpayer identification number

Part I Due Diligence RequirementsPlease check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

- 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)
 - a Did you make reasonable inquiries to determine the correct, complete, and consistent information?
 - b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).
List those documents provided by the taxpayer, if any, that you relied on:
- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
 - a Did you complete the required recertification Form 8862?
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

	Yes	No	N/A
1	☒	☐	☐
2	☒	☐	☐
3	☒	☐	☐
4	☐	☒	☐
4a	☐	☐	☐
4b	☐	☐	☐
5	☒	☐	☐
6	☒	☐	☐
7	☒	☐	☐
7a	☐	☐	☐
8	☒	☐	☐

For Paperwork Reduction Act Notice, see separate Instructions.

Form **8867** (Rev. 11-2022)

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

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

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

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

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

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

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

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form

8960**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2022Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

-**-*

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	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	242,288	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-242,288	
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a		
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	
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	

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	

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	0
13	Modified adjusted gross income (see instructions)	13	344,972
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	94,972
16	Enter the smaller of line 12 or line 15	16	
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	
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 line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2022)

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

TINA M. THOMAS-DURRANCE

Identifying number

***-**-XXXX

A Name of S corporation

TINA M THOMAS, DMD, PA

B Employer identification number

65-0798449

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	15,992
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	242,288
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	242,288
5	Stock basis before distributions. Add lines 1, 2, and 4	5	258,280
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	241,362
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	16,918
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	16,918
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	16,918

Part II Shareholder Debt Basis**Section A—Amount of Debt (If more than three debts, see instructions.)**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☒ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

Form 7203 (Rev. 12-2022)

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	0			
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	0			
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

Form 7203 (Rev. 12-2022)

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.**2022**Attachment
Sequence No. **858**

Identifying number

***-**-XXXX

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE**Part I 2022 Passive Activity Loss**

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

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

1a Activities with net income (enter the amount from Part IV, column (a))	1a	14,535	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	15,457	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	72,831	
d Combine lines 1a, 1b, and 1c	1d		-73,753

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	14,375	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	22,727	
d Combine lines 2a, 2b, and 2c	2d		-37,102

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-110,855
---	---	--	----------

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

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

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

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

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	73,753
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	344,972
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	14,535
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	14,535

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
COMMERCIAL RENTAL	14,535		61,954		47,419
COMMERCIAL RENTAL		15,457	10,877		26,334
Total. Enter on Part I, lines 1a, 1b, and 1c	14,535	15,457	72,831		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

Form 8582 (2022)

Page 2

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
COMMERCIAL RENTAL		14,375	22,727		37,102
Total. Enter on Part I, lines 2a, 2b, and 2c		14,375	22,727		

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

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

Part VII Allocation of Unallowed Losses. See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
COMMERCIAL RENTAL	SCH E1	47,419	0.4278	47,419
COMMERCIAL RENTAL	SCH E1	37,102	0.3347	37,102
COMMERCIAL RENTAL	SCH E1	26,334	0.2375	26,334
Total		110,855	1.00	110,855

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
COMMERCIAL RENTAL	SCH E1	61,954	47,419	14,535
COMMERCIAL RENTAL	SCH E1	37,102	37,102	
COMMERCIAL RENTAL	SCH E1	26,334	26,334	
Total		125,390	110,855	14,535

Form 8582 (2022)

Form

8582Department of the Treasury
Internal Revenue Service
Name(s) shown on return**AMT VERSION**
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

2022Attachment
Sequence No. **858**

Identifying number

***-**-XXXX

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE**Part I 2022 Passive Activity Loss**

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

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

1a Activities with net income (enter the amount from Part IV, column (a))	1a	14,533	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	15,457	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	72,830	
d Combine lines 1a, 1b, and 1c	1d		-73,754

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	14,375	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	22,727	
d Combine lines 2a, 2b, and 2c	2d		-37,102

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-110,856
--	----------	--	-----------------

If line 3 is a loss and:

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

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

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

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

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	73,754
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	344,972
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	14,533
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	14,533

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
COMMERCIAL RENTAL	14,533		61,953		47,420
COMMERCIAL RENTAL		15,457	10,877		26,334
Total. Enter on Part I, lines 1a, 1b, and 1c	14,533	15,457	72,830		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2022)

AMT VERSION

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

-**-*

Form 8582 (2022)

Page 2

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
COMMERCIAL RENTAL		14,375	22,727		37,102
Total. Enter on Part I, lines 2a, 2b, and 2c		14,375	22,727		

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

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

Part VII Allocation of Unallowed Losses. See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
COMMERCIAL RENTAL	SCH E1	47,420	0.4278	47,420
COMMERCIAL RENTAL	SCH E1	37,102	0.3347	37,102
COMMERCIAL RENTAL	SCH E1	26,334	0.2375	26,334
Total		110,856	1.00	110,856

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
COMMERCIAL RENTAL	SCH E1	61,953	47,420	14,533
COMMERCIAL RENTAL	SCH E1	37,102	37,102	
COMMERCIAL RENTAL	SCH E1	26,334	26,334	
Total		125,389	110,856	14,533

Form 8582 (2022)

Form **1040**

Tax Return Reconciliation Worksheet

2022Filing 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 ISAAC N.	Last name DURRANCE	Taxpayer social security number ***-**-XXXX
--	------------------------------	--

If a joint return, spouse's first name and initial TINA M.	Last name THOMAS-DURRANCE	Spouse's social security number ***-**-XXXX
--	-------------------------------------	--

Home address (number and street). If you have a P.O. box, see instructions.

618 E. CORNELL STREET

Apt. no.

Presidential Election Campaign

Taxpayer ☐ Spouse ☐

City, town or post office, state, and ZIP code.

AVON PARK**FL 33825**

Foreign country name

Foreign province/state/county

Foreign postal code

At anytime during 2022, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

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

1

3

6c Dependents:

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for		If more than four dependents, ☐ here
				Child tax credit	Other dependents	
SAVANNAH	DURRANCE	***-**-5878	DAUGHTER	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	

Income
(Schedule 1)

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

102,684

242,288

344,972

Adjusted
Gross
Income
(Schedule 1)

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Reserved for future use

35 Reserved for future use

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

344,972

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2022	
Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE			Tp TIN ***-**-XXXX		
38 Amount from line 37 (adjusted gross income)			38 344,972		
Tax and Credits (Schedules 2, 3)	39a Check ☐ You were born before January 2, 1958, ☐ Blind. ☐ Total boxes checked 39a				
	if: ☐ Spouse was born before January 2, 1958, ☐ Blind. ☐ 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, \$12,950 Married filing jointly or Qualifying widow(er), \$25,900 Head of household, \$19,400	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40 25,900		
	41 Subtract line 40 and 40b from line 38		41 319,072		
	42 Qualified business income deduction (see instructions)		42 48,458		
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43 270,614		
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44 52,618		
	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 52,618		
	48 Foreign tax credit. Attach Form 1116 if required		48		
	49 Credit for child and dependent care expenses. Attach Form 2441		49		
	50 Education credits from Form 8863, line 19		50		
	51 Retirement savings contributions credit. Attach Form 8880		51		
	52 Child tax credit/credit for other dependents		52 500		
	53 Residential energy credits. Attach Form 5695		53		
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐		54			
55 Add lines 48 through 54. These are your total credits		55 500			
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56 52,118			
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		
Payments (Schedule 3)	61 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)		61		
	62 Section 965 net tax liability installment from Form 965-A		62		
	63 Add lines 56 through 61. This is your total tax		63 52,118		
	64 Federal income tax withheld from:				
	a Form(s) W-2		64a 13,464		
	b Form(s) 1099		64b		
	c Other forms		64c		
	65 2022 estimated tax payments and amount applied from 2021 return		65 28,400		
	66 Earned income credit (EIC)		66		
	67 Additional child tax credit. Attach Schedule 8812		67		
68 American opportunity credit from Form 8863, line 8		68			
69 Recovery rebate credit		69			
70 Net premium tax credit. Attach Form 8962		70			
71 Amount paid with request for extension to file		71			
72 Excess social security and tier 1 RRTA tax withheld		72			
73 Credit for federal tax on fuels. Attach Form 4136		73			
74 Other payments and refundable credits		74			
75 Total pymts. Add lines 64 - 74.		75 41,864			
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid		76		
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐		77a		
	b Routing number c Type: ☐ Checking ☐ Savings				
78 Amount of line 76 you want applied to your 2023 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 10,254		
	80 Estimated tax penalty (see instructions)		80		
Int/Pen		Date filed	Int	Fail to file	Fail to pay
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No		Personal identification no. (PIN) 01146	
		Designee's Name CHARLES P. COX		Phone no. 863-382-1157	
Other Info		Taxpayer Daytime phone number		Taxpayer Occupation SCHOOL BOARD MEMBER	
		Spouse Occupation DENTIST		IRS Identity Protection PIN	
		Email address		IRS Identity Protection PIN	

Federal Statements

Commercial Rental

Statement 1 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
AMORTIZATION	\$ 859		\$ 859
TRUIST ADJUSTING	15,606	100.00	15,606
TOTAL	<u>\$ 16,465</u>		<u>\$ 16,465</u>

COPY

Form **1040****Child Tax Credit Limit Worksheets A and B****2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

-**-*

Credit Limit Worksheet A

1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18 1. 52,618
2. Add the amounts from Schedule 3, lines 1, 2, 3, 4, 6d, 6e, 6f, and 6i; plus Form 5695, line 30. Enter the total 2. 52,618
3. Subtract line 2 from line 1 3. 52,618
4. Do you meet all the following conditions?
 - ☐ You are claiming one or more of the following credits:
Form 8396; Form 8839; Form 5695, Part I; Form 8859
 - ☐ You are **not** filing Form 2555.
 - ☐ Schedule 8812, line 4 is more than zero.
 - ☒ **No. Enter -0-.** 4. 0
 - ☐ **Yes. Enter the amount from the Credit Limit Worksheet B.** 5. 52,618
5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 13 5. 52,618

Credit Limit Worksheet BUse this worksheet **only** if you checked "Yes" on line 4 of the Credit Limit Worksheet A above.

1. Enter the amount from Form 8812, line 12 1. _____
2. Number of qualifying children under age 17 with the required social security number: _____ x \$1,500. Enter the result 2. _____
3. Enter the earned income from line 7 of the Child Tax Credit Earned Income Worksheet 3. _____
4. Is the amount on line 3 more than \$2,500?
 - ☐ **No. Leave line 4 blank, enter -0- on line 5, and go to line 6.** 4. _____
 - ☐ **Yes. Subtract \$2,500 from the amount on line 3. Enter the result.** 5. _____
5. Multiply the amount on line 4 by 15% (.15) and enter the result 5. _____
6. On line 2 of this worksheet, is the amount \$4,500 or more?
 - ☐ **No. If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7. Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12.** 7. _____
 - ☐ **Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.** 8. _____
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2. 9. _____
8. Enter the total of the amounts from Schedule 1, line 15 and Schedule 2, lines 5, 6 and 13 10. _____
9. Add lines 7 and 8. Enter the total 11. _____
10. Enter the amounts from Form 1040/1040-SR, line 27 and Schedule 3, line 11; 1040-NR, Schedule 3, line 11 12. _____
11. Subtract line 10 from line 9. If the result is zero or less, enter -0- 13. _____
12. Enter the **larger** of line 5 or line 11 14. _____
13. Enter the **smaller** of line 2 or line 12 15. _____
14. Is the amount on line 13 of this worksheet more than the amount on line 1?
 - ☐ **No. Subtract line 13 from line 1. Enter the result.** 15. _____
 - ☐ **Yes. Enter -0-.** 15. _____
15. Enter the total of the amounts from Schedule 3, lines 6c, 6g, 6h, and Form 5695, line 15. Enter this amount on line 4 of the Credit Limit Worksheet A 15. _____

Form **1040****Qualified Tuition Program Distribution Worksheet****2022**

Name

Taxpayer Identification Number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

	Taxpayer	Spouse
1. Enter your total earnings distributed from QTPs	1. <u>2,229</u>	_____
2. Enter your adjusted education expenses allocated to QTPs	2. <u>5,788</u>	_____
3. Enter your total gross distributions from QTPs	3. <u>5,788</u>	_____
4. Enter the nontaxable QTP factor (divide line 2 by line 3)	4. <u>1.0000</u>	_____
5. Enter the nontaxable portion of QTP earnings (multiply line 1 by line 4)	5. <u>2,229</u>	_____
6. Enter your taxable portion of QTP earnings (subtract line 5 from line 1) This is the taxable portion of all QTPs for the year. Enter the amount here and include it on line 8 of Form 1040, Schedule 1	6. _____	_____
7. Enter the amount of QTP distributions that are not subject to additional tax. Enter the amount here and include the amount on line 6 of Form 5329.	7. _____	_____
8. Subtract line 7 from line 6. This is the amount of QTP distributions subject to the additional tax, enter the amount here and include it on line 7 of Form 5329.	8. <u>0</u>	<u>0</u>

COPY

Form 1040	QTP/ESA Basis Worksheet	2022
------------------	--------------------------------	-------------

Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE Taxpayer Identification Number ***-**-XXXX

Payer's/Trustee's name FLORIDA PREPAID COLLEGE PLAN
 Account type STATE QTP Account number _____
 Beneficiary first name _____ Beneficiary last name _____

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2021	1. _____
2. Enter QTP/ESA contributions for 2022	2. _____
3. Add lines 1 and 2	3. _____
4. Enter distributions from this QTP/ESA during 2022	4. <u>3,559</u>
5. Subtract Line 4 from Line 3	5. <u>0</u>
6. Other increases or decreases to basis	6. _____
7. Basis in your QTP or ESA as of December 31, 2022	7. _____

COPY

Form **1040****AMT Passive Activity and Loss Limit Adjustment Worksheet****2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

-**-*

	Activity Name	Form/Schedule	Unit	Basis	At-risk	Passive	PTP
Column A	COMMERCIAL RENTAL	SCH E	1			X	
Column B	COMMERCIAL RENTAL	SCH E	2			X	
Column C	COMMERCIAL RENTAL	SCH E	3			X	
Column D	TINA M THOMAS, DMD, PA - DENTIST	K-1	1	X			
Column E							

Current Inc / (Loss) Before Adjustments:

	Column A	Column B	Column C	Column D	Column E
1a Sch C, E, F / 4835 Inc/(Loss)	14,535	-14,375	-15,457		
1b K1 Rec Sch E, P2 Inc / (Loss)				242,288	
1c K1 Rec Sch E, P1 Inc / (Loss)					
1d K1 Rec 1040, Schedule 1 Inc / (Loss)					
1e K1 Rec Sch A Deductions					
1f K1 Rec Form 4684 Losses					
1g K1 Rec Other Deductions					
1 Total Current Inc / (Loss) (Lines 1a to 1g)	14,535	-14,375	-15,457	242,288	

Adjustments & Preference Items:

2a Depreciation post '86	-2			-1	
2b Depletion					
2c Circulation expenditures					
2d Depreciation pre '87					
2e Long-term contracts					
2f Research & experimental					
2g Tax shelter farm					
2h Mining costs / amortization / patron's adj					
2i Trust/Estate adjustment					
2 Total Adjustment & Preference (Lines 2a to 2i)	-2			-1	

Alternative Minimum Tax Income:

3a Current Inc/(Loss) (from Line 1) +At-risk recapture	14,535	-14,375	-15,457	242,288	
3b Adjustments & Preference (from Line 2)	-2			-1	
3c PY Suspended Basis					
3d Disallowed Basis					
3e PY Suspended At-Risk					
3f Disallowed At-Risk					
3g Section 179 Adjustment					
3h PY Suspended Passive	-61,953	-22,727	-10,877		
3i Disallowed Passive	47,420	37,102	26,334		
3 AMT Income / Loss (Line 3a to 3i)	0	0	0	242,287	

Regular Tax Income:

4a Current Inc/(Loss) (from Line 1) +At-risk recapture	14,535	-14,375	-15,457	242,288	
4b PY Suspended Basis					
4c Disallowed Basis					
4d PY Suspended At-Risk					
4e Disallowed At-Risk					
4f Section 179 Adjustment					
4g PY Suspended Passive	-61,954	-22,727	-10,877		
4h Disallowed Passive	47,419	37,102	26,334		
4 Regular Tax Inc / (Loss) (Lines 4a to 4h)	0	0	0	242,288	

Form 6251, Line 2m - Passive Activities (All activities marked passive or PTP)

5 Passive Activities (Line 3 less Line 4)	0	0	0		
---	---	---	---	--	--

Form 6251, Line 2n - Loss Limitations (All activities not marked passive or PTP)

6 Loss Limitation Activities (Line 3 less Line 4)				-1	
---	--	--	--	----	--

TOTAL OF ALL PASSIVE ACTIVITIES TO FORM 6251, LINE 2M

0

TOTAL OF ALL LOSS LIMITATION ACTIVITIES TO FORM 6251, LINE 2N

-1

Form 1040

Nonrefundable Personal Credit Limitation Worksheet

2022

Name **ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE** Taxpayer Identification Number ***-**-6380

Amounts from tax return

a. Regular tax (Form 1040, line 16) **52,618** h. Child tax cr, Wrk 8, line 14 n. Form 8859, line 3
 b. AMT (Form 1040, Schedule 2, line 1) i. Child tax cr (Form 1040, line 19) **500** o. Form 8910, line 15
 c. Exc adv PTC (Form 1040, Sch 2, ln 2) j. Form 5695, line 30 p. Form 8936, line 23
 d. Foreign tax cr (Form 1040, Sch 3, ln 1) k. Form 5695, line 15 q. Form 8834, line 7
 e. Child care cr (Form 1040, Sch 3, ln 2) l. Form 8396, line 9 r. Form 3800, line 38
 f. Education cr (Form 1040, Sch 3, ln 3) m. Elderly cr (Sch R, line 22) s. Form 8839, line 16
 g. Retirement cr (Form 1040, Sch 3, ln 4) t. Form 8978, line 14
 n. Form 8859, line 3
 o. Form 8910, line 15
 p. Form 8936, line 23
 q. Form 8834, line 7
 r. Form 3800, line 38
 s. Form 8839, line 16
 t. Form 8978, line 14

Form 2441

Schedule R

Form 8880

Form 5695, Part II

Form 5695, Part I

1. Total tax available
 2. Other nonrefundable personal credits allowed
 3. Limitation based on tax liability, line 1 minus line 2
 4. Amount from line 3 reported on
 5. Code(s) for tax amount(s) from above
 6. Code(s) for credit amount(s) from above

COPY

Form 8910, Part III

Form 8936, Part III

Form 8396

Form 8839

1. Total tax available
 2. Other nonrefundable personal credits allowed
 3. Limitation based on tax liability, line 1 minus line 2
 4. Amount from line 3 reported on
 5. Code(s) for tax amount(s) from above
 6. Code(s) for credit amount(s) from above

Form 8859

Form 8801

1. Total tax available
 2. Other nonrefundable personal credits allowed
 3. Limitation based on tax liability, line 1 minus line 2
 4. Amount from line 3 reported on
 5. Code(s) for tax amount(s) from above
 6. Code(s) for credit amount(s) from above

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18
 2. Enter the amount from Form 8863, line 9
 3. Add lines 1 and 2
 4. Enter the amount from Form 1040, line 18 **52,618**

5. Enter the total of code(s) d, e, m and t from above
 6. Subtract line 5 from line 4
 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 **52,618**

Form 1040	Passive Activity Deduction Worksheet	2022
------------------	---	-------------

Name ISAAC N. DURRANCE		Taxpayer Identification Number ***-**-XXXX
Activity COMMERCIAL RENTAL	Form SCH E	Unit 1
Type RENTAL REAL ESTATE W/ACTIVE PARTICIPATION		Entire Disposition of Activity

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	61,954		14,535	47,419
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	61,953		14,533	47,420
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

COPY

Form **1040****Passive Activity Deduction Worksheet****2022**

Name

ISAAC N. DURRANCE

Taxpayer Identification Number

***-**-~~0000~~Activity **COMMERCIAL RENTAL**Form **SCH E** Unit **2**Type **OTHER PASSIVE**

Entire Disposition of Activity

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	22,727	14,375		37,102
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	22,727	14,375		37,102
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

COPY

Form **1040****Passive Activity Deduction Worksheet****2022**

Name

ISAAC N. DURRANCE

Taxpayer Identification Number

-**-*

Activity **COMMERCIAL RENTAL**Form **SCH E** Unit **3**Type **RENTAL REAL ESTATE W/ACTIVE PARTICIPATION**

Entire Disposition of Activity

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	10,877	15,457		26,334
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating	10,877	15,457		26,334
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				

COPY

Form **1040****Passive Activity MAGI Calculation****2022**

Name

Taxpayer Identification Number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE***-**-**6428**

1 Adjusted gross income	1	<u>344,972</u>
2 Subtractions:		
2(a) Passive activity income	2(a)	<u>14,535</u>
2(b) Taxable social security income	2(b)	
2(c) Other	2(c)	
2(d) Total subtractions	2(d)	<u>14,535</u>
3 Additions:		
3(a) Allowed passive activity losses	3(a)	<u>14,535</u>
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) Reserved	3(j)	
3(k) Other	3(k)	
Total additions	3(m)	<u>14,535</u>
4 Modified adjusted gross income	4	<u><u>344,972</u></u>

COPY

Schedule E	Qualified Business Income Calculation Worksheet	2022
-------------------	--	-------------

Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE	Taxpayer Identification Number ***-**-XXXX
Property Description COMMERCIAL RENTAL	Form/Schedule E Unit 2

1. Schedule E, Page 1, Net rental real estate income or (loss)	1.	0
Additions for qualified business income:		
2. Form 4797, Ordinary income	2.	
Prior year suspended losses utilized this year:		
3. Passive suspended losses	3.	
4. At-Risk suspended losses	4.	
5. Section 179 expense	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 1231 loss)	7.	
8. Reserved	8.	
9. Reserved	9.	
10. Total subtraction to net profit or (loss). Add lines 7 through 9.	10.	
11. Qualified business income for this activity. Line 1 plus line 6 less line 10.	11.	0

	Beginning of Year		Allowed loss (C)	End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)		Pre -2018 (D)	After 2017 (E)	
Carryovers:						
Passive activity:						
Operating		22,727			37,102	
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						

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

Schedule E	Qualified Business Income Calculation Worksheet	2022
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Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE	Taxpayer Identification Number ***-**- 6728
Property Description COMMERCIAL RENTAL	Form/Schedule Unit E 3

1. Schedule E, Page 1, Net rental real estate income or (loss)	1. 0
Additions for qualified business income:	
2. Form 4797, Ordinary income	2.
Prior year suspended losses utilized this year:	
3. Passive suspended losses	3.
4. At-Risk suspended losses	4.
5. Section 179 expense	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 1231 loss)	7.
8. Reserved	8.
9. Reserved	9.
10. Total subtraction to net profit or (loss). Add lines 7 through 9.	10.
11. Qualified business income for this activity. Line 1 plus line 6 less line 10.	11. 0

	Beginning of Year		COPY	End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)		Pre -2018 (D)	After 2017 (E)	
Carryovers:						
Passive activity:			Allowed loss (C)			
Operating		10,877			26,334	
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						

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

Schedule E

K-1 Reconciliation Worksheet - Qualified Business Income

2022

Name		TINA M. THOMAS-DURRANCE		Taxpayer Identification Number		***-**-****	
Entity Name		TINA M THOMAS, DMD, PA		Entity Type		S CORPORATION	
Activity		DENTIST		EIN		65-0798449	
		Passive Activity Type		NOT PASSIVE		Screen K1	
				Entire disposition of activity		K1 Unit	
						1	
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Basis Limit Adjustment	At-risk Limit Adjustment	Passive Limitation	Qualified Business Income	Prior Year Suspended QBI Losses Allowed
Ordinary business inc/-loss	242,288	242,288				242,288	Passive / 179
Net rental real estate inc/-loss							Basis
Other net rental income/-loss							At-risk
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 acqisist							
Deductible part of SE tax							
Self-employed health insurance							
Self-employed qualified plans							
Ordinary gains on distribution							
Total Qualified Business Income						242,288	

COPY

Form 8995 or 8995-A

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							

Form **1040****Rent and Royalty Reconciliation****2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer identification number

***-**-**0000**

Property description

COMMERCIAL RENTALUnit **1** Ownership Percentage _____T, S, J **T** Business Use Percentage _____Passive type: **ACTIVE PARTICIPATION**State **FL** Personal Use Percentage _____

1. Physical address:

Street **5935 US HWY 27 N**City, state, zip **SEBRING FL 33870**Property type: **COMMERCIAL**

2. Property Use Information:

Fair Rental Days **365**

Personal Use Days _____

QJV _____

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	126,939			126,939
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance				
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098	22,641			
Refinancing points on 1098	22,641			
12. Mortgage interest paid to banks, etc.				22,641
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs	41,000			41,000
15. Supplies				
Real estate taxes	12,593			
All other taxes	5,222			
16. Taxes (total)	17,815			17,815
17. Utilities				
18. Depreciation expense or depletion	14,483			14,483
19. Other (list)				
TRUIST ADJUSTING	15,606			15,606
AMORTIZATION	859			859
20. Total expenses. Add lines 5 through 19	112,404			112,404
21. Income or (loss) from rental or royalty properties				14,535

Form 1040	Rent and Royalty Reconciliation	2022
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Name **ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE** Taxpayer identification number *****-**-6268**

Property description **COMMERCIAL RENTAL** Unit **2** Ownership Percentage _____
 Passive type: **OTHER PASSIVE** T, S, J _____ Business Use Percentage _____
 State _____ Personal Use Percentage _____

1. Physical address: Street **323 S. 6TH AVE.** 2. Property Use Information: Fair Rental Days **365**
 City, state, zip **WAUCHULA FL 33873** Personal Use Days _____
 Property type: **SELF-RENTAL** QJV _____

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	3,000			3,000
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance				
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098	6,614			
Refinancing points on 1098	6,614			
12. Mortgage interest paid to banks, etc.				6,614
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs	3,837			3,837
15. Supplies				
Real estate taxes	3,073			
All other taxes	210			
16. Taxes (total)	3,283			3,283
17. Utilities				
18. Depreciation expense or depletion	3,641			3,641
19. Other (list)				
20. Total expenses. Add lines 5 through 19	17,375			17,375
21. Income or (loss) from rental or royalty properties				-14,375

Taxpayer identification number
***-**-XXXX

Unit 3 Ownership Percentage _____
T, S, J _____ Business Use Percentage _____
State _____ Personal Use Percentage _____

State Personal Use Percentage _____

2. Property Use Information:

Fair Rental Days	365
Personal Use Days	_____
QJV	_____

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	3,000			3,000
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance				
8. Commissions				
9. Insurance				
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098	COPY			
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.	COPY			9,462
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs				
15. Supplies				
Real estate taxes	3,257			
All other taxes	210			
16. Taxes (total)	3,467			3,467
17. Utilities				
18. Depreciation expense or depletion	5,528			5,528
19. Other (list)				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
.....				
20. Total expenses. Add lines 5 through 19	18,457			18,457
21. Income or (loss) from rental or royalty properties.				-15,457

Federal Statements

Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

Description	Amount
1ST QUARTER ESTIMATE PAYMENT	\$ 7,100
2ND QUARTER ESTIMATE PAYMENT	7,100
3RD QUARTER ESTIMATE PAYMENT	7,100
4TH QUARTER ESTIMATE PAYMENT	7,100
TOTAL	\$ <u>28,400</u>

COPY

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Federal Statements

Commercial Rental

Schedule E, Line 3 - Rents Received

Description	Amount
RENTS	\$ 74,640
INSURANCE PROCEEDS	52,299
TOTAL	\$ 126,939

Commercial Rental

Schedule E, Line 12 - Mortgage Interest Paid to Banks

Description	Gross Amount	Business Use Percentage	Net Amount
FIRST SOUTHERN BANK	\$ 22,641		\$ 22,641
TOTAL	\$ 22,641		\$ 22,641

Commercial Rental

Schedule E, Line 16 - Taxes

Description	Gross Amount	Business Use Percentage	Net Amount
REAL ESTATE TAXES	\$ 2,074		\$ 2,074
REAL ESTATE TAXES	367		367
SALES TAXES	5,222		5,222
REAL ESTATE TAXES	9,493		9,493
REAL ESTATE TAXES	659		659
TOTAL	\$ 17,815		\$ 17,815

Commercial Rental

Schedule E, Line 12 - Mortgage Interest Paid to Banks

Description	Gross Amount	Business Use Percentage	Net Amount
FIRST SOUTHERN BANK	\$ 6,614		\$ 6,614
GLASFRYN			
TOTAL	\$ 6,614		\$ 6,614

Commercial Rental

Schedule E, Line 16 - Taxes

Description	Gross Amount	Business Use Percentage	Net Amount
REAL ESTATE TAXES	\$ 3,073		\$ 3,073
SALES TAXES	210		210
TOTAL	\$ 3,283		\$ 3,283

***-**-XXXX

Federal Statements**Commercial Rental****Schedule E, Line 12 - Mortgage Interest Paid to Banks**

Description	Gross Amount	Business Use Percentage	Net Amount
FIRST SOUTHERN BANK	\$ 7,887		\$ 7,887
DILLON	1,575		1,575
TOTAL	\$ 9,462		\$ 9,462

Commercial Rental**Schedule E, Line 16 - Taxes**

Description	Gross Amount	Business Use Percentage	Net Amount
REAL ESTATE TAXES	\$ 3,257		\$ 3,257
SALES TAXES	210		210
TOTAL	\$ 3,467		\$ 3,467

COPY

***-**-

Federal Statements

Form 6251, Line 2m - Passive Activities

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 2m
COMMERCIAL RENTAL	SCH E1	\$ 0	\$ 0	\$ 0
COMMERCIAL RENTAL	SCH E1	0	0	0
COMMERCIAL RENTAL	SCH E1	0	0	0
TOTAL		\$ 0	\$ 0	\$ 0

Form 6251, Line 2n - Loss Limitations

Description	Form/ Sch	AMT Inc/Loss	Regular Inc/Loss	Difference Line 2n
TINA M THOMAS, DMD, PA - DENTIST	SCH E2	\$ 242,287	\$ 242,288	\$ -1
TOTAL		\$ 242,287	\$ 242,288	\$ -1

COPY

Federal Statements

Form 8582, Passive Activity Income and Allowed Losses

Activity Name	Screen	Unit #	Current Year		Prior Year		Unallowed		Allowed	Form
			Net Income	Net Loss	Unallowed Loss	Unallowed Loss	Loss	Loss		
COMMERCIAL RENTAL	E	1	\$ 14,535	\$	\$ 61,954	\$ 47,419	\$ 14,535		SCH E	PART I
COMMERCIAL RENTAL	E	2		14,375	22,727	37,102			SCH E	PART I
COMMERCIAL RENTAL	E	3		15,457	10,877	26,334			SCH E	PART I
TOTAL			\$ 14,535	\$ 29,832	\$ 95,558	\$ 110,855	\$ 14,535			

COPY

***-**-XXXX

Federal Statements

SCHOOL BOARD OF HIGHLANDS COUNTY

Form W-2, Box 12

Description	Amount
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	\$ 21,215
TOTAL	\$ 21,215

COPY

***-**-XXXX

Federal Statements

Tina M Thomas, DMD, PA

Form W-2, Box 12

Description	Amount
EMPLOYEE SALARY REDUCTION SECTION 408(P) CONTRIBUTIONS	\$ 7,500
TOTAL	\$ 7,500

COPY

***-**-XXXX

Federal Statements

SOUTH FLORIDA STATE COLLEGE

Form W-2, Box 12

Description	Amount
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 14
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	6,121
EMPLOYER (AND EMPLOYEE SECT. 125) CONTRIBUTIONS TO HSA	500
TOTAL	<u>\$ 6,635</u>

COPY

Form **1040****Salaries & Wages Report****2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-XXXX

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	SCHOOL BOARD OF HIGHLANDS COUNTY	24,474	1,137	25,578
B S	TINA M THOMAS, DMD, PA	23,500	5,631	31,000
C T	SOUTH FLORIDA STATE COLLEGE	54,710	6,696	54,710
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		79,184	7,833	80,288
Spouse		23,500	5,631	31,000
Totals		102,684	13,464	111,288

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	1,586	25,578	371				
B	1,922	31,000	450				
C	3,392	54,710	793				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,978	80,288	1,164				
Spouse	1,922	31,000	450				
Totals	6,900	111,288	1,614				

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

Form **1040****Two Year Comparison Report - Page 1****2021 & 2022**

Name

Taxpayer Identification Number

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

***-**-XXXX

		2021	2022	Differences
		MFJ	MFJ	
Filing Status		1	1	
Dependents				
1. Salaries and wages	1.	82,771	102,684	19,913
2. Interest income	2.	30		-30
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.	170,852	242,288	71,436
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total Income	20.	253,653	344,972	91,319
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	29.			
30. Adjusted gross income	30.	253,653	344,972	91,319
31. Medical	31.			
32. Taxes	32.	1,675	5,345	3,670
33. Interest	33.			
34. Contributions	34.	600		-600
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	2,275	5,345	3,070
38. Standard deduction	38.	25,700	25,900	200
		STANDARD	STANDARD	
39. Deduction taken	39.	25,700	25,900	200
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	227,953	319,072	91,119
41. QBID	41.	34,170	48,458	14,288
42. Taxable Income	42.	193,783	270,614	76,831

Form **1040****Two Year Comparison Report - Page 2****2021 & 2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-8222

		2021	2022	Differences
43.	Taxable income from 2YR page 1, line 42	193,783	270,614	76,831
44.	Tax on taxable income	34,550	52,618	18,068
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit			
48.	Education credits			
T 49.	Retirement savings credit			
a 50.	Child & other dependent tax credit	500	500	
x 51.	General business credit			
52.	Other credits			
C 53.	Total credits	500	500	
o 54.	Net tax liability	34,050	52,118	18,068
m 55.	Self-employment taxes			
p 56.	Other taxes	1		-1
u 57.	Total tax	34,051	52,118	18,067
t 58.	Income tax withheld	9,128	13,464	4,336
a 59.	Estimated tax payments	14,909	28,400	13,491
t 60.	Earned income credit			
i 61.	Additional Child tax credit			
o 62.	Other refundable tax credits			
n 63.	Other payments			
64.	Total payments	24,037	41,864	17,827
65.	Tax due/-refund	10,014	10,254	240
66.	Penalties and interest			
67.	Net tax due/-refund	10,014	10,254	240
68.	Refund applied to estimated tax payments			
69.	Refund received			
70.	Effective tax rate	18.0 %	19.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2021 Taxable Income	2021 Marginal Tax Rate	2022 Taxable Income	2022 Marginal Tax Rate
Ordinary income	193,783	24.0 %	270,614	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Federal Tax Projection Worksheet 1 - Tax Computation****2022 & 2023**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-XXXX

		2022	2023	Differences
		MFJ	MFJ	
	Filing Status			
	Dependents			
	1. Salaries and wages	102,684	102,684	
	2. Interest income			
	3. Dividend income			
	4. Taxable state/local refunds			
	5. Alimony received			
	6. Business income/loss			
	7. Capital gain/loss			
	8. Other gains/losses			
	9. Taxable IRA distributions			
	10. Taxable pensions and annuities			
	11. Schedule E income/loss	242,288	242,288	
	12. Farm income/loss			
	13. Unemployment benefits			
	14. Taxable social security benefits			
	15. Other income			
	16. Total income	344,972	344,972	
	17. Moving expenses			
	18. Deductible part of self-employment tax			
	19. SEP/SIMPLE/Qualified plans deductions			
	20. Self-employed health insurance deduction			
	21. Penalty on early withdrawal of savings			
	22. Alimony paid			
	23. IRA deductions			
	24. Student loan interest deduction			
	25. Other adjustments			
	26. Adjusted gross income	344,972	344,972	
	27. Medical			
	28. State/local income or sales taxes	2,391	2,391	
	29. Real estate taxes	2,954	2,954	
	30. Personal property taxes			
	31. Total State/Local taxes. Add lines 28 - 30	5,345	5,345	
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	5,345	5,345	
	33. Other taxes			
	34. Interest			
	35. Contributions			
	36. Casualty losses from a federally declared disaster			
	37. Miscellaneous expenses (including qualified disaster loss)			
	38. Allowable itemized deductions	5,345	5,345	
	39a. Standard deduction	25,900	27,700	1,800
	39b. Reserved for future use			
		STANDARD	STANDARD	
	40. Deduction taken	25,900	27,700	1,800
	41. Subtract line 40 from line 26	319,072	317,272	-1,800
	42. Qualified business income deduction	48,458	0	-48,458
	43. Taxable income	270,614	317,272	46,658

Form **1040****Federal Tax Projection Worksheet 2 - Tax Computation****2022 & 2023**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-XXXX

	Filing Status	2022	2023	Differences
		MFJ	MFJ	
	44. Taxable income from TPW page 1, line 43	270,614	317,272	46,658
	45. Tax on taxable income	52,618	62,945	10,327
	46. Taxes from Forms 4972, 8814, and add'l taxes			
	47. Alternative minimum tax			
	48. Add lines 45, 46, and 47	52,618	62,945	10,327
	49. Foreign tax credit			
T	50. Child and dependent care credit			
a	51. Education credits			
x	52. Retirement savings credit			
	53. Credit for the elderly			
C	54. Child tax credit/credit for other dependents	500	500	
o	55. Nonbusiness energy property credit			
m	56. Alternative motor vehicle credit (Form 8910)			
p	57. Qualified plug-in electric motor vehicle (Form 8936)			
u	58. Mortgage interest credit			
t	59. D.C. first-time homebuyer credit			
a	60. Residential energy efficient property credit			
t	61. Adoption credit			
	62. General business credit			
l	63. Prior year minimum tax credit			
o	64. Other credits			
n	65. Total credits	500	500	
	66. Net tax liability	52,118	62,445	10,327
	67. Self-employment tax			
	68. Tax on unreported tips			
	69. Tax on IRA or qualified plans			
	70. Household employment taxes			
	71. First-time homebuyer credit repayment			
	72. Reserved			
	73. Additional Medicare Tax			
	74. Net Investment Income Tax			
	75. Other taxes			
	76. Total tax	52,118	62,445	10,327
	77. Income tax withheld	13,464	13,464	
	78. Estimated tax payments	28,400	43,900	15,500
	79. Earned income credit			
	80. Additional child tax credit		0	
	81. Reserved			
	82. Reserved			
	83. Other payments			
	84. Total payments	41,864	57,364	15,500
	85. Net tax due/-refund	10,254	5,081	-5,173
	86. Marginal Tax Rate - Ordinary Income	24.0%	24.0%	
	87. Marginal Tax Rate - Capital Income	%	%	
	88. Effective Tax Rate	19.0%	20.0%	

Form **1040****Tax Projection Worksheet - Child Tax Credit/ODC Worksheets****2023**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-XXXX

Child Tax Credit/Credit for Other Dependents - Federal Tax Projection Worksheet, Page 2, Line 54

1. Number of qualifying children with the required social security number: _____ x \$2,000. Enter the result.	1. _____
2. Number of qualifying other dependents: <u>1</u> x \$500. Enter the result.	2. <u>500</u>
3. Add lines 1 and 2.	3. <u>500</u>
4. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 26	4. <u>344,972</u>
5. Enter the total of any foreign income and/or housing exclusion/deduction from Federal Tax Projection Worksheet, Page 1, line 15	5. _____
6. Add lines 4 and 5.	6. <u>344,972</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household or qualifying surviving spouse	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? ☒ No. Leave line 8 blank. Enter -0- on line 9. ☐ Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000	8. _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, stop here; you cannot take this credit.	10. <u>500</u>
11. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 48.	11. <u>62,945</u>
12. Add the amounts from Federal Tax Projection Worksheet, Page 2, lines 49, 50, 51, 52 & 53, plus lines 55, 56 and 57	12. _____
13. Subtract line 12 from line 11.	13. <u>62,945</u>
14. Child tax credit/credit for other dependents. Enter the smaller of line 10 or line 13 here and on Federal Tax Projection Worksheet, Page 2, line 544.	14. <u>500</u>

Additional Child Tax Credit - Federal Tax Projection Worksheet, Page 2, Line 80

1. Enter the amount from line 10 of the Child Tax Credit Worksheet above	1. _____
2. Enter your child tax credit from Federal Tax Projection Worksheet, Page 2, line 54	2. _____
3. Subtract line 2 from 1. If zero, stop; you cannot take this credit	3. _____
4. Multiply the number of qualifying children from line 1 of the Child Tax Credit Worksheet above by \$1,600	4. _____
5. Enter the smaller of line 3 or line 4	5. _____
6. Enter your total earned income	6. _____
7. If line 6 is less than \$2,500, leave line 7 blank and enter -0- on line 8. Otherwise, subtract \$2,500 from the amount on line 6	7. _____
8. Multiply the amount on line 7 by 15% (.15) and enter the result.	8. _____
If you have three or more qualifying children: If line 8 is equal to or more than line 5, skip lines 9-14 and enter the amount from line 5 on line 15. Otherwise, go to line 9. If you have less than three qualifying children: If line 8 is zero, stop; you cannot take the additional child tax credit. Otherwise, skip lines 9-14 and enter the smaller of line 5 or 8 on line 15.	
9. Enter your projected social security, Medicare, and Additional Medicare taxes from Form W-2, boxes 4 and 6. Also include any Additional Medicare Tax on Medicare wages, and one-half of any Additional Medicare Tax on self-employment income	9. _____
10. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 18 plus any unreported social security and Medicare tax included on Federal Tax Projection Worksheet, Page 2, line 68	10. _____
11. Add lines 9 and 10	11. _____
12. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 79, plus any excess social security w/h included on line 82	12. _____
13. Subtract line 12 from line 11. If the result is zero or less, enter -0-	13. _____
14. Enter the larger of line 8 or line 13	14. _____
15. Additional child tax credit. Enter the smaller of line 5 or line 14 here and on Federal Tax Projection Worksheet, Page 2, line 80	15. _____

Form **1040**

Tax Return History Report - Page 1

2022

Name **ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE**

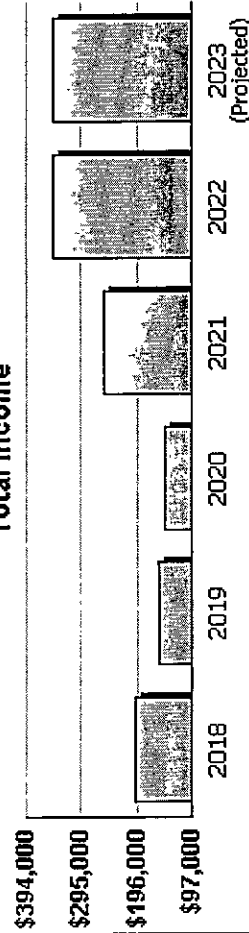
Taxpayer Identification Number

-**-*

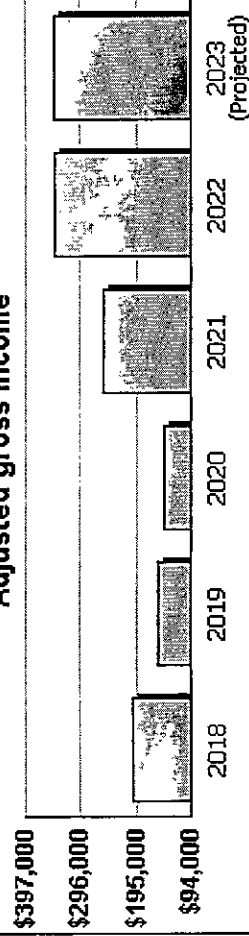
Filing Status	2018	2019	2020	2021	2022	2023 PROJECTED
	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	44,196	22,341	55,848	82,771	102,684	102,684
Interest income				30		
Dividend income						
Business income/loss						
Capital gains/losses	21,037					
Other gains/losses						
IRA distributions, pensions, annuities						
Rent, royalty, farm rental income			-1,137			242,288
Partnership/S corp income	134,694	132,736	92,178	170,852	242,288	
Estate or trust income						
Farm income/loss						
Other income/loss						
Total income	199,927	155,077	146,889	253,653	344,972	344,972
Total adjustments		2,000	2,300			
Adjusted gross income	199,927	153,077	144,589	253,653	344,972	344,972
Allowable itemized deductions	1,617	1,459	1,707	2,275	5,345	5,345
Standard deduction	24,000	24,400	24,800	25,700	25,900	27,700
Itemized or standard deduction taken	24,000	24,400	24,800	25,700	25,900	27,700
Exemptions						
Taxable income before Qual Bus Inc Ded	148,622	128,677	119,789	227,953	319,072	317,272
Qual Bus Inc Ded		25,735	18,436	34,170	48,458	
Taxable income	148,622	102,942	101,353	193,783	270,614	317,272

* 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.

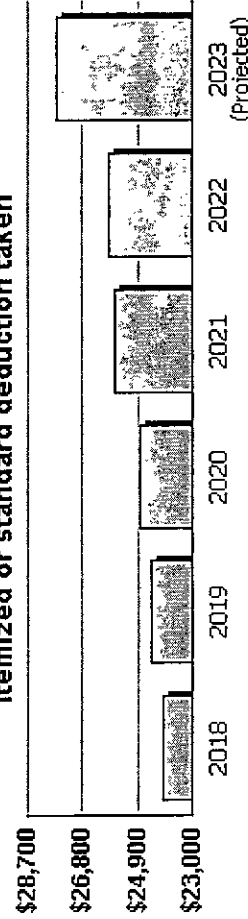
Total income



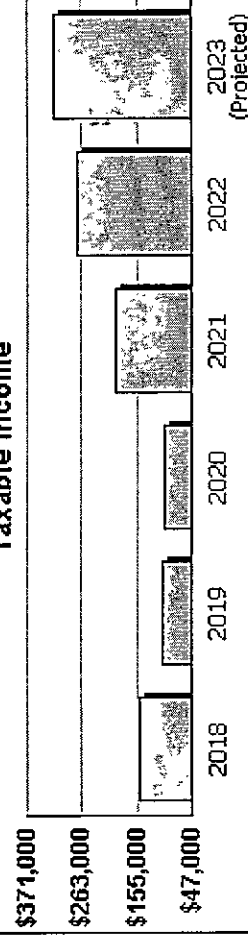
Adjusted gross income



Itemized or standard deduction taken



Taxable income



Form 1040

Tax Return History Report - Page 2

2022

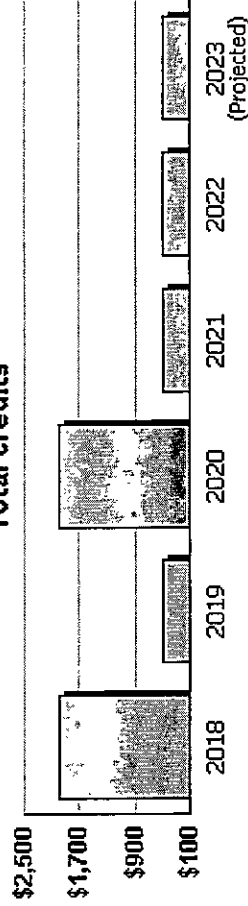
Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

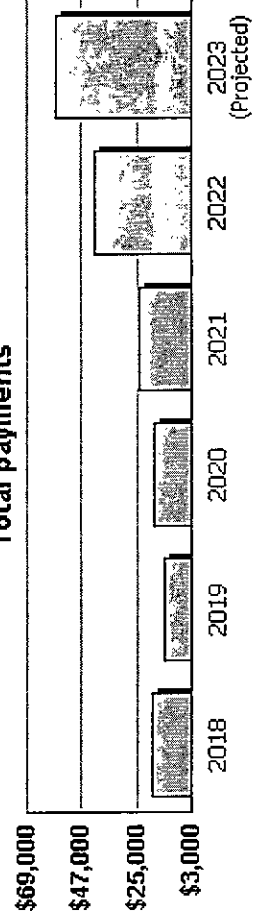
-**-*

	2018	2019	2020	2021	2022	2023 PROJECTED
Taxable income	148,622	102,942	101,353	193,783	270,614	317,272
Tax on taxable income and Form 8962	23,104	14,364	13,878	34,550	52,618	62,945
Alternative minimum tax						
Total credits	2,000	500	2,000	500	500	500
Net tax liability	21,104	13,864	11,878	34,050	52,118	62,445
Self-employment taxes						
Other taxes				1		
Total tax	21,104	13,864	11,878	34,051	52,118	62,445
Income tax withheld	6,399	1,276	5,767	9,128	13,464	13,464
Estimated tax payments	12,000	12,800	10,712	14,909	28,400	43,900
Other payments			1,308			
Total payments	18,399	14,076	17,787	24,037	41,864	57,364
Total dual-refund	2,705	-212	-5,909	10,014	10,254	5,081
Penalties and interest						
Net tax dual-refund	2,705	-212	-5,909	10,014	10,254	5,081
Refund applied to estimated tax payments		212	5,909			
Refund received						
Marginal tax rate	22.0%	22.0%	22.0%	24.0%	24.0%	24.0%
Effective tax rate	14.0%	13.0%	12.0%	18.0%	19.0%	20.0%

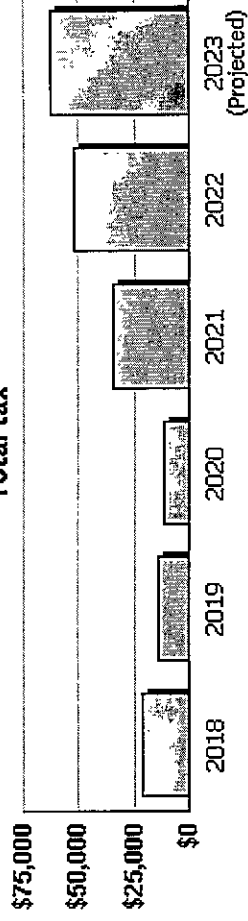
Total credits



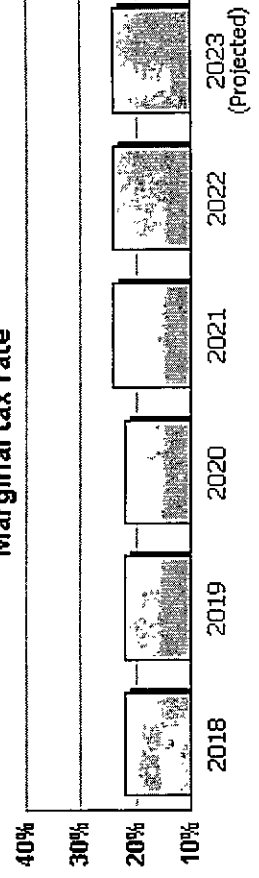
Total payments



Total tax



Marginal tax rate



Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2022**

Name

ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE

Taxpayer Identification Number

***-**-XXXX

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)

19.0 %Tax Method **TAX RATE SCHEDULE**

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	270,614	24.0 %	52,618	\$178,150 - \$340,100	69,486
Capital Income		%			
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.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate	1a. 20,550	1b. 2,058
2. 12% rate	2a. 63,000	2b. 7,563
3. 22% rate	3a. 94,600	3b. 20,806
4. 24% rate	4a. 92,464	4b. 22,191
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. 270,614	8b. 52,618

Income taxed at capital gains rates

9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate	10a. _____	10b. _____
11. 20% capital gains rate	11a. _____	11b. _____
12. 25% capital gains rate	12a. _____	12b. _____
13. 28% capital gains rate	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a. _____	14b. _____

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 270,614
16. Total capital gains taxable income. Enter the amount from line 14a.	16. _____
17. Add lines 15 and 16.	17. 270,614
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18. _____
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 270,614

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 52,618
21. Total capital gains tax. Enter the amount from line 14b.	21. _____
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. 52,618
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 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 52,618

Form 1040	Reconciliation Worksheet - Projected Taxable Income & Tax	2023
Name ISAAC N. DURRANCE & TINA M. THOMAS-DURRANCE		Taxpayer Identification Number ***-**-****

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 projected 2023 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 24) divided by Total Taxable Income (ln 19) **20.0 %**
 Tax Method **TAX RATE SCHEDULES**

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	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	317,272	24.0 %	62,945	\$190,750 - \$364,200	46,928
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
Projected Income taxed at ordinary rates		
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$22,000	1a. 22,000	1b. 2,200
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$67,450	2a. 67,450	2b. 8,094
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$101,300	3a. 101,300	3b. 22,286
4. 24.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$173,450	4a. 126,522	4b. 30,365
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 317,272	8b. 62,945

Projected Income taxed at capital gains rates		
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
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 projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15.	317,272
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	317,272
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19.	317,272

Total projected tax		
20. Total ordinary tax. Enter the amount from line 8b.	20.	62,945
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22.	62,945
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.	
24. Total projected 2023 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24.	62,945

IRS e-file Signature Authorization

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

ISAAC N.**DURRANCE**

Social security number

***-**-**800**

Spouse's name

TINA M.**THOMAS-DURRANCE**

Spouse's social security number

-**-**1000*Part I Tax Return Information — Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	344,972
2	Total tax	2	52,118
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,464
4	Amount you want refunded to you	4	
5	Amount you owe	5	10,254

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **WICKS, BROWN, WILLIAMS & CO., CPA'S** to enter or generate my PIN **66786** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶ **04/03/23**

Spouse's PIN: check one box only

☒ I authorize **WICKS, BROWN, WILLIAMS & CO., CPA'S** to enter or generate my PIN **64043** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶ **04/03/23****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶ **04/03/23**

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (Rev. 01-2021)