

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/18/2023

General Information

Name: Mark Hatch

Address: Po Box 1273, Cross City, FL 32628

PID 225783

County: Dixie

AGENCY INFORMATION

Organization	Suborganization	Title
Dixie County	Elected Constitutional Officer	County Commissioner District 3

Net Worth

My Net Worth as of December 31, 2022 was \$ 1,315,000.00.

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 \$ 135,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
BRICK HOME 266 SE 467TH ST CROSS CITY FL 32628	\$ 270,000.00
TRI COUNTY REFRESHMENTS (VENDING BUSINESS)	\$ 950,000.00
M & S PINE TREES FARM'S 266 SE 467ST OLD TOWN FL 32680	\$ 150,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FRIST FEDERAL OF FLORIDA	P.O. BOX 8066 VIRGINA BEACH VA 23450	\$ 120,000.00
RADIANT CREDIT UNION	1003 NW 22ND CT CHIEFLAND FL 32626	\$ 70,000.00

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.

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
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

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.

Mark Hatch

Digitally signed: 06/18/2023

Filed with COE: 06/18/2023

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

Marvis C & Sherrey A Hatch

Taxpayer address (optional)

PO Box 1273

Cross City, FL 32628

1. ☐ Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Tina B, Singletary CPA, Inc.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Marvis C & Sherrey A Hatch

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. 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 Marvis C		Last name Hatch		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Sherrey A		Last name Hatch		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. PO Box 1273				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Cross City				State FL	
Foreign country name				ZIP code 32628	
Foreign province/state/county				Foreign postal code	
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):					

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 108,345
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 108,345

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	b Taxable interest 2b
	3a Qualified dividends 3a 2	b Ordinary dividends 3b 4
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a	b Taxable amount 5b
	6a Social security benefits 6a	b Taxable amount 6b
	c If you elect to use the lump-sum election method, check here (see instructions) ☐	
	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 (66,192)
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 42,157
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 42,157
	12 Standard deduction or itemized deductions (from Schedule A)	12 25,900
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12 and 13	14 25,900
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 16,257

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	1,628
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,628
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,628
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	1,628

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,843
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,843
26	2022 estimated tax payments and amount applied from 2021 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	5,843

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,215
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	4,215
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	0
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	Tina Singletary	Phone no.	386-294-1040	Personal identification number (PIN)	
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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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	03-17-2023		
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 inst.)
	03-17-2023		
Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Tina Singletary	03-17-2023		
Preparer's name	Tina Singletary	Phone no.	386-294-1040
Firm's name	Tina B, Singletary CPA, Inc.		
Firm's address	PO Box 58 Mayo, FL 32066	Firm's EIN	59-3730554

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

2022

Attachment
Sequence No. **01**

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

Your social security number

Marvis C & Sherrey A Hatch

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	(59,912)
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	(6,280)
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 ABLE 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	(66,192)

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

Schedule 1 (Form 1040) 2022

EEA

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	0

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

Marvis C Hatch

A Principal business or profession, including product or service (see instructions)

Food and Drink Vendi

C Business name. If no separate business name, leave blank.

Tri County Refreshments LLC

E Business address (including suite or room no.)

PO Box 1273

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

Cross City, FL 32628

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2022, check here ☐ Yes ☐ No

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	191,000
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	191,000
4 Cost of goods sold (from line 42)	4	153,894
5 Gross profit. Subtract line 4 from line 3	5	37,106
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	37,106

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	3,935
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	16,751
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	65,000
			27a Other expenses (from line 48)	27a	11,332
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	97,018			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(59,912)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(59,912)			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk. 32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022

Name(s)

SSN

Marvis C Hatch

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☒ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0	
36	Purchases less cost of items withdrawn for personal use	36	153,894	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	153,894	
41	Inventory at end of year	41	0	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	153,894	

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

43	When did you place your vehicle in service for business purposes? (month/day/year) _____		
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:		
a	Business _____	b	Commuting (see instructions) _____
		c	Other _____
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Phone	1,636
Fuel	6,121
Miscellaneous	3,575
48 Total other expenses. Enter here and on line 27a	48 11,332

SCHEDULE F
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **14**

Name of proprietor

Social security number (SSN)

Marvis C Hatch

A Principal crop or activity

Timber

B Enter code from Part IV

113000

C Accounting method:

☒ Cash ☐ Accrual

D Employer ID number (EIN) (see instr)

E Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on passive losses . . . ☒ Yes ☐ No

F Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . ☐ Yes ☒ No

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

Part I Farm Income - Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of purchased livestock and other resale items (see instructions)	1a		
b Cost or other basis of purchased livestock or other items reported on line 1a	1b		
c Subtract line 1b from line 1a		1c	
2 Sales of livestock, produce, grains, and other products you raised		2	
3a Cooperative distributions (Form(s) 1099-PATR)	3a	3b Taxable amount	3b
4a Agricultural program payments (see instructions)	4a	4b Taxable amount	4b
5a Commodity Credit Corporation (CCC) loans reported under election			5a
b CCC loans forfeited	5b	5c Taxable amount	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions):			
a Amount received in 2022	6a	6b Taxable amount	6b
c If election to defer to 2023 is attached, check here ☐		6d Amount deferred from 2021	6d
7 Custom hire (machine work) income		7	
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		8	
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions		9	0

Part II Farm Expenses - Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10 Car and truck expenses (see instructions). Also attach Form 4562	10	296	23 Pension and profit-sharing plans	23	
11 Chemicals	11		24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14	2,950	25 Repairs and maintenance	25	2,150
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16		27 Storage and warehousing	27	
17 Fertilizers and lime	17		28 Supplies	28	
18 Freight and trucking	18		29 Taxes	29	
19 Gasoline, fuel, and oil	19		30 Utilities	30	
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	
21 Interest (see instructions):			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a		a	32a	
b Other	21b	884	b	32b	
22 Labor hired (less employment credits)	22		c	32c	
			d	32d	
			e	32e	
			f	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions	33				6,280
34 Net farm profit or (loss). Subtract line 33 from line 9	34				(6,280)

If a profit, stop here and see instructions for where to report. If a loss, complete line 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

a ☒ All investment is at risk. **b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule F (Form 1040) 2022

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2022**Attachment
Sequence No. **179**

Name(s) shown on return

Marvis C & Sherrey A Hatch

Business or activity to which this form relates

FARM - Timber

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	2,950
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,950
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No					24b If "Yes," is the evidence written? ☒ Yes ☐ No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25	
26 Property used more than 50% in a qualified business use:									
Auto	01-01-2018	100.0%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)	490											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	490											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	x											
36 Is another vehicle available for personal use?	x											

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

2022

Submission Identification Number (SID) ▶

Taxpayer's name

Marvis C Hatch

Spouse's name

Sherrey A Hatch

Social security number

Spouse's social security number

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	42,157
2	Total tax	2	1,628
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,843
4	Amount you want refunded to you	4	4,215
5	Amount you owe	5	

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 onlyRefund will be deposited to: RTN= [REDACTED] Acct= [REDACTED]
☒ I authorize Tina B, Singletary CPA, Inc. to enter or generate my PIN [REDACTED] as my
ERO firm name 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 ▶ _____

Spouse's PIN: check one box only☒ I authorize Tina B, Singletary CPA, Inc. to enter or generate my PIN [REDACTED] as my
ERO firm name 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 ▶ _____

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.

[REDACTED]
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 ▶ Tina Singletary Date ▶ 03-17-2023

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.

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax Identification Number

Schedule C, Line 23 - Taxes and LicensesDescriptionAmount

Payroll tax

\$ 4,973

Sales tax

11,640

LLC fee

138

Total:

\$ 16,751

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2022 PG01

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Description

Amount

W2 - Dixie Count Board of County Commis

1,206

W2 - Tri County Refreshments

1,170

W2 - Cross City Operations LLC

2,785

W2 - Ayers Health Rehabilitation Center

682

W-2 Subtotal

5,843

Total Withholdings

5,843

(This page is not filed with the return. It is for your records only.)

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

T/S	Employer Name	FEDERAL		STATE		
		Gross	W/H	State Code	Gross	W/H
T	Dixie Count Board of County	29,356	1,206			
T	Tri County Refreshments	24,700	1,170			
S	Cross City Operations LLC	39,498	2,785			
S	Ayers Health Rehabilitation	14,791	682			
Taxpayer Totals		54,056	2,376			
Spouse Totals		54,289	3,467			
Totals		108,345	5,843			

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 1,628

Tax from Qualified Dividends/Capital Gain Worksheet \$ 1,628

\$ 1,628 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	16,257
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	2
3. Are you filing Schedule D?*		
☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
☒ No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	2
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	16,255
6. Enter:		
\$41,675 if single or married filing separately, \$83,350 if married filing jointly or qualifying surviving spouse, \$55,800 if head of household.	6.	83,350
7. Enter the smaller of line 1 or line 6	7.	16,257
8. Enter the smaller of line 5 or line 7	8.	16,255
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	2
10. Enter the smaller of line 1 or line 4	10.	2
11. Enter the amount from line 9	11.	2
12. Subtract line 11 from line 10	12.	
13. Enter:		
\$459,750 if single, \$258,600 if married filing separately, \$517,200 if married filing jointly or qualifying surviving spouse, \$488,500 if head of household.	13.	517,200
14. Enter the smaller of line 1 or line 13	14.	16,257
15. Add lines 5 and 9	15.	16,257
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	
17. Enter the smaller of line 12 or line 16	17.	
18. Multiply line 17 by 15% (0.15)	18.	
19. Add lines 9 and 17	19.	2
20. Subtract line 19 from line 10	20.	
21. Multiply line 20 by 20% (0.20)	21.	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	1,628
23. Add lines 18, 21, and 22	23.	1,628
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	1,628
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	1,628

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**Worksheet B
Form 1040**

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2022

Name(s) as shown on return

Tax ID Number

Marvis C Hatch

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE**

- Enter the amount from Schedule SE, Part I, line 3.
- Enter any amount from Schedule SE, Part I, line 4b and line 5a.
- Combine lines 1a and 1b.
- Enter the amount from Schedule SE, Part I, line 13.
- Subtract line 1d from line 1c.

1a	
+	1b
=	1c
-	1d
=	1e

Part 2

**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

- Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.
- Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.
 - Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.
 - Combine lines 2a and 2b.

2a	(6,280)
+	2b
=	2c
	(59,912)
	(66,192)

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3

**Statutory
Employees
Filing
Schedule C**

- Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4

**All Filers Using
Worksheet B**

- Combine lines 1e, 2c, and 3. This is your total self-employed income.

4	(66,192)
---	----------

Form 1040 or
1040-SRInvestment Income for the
Earned Income Credit

(Keep for your records)

2022

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____ 4
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8i. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 24z. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. _____
10. Adjustment from EIC screen 10. _____ 0
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** 11. _____ 4
12. Is the amount on line 11 more than \$10,300? 11. _____ 4

☐ Yes. You can't take the credit.☒ No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Auto Expense Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Profession/Business

FARM - Timber

Description Auto

Date placed in service 2018-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 490

Total Commuting miles driven during the year

Total Other miles driven during the year

Total Miles driven during the year 490

Business Use percentage 100.00

Expenses:

	Total	Business Percentage
Section 179		
Bonus Depreciation		
Depreciation		
Garage Rent		
Gas		
Insurance		
Licenses		
Oil		
Parking Fees		
Rental Fees		
Interest		
Personal Property Tax		
Repairs		
Tires		
Tolls		
Lease Add Back		
Other Expenses:		
Total Expenses		

Standard Mileage Rate Calculation

Business miles driven before 07-01	245 X 0.585	143	
Business miles driven after 06-30	245 X 0.625	153	
Parking fees			296
Tolls			
Interest			
Personal Property Tax			
Total Standard Mile Rate deduction			296

How it is reported:

Depreciation deduction	
Auto Expense	296
Personal Property Taxes, Schedule A, Line 5c	

**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

Your taxpayer identification number

Marvis C & Sherrey A Hatch

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	Schedule C: Tri County Refreshments LLC	XXX-XX-4492	(59,912)
ii	Schedule F: Timber	XXX-XX-4492	(6,280)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(66,192)	5	0
3	Qualified business net (loss) carryforward from the prior year	3	(196,421)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	16,257		
12	Net capital gain (see instructions)	12	2		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	16,255		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,251
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)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(262,613)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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

Form **8995** (2022)

EEA

Amount from Form 1040, line 11..... 42,157
 Amount from Form 1040, line 12..... 25,900

 Line 11 above is the difference between these amounts..... 16,257

Depreciation Detail Listing
Tri County Refreshments LLC

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Social security number/EIN

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	2015 Chevy	06162015	37,310*		100.00		PY 18,686	18,624	5		0	32,026		32,026	
3	Silverado	10282020	47,742*		100.00		PY 47,742	0	5	200 DB MQ	22.8	47,742		47,742	
4	Vending Machine	03202021	15,000*		100.00		PY 15,000	0	7	200 DB HY	24.49	15,000		15,000	
Totals			100,052					18,624				94,768		94,768	
Land Amount															
Net Depreciable Cost			100,052				PY	81,428		CY 179 and CY Bonus					ST AMT.

Depreciation Detail Listing

FARM - Timber

2022
PAGE 1

(This page is not filed with the return. It is for your records only.)

[illegible]

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	2015 Chevy	06-16-2015	37,310	M	5	
F	1	2018 Mahindra TR 1626	10-14-2019	20,982	M	7	2,107
C	1	Silverado	10-28-2020		M	5	
C	1	Vending Machine	03-20-2021		M	7	
		TOTAL					2,107

Carryover Worksheet
List of items that will carryover to the 2023 tax return

(This page is not filed with the return. It is for your records only.)

2022

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations
Contributions subject to 60% of AGI limitations
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)
Contributions subject to 30% of AGI limitations
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)
Taxable state and local refunds to Schedule 1 (Form 1040) line 1
State/local taxes paid in 2023 to flow to the Schedule A
State donations and contributions carryover
State overpayment applied to next year

Expenses

Office in home operating expenses
Office in home excess casualty losses and depreciation
Disallowed investment interest expense AMT Reg. Tax
Section 179 expense
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use

Losses

Short-term capital loss AMT Reg. Tax
Long-term capital loss AMT Reg. Tax
Net operating loss AMT Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) AMT Reg. Tax
Qualified REIT and PTP loss carryover
QBI loss carryover
Nonrecaptured net section 1231 losses from WK_1231C AMT Reg. Tax **262,613**

Credits

Mortgage interest credit
Credit for prior year minimum tax
Foreign Tax credit AMT Reg. Tax
District of Columbia first time home owner's credit
Residential clean energy credit

Other

Preparer Fee **740**
Overpayment applied to next year's estimates
Estimated Tax Payment 1 Estimated Tax Payment 2
Estimated Tax Payment 3 Estimated Tax Payment 4
Federal tax liability for 2210 calculation **1,628**
State tax liability for state 2210 calculation
IRA basis Taxpayer Spouse
Disaster distributions taxable in 2023 Taxpayer Spouse
Disaster distributions taxable in 2024 Taxpayer Spouse
Excess repayments from 8915-F Taxpayer Spouse

Passive Activity

At Risk Limitations

TAX RETURN COMPARISON
2020 / 2021 / 2022

2022

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Identifying number

	2020	2021	2022	Difference 2021-2022
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	91,038	93,859	108,345	14,486
Taxable interest and dividends	53		4	4
Taxable state and local refunds				
Alimony				
Business income (loss)	(74,324)	(20,657)	(59,912)	(39,255)
Gains (losses)	121,339			
Pensions and IRA distributions				
Rent and royalty income (loss)	2,303			
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)	(7,528)	(4,807)	(6,280)	(1,473)
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	132,881	68,395	42,157	(26,238)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	132,881	68,395	42,157	(26,238)
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	24,800	25,100	25,900	800
Total deductions claimed	24,800	25,100	25,900	800
Qualified Business Income Deduction .				
Tax and Credits				
Taxable Income	108,081	43,295	16,257	(27,038)
Tax	4,212	4,795	1,628	(3,167)
Credits				
Self-employment tax				
Other taxes				
Total Tax	4,212	4,795	1,628	(3,167)
Payments				
Withholdings	4,786	4,972	5,843	871
Estimated tax payments				
Earned income credit				
Other payments and credits	1,200			
Estimated tax penalty				
Overpayment	1,774	177	4,215	4,038
Overpayment Applied				
Refund	1,774	177	4,215	4,038
Balance Due				
Marginal tax rate	22.00	12.00	10.00	(2.00)
Effective tax rate	3.90	11.08	10.01	(1.07)

Auto Mileage Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Profession/Business

FARM - Timber

Description Auto

Date placed in service 01-01-2018

Business Miles

Rate of Depreciation allowed for Standard Mileage Rate

2022	<u>490</u>	0.26
2021	<u>765</u>	0.26
2020	<u>865</u>	0.27
2019	<u>1,121</u>	0.26
2018	<u></u>	0.25
2017	<u></u>	0.25
2016	<u></u>	0.24
2015	<u></u>	0.24
2014	<u></u>	0.22
2013	<u></u>	0.23
pre-2013	<u></u>	See Publication 463

Total Business Miles 3,241

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do not use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2022

Name of proprietor

Tax ID Number

Marvis C Hatch

Principal business: Food and Drink Vendi

Business name: Tri County Refreshments LLC

	2021	2022	Difference
Income			
Gross Receipts or sales	278,553	191,000	(87,553)
Returns & allowances			
Cost of goods sold	167,649	153,894	(13,755)
Gross profit	110,904	37,106	(73,798)
Other income			
Gross income	110,904	37,106	(73,798)
Expenses			
Advertising	4,200		(4,200)
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179	15,000		(15,000)
Employee benefit programs			
Insurance	4,152		(4,152)
Mortgage interest			
Other interest	1,185		(1,185)
Legal & Professional services			
Office expense	3,800		(3,800)
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance	4,787	3,935	(852)
Supplies			
Taxes and licenses	16,253	16,751	498
Travel			
Deductible meals			
Utilities	6,622		(6,622)
Wages	63,051	65,000	1,949
Other expenses	12,511	11,332	(1,179)
Total expenses	131,561	97,018	(34,543)
Business use of home			
Net profit or (loss)	(20,657)	(59,912)	(39,255)
Allowed on return after Form 6198 and Form 8582 limitations	(20,657)	(59,912)	(39,255)

Schedule F Comparison

(This page is not filed with the return. It is for your records only.)

2022

Name

Tax ID Number

Marvis C Hatch

	2021	2022	Difference
Farm Income - Cash and Accrual Method			
Sale of purchased livestock and other resale items			
Cost or other basis of purchased livestock or other items			
Sale of livestock, produce, grains and other products raised			
Taxable amount of cooperative distributions			
Taxable amount of agricultural program payments			
CCC loans reported under election			
Taxable amount of CCC loans			
Taxable amount of crop insurance proceeds and federal disaster payments			
Amount deferred			
Custom hire (machine work) income			
Other income			
Inventory at the beginning of the year for accrual			
Inventory at the end of the year for accrual			
Gross income	0	0	0
Farm Expenses - Cash and Accrual Method			
Car and truck expenses	428	296	(132)
Chemicals			
Conservation expenses			
Custom hire (machine work)			
Depreciation and section 179	4,129	2,950	(1,179)
Employee benefit programs			
Feed			
Fertilizers and lime			
Freight and trucking			
Gasoline, fuel and oil	250		(250)
Insurance			
Mortgage interest			
Other interest			
Labor hired		884	884
Pension and profit-sharing			
Rent or lease - vehicles, machinery			
Rent or lease - other property			
Repairs and maintenance			
Seeds and plants		2,150	2,150
Storage and warehousing			
Supplies			
Taxes			
Utilities			
Veterinary, breeding, and medicine			
Other expenses			
Total expenses	4,807	6,280	1,473
Net farm profit or (loss)	(4,807)	(6,280)	(1,473)
Allowed on return after Form 6198 and Form 8582 limitations	(4,807)	(6,280)	(1,473)

1095-CForm
Department of the Treasury
Internal Revenue Service**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.☐ VOID☐ CORRECTED

OMB No. 1545-2251

2022**Part I Employee**

1 Name of employee (first name, middle initial, last name) Sherry Hatch	2 Social security number (SSN) [REDACTED]	7 Name of employer AYERS HEALTH & REHABILITATION CENTER, L	8 Employer identification number (EIN) 62-1832456
3 Street address (including apartment no.) 266 SE 467 St	6 Country and ZIP or foreign postal code US 32680	9 Street address (including room or suite no.) 606 NE 7th Street	10 Contact telephone number (615) 891-1191
4 City or town Old Town	5 State or province FL	11 City or town Trenton	12 State or province FL
		13 Country and ZIP or foreign postal code US 32693	

Applicable Large Employer Member (Employer)**Part II Employee Offer of Coverage**

	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2D	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code													

Plan Start Month (enter 2-digit number): 06

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

Cat. No. 60705M

Form **1095-C** (2022)

MORGAN STANLEY DOMESTIC HOLDINGS, INC.
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

Account No: [REDACTED]
Account Name: MARVIS C HATCH
Recipient's TIN: [REDACTED]
Account Executive No: ET1
ORIGINAL: 12/31/2022

CONSOLIDATED 2022 FORMS 1099 AND DETAILS

MARVIS C HATCH
SHERREY A HATCH JTWROS
PO BOX 1273
CROSS CITY FL 32628
CROSS CITY, FL 32628-1273

YEAR-END MESSAGES

Certain events may result in an amended 1099 for current and/or prior tax years. Please visit etrade.com/tax for access to details and FAQs found in the "Understanding your Form 1099" guide.

TABLE OF CONTENTS

Consolidated 1099 Sections:

1099-DIV / INT Summary Information

Page 3

Details:

1099-DIV Dividend & Distribution Details
Investment Details

Page 5
Page 6

Your Account did not receive the following Forms:

1099-INT
1099-B
1099-OID
1099-MISC

Account No: [REDACTED]
Account Name: MARVIS C HATCH
MORGAN STANLEY DOMESTIC HOLDINGS, INC. Recipient's TIN: [REDACTED]
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484
Account Executive No: ET1
ORIGINAL: 12/31/2022

RECIPIENT'S Name, Street Address, City, State, and Zip Code
MARVIS C HATCH
SHERREY A HATCH JTWROS
PO BOX 1273
CROSS CITY FL 32628
CROSS CITY, FL 32628-1273
PAYER'S TIN: 20-8764829
PAYER'S Name, Street, City, State, Zip Code:
MORGAN STANLEY DOMESTIC HOLDINGS, INC.
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484
Telephone Number: 800 387 2331
☐ FATCA Filing Requirement

2022 CONSOLIDATED FORMS 1099

1a.	Total ordinary dividends (Includes Boxes 1b, 5, 6)	\$4.26
1b.	Qualified dividends	\$2.10
2a.	Total capital gain distributions (Includes Boxes 2b, 2c, 2d)	\$0.00
2b.	Unrecaptured section 1250 gain	\$0.00
2c.	Section 1202 gain	\$0.00
2d.	Collectibles (28%) gain	\$0.00
2e.	Section 897 ordinary dividends	\$0.00
2f.	Section 897 capital gains	\$0.00
3.	Nondividend distributions	\$0.00
4.	Federal income tax withheld	\$0.00
5.	Section 199A dividends	\$0.00
6.	Investment expenses	\$0.00
7.	Foreign tax paid	\$0.32
8.	Foreign country or U.S. possession	CANADA
9.	Cash liquidation distributions	\$0.00
10.	Noncash liquidation distributions	\$0.00
11.	FATCA filing requirement	Box not Checked
12.	Exempt-interest dividends (includes Box 13)	\$0.00
13.	Specified private activity bond interest dividends (AMT)	\$0.00

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account No: [REDACTED] MARVIS C HATCH
 Account Name: [REDACTED]
 Recipient's TIN: [REDACTED]
 Account Executive No: ET1
 ORIGINAL: 12/31/2022

MORGAN STANLEY DOMESTIC HOLDINGS, INC.
 E*TRADE SECURITIES LLC
 PO BOX 484
 JERSEY CITY, NJ 07303-0484

Date	Security Description	CUSIP	Transaction Description	Amount	Foreign Tax Paid	Federal Tax Withheld	Additional Information
03/31/22	AMERICAN HOMES 4 RENT CL A	02665T306	NONQUALIFIED DIVIDEND	\$0.54	-	-	
06/30/22	AMERICAN HOMES 4 RENT CL A	02665T306	NONQUALIFIED DIVIDEND	\$0.54	-	-	
09/30/22	AMERICAN HOMES 4 RENT CL A	02665T306	NONQUALIFIED DIVIDEND	\$0.54	-	-	
12/30/22	AMERICAN HOMES 4 RENT CL A	02665T306	NONQUALIFIED DIVIDEND	\$0.54	-	-	
Total Non-Qualified Dividends (Included in Box 1a)				\$2.16			
03/15/22	***BARRICK GOLD CORP	067901108	QUALIFIED DIVIDEND	\$0.30	\$0.05	-	Box 8: CANADA
06/15/22	***BARRICK GOLD CORP	067901108	QUALIFIED DIVIDEND	\$0.60	\$0.09	-	Box 8: CANADA
09/15/22	***BARRICK GOLD CORP	067901108	QUALIFIED DIVIDEND	\$0.60	\$0.09	-	Box 8: CANADA
12/15/22	***BARRICK GOLD CORP	067901108	QUALIFIED DIVIDEND	\$0.45	\$0.07	-	Box 8: CANADA
03/25/22	***HUDBAY MINERALS INC	443628102	QUALIFIED DIVIDEND	\$0.08	\$0.01	-	Box 8: CANADA
09/23/22	***HUDBAY MINERALS INC	443628102	QUALIFIED DIVIDEND	\$0.07	\$0.01	-	Box 8: CANADA
Total Qualified Dividends (Box 1b Included in Box 1a)				\$2.10			
Total Ordinary Dividends (Box 1a)				\$4.26			
Total Foreign Tax Paid (Box 7)					\$0.32		

MORGAN STANLEY DOMESTIC HOLDINGS, INC.
E-TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

Account No: [REDACTED]
Account Name: MARVIS C HATCH
Recipient's TIN: [REDACTED]
Account Executive No: ET1
ORIGINAL: 12/31/2022

2022 INVESTMENT DETAILS

Date	Security Description	CUSIP	Transaction Description	Quantity	Price	Amount	Additional Information
05/19/22***	HUYA INC AMERICAN DEPOSITARY SHARES	44852D108	PURCHASE	1.000	\$4.21	\$4.21	

INFORMATION BELOW

ACCOUNT NUMBER:

MARVIS C HATCH JR
PO BOX 1273
CROSS CITY FL 32628-1273

FOR INFORMATION CALL: 1.855.499.6843
CUSTOMER SERVICE HOURS: M-F 8AM-10PM ET
Sat 8AM-3PM ET

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL TAX AND INTEREST STATEMENT

MARVIS C HATCH JR
P.O. 1273
CROSS CITY, FL 32628

First Federal Bank
P.O. BOX 8068
VIRGINIA BEACH, VA 23450

YEAR: 2022

ACCT #:

SSN:

TIN# 54-1322898

DISBURSEMENTS FROM ESCROW

PROPERTY TAX	\$1,289.42
HAZARD INSURANCE	\$2,570.68
MORTGAGE INSURANCE	\$1,089.26
ESCROW REFUND	\$0.00
ADDT'L ASSESSMENTS	\$0.00

PRINCIPAL RECONCILIATION

\$136,834.22	BEG BAL
\$4,483.19	APPLIED PRIN
\$132,351.03	ENDING BAL

ESCROW RECONCILIATION

\$373.65	BEG BAL
\$4,694.26	DEPOSITS
\$4,949.36	DISBURSEMENTS
\$118.55	ENDING BAL

CURRENT TOTAL PYMT	\$1,127.22
CURRENT ESCROW PYMT	\$394.39

INTEREST RECONCILIATION

\$0.00	INTEREST PAID
\$5,222.55	*MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S)

If the Tax ID Number shown above is incorrect or if the space is blank, please complete the Tax Identification Certification on the reverse side of this statement and return to us at our return address above.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
LoanCare
P.O. Box 8068
Virginia Beach, VA 23450
(800) 274-6600

PAYER'S/BORROWER'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code
MARVIS C HATCH JR
P.O. 1273
CROSS CITY, FL 32628

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380
Form **1098**
(Rev. January 2022)
For calendar year 2022

Mortgage Interest Statement

Account number (see instructions)

1 Mortgage interest received from payer(s)/borrower(s)*

\$ 5,222.55

2 Outstanding mortgage principal

\$ 136,834.22

3 Mortgage origination date

09/08/16

4 Refund of overpaid interest

\$

5 Mortgage insurance premiums

\$ 1,089.26

6 Points paid on purchase of principal residence

\$0.00

7 ☒ If address of property securing mortgage is the same as PAYER'S/ BORROWER'S address, the box is checked, or the address or description is entered in box 8.

8 Address or description of property securing mortgage

266 SE 467TH ST
CROSS CITY, FL 32628

9 Number of properties securing the mortgage

01

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

10 Other

Real Estate Taxes Paid
\$1,289.42

11 Mortgage acquisition date

RECIPIENT'S/LENDER'S TIN
54-1322898

PAYER'S TIN

MARVIS C HATCH JR
PO BOX 1273
CROSS CITY FL 32628-1273

TRANSACTION DESCRIPTION	PROCESS DATE	DUE DATE	TOTAL AMOUNT RECEIVED	PRINCIPAL PAID	INTEREST PAID	ESCROW PAID	LATE CHARGES	OPTIONAL INSURANCE	OTHER
MIP/PMI/FHA DISB	01/22	10/22							91.15
PAYMENT	01/22	01/22	1,088.80	290.97	441.86	355.97			
PRINCIPAL PMT	01/22	02/22	111.20	111.20					
MIP/PMI/FHA DISB	02/22	10/22							91.15
PAYMENT	02/22	02/22	1,127.22	292.27	440.56	394.39			
PRINCIPAL PMT	02/22	03/22	72.78	72.78					
MIP/PMI/FHA DISB	03/22	10/22							91.15
PAYMENT	03/22	03/22	1,127.22	293.45	439.38	394.39			
PRINCIPAL PMT	03/22	04/22	72.78	72.78					
MIP/PMI/FHA DISB	04/22	10/22							91.15
PAYMENT	04/22	04/22	1,127.22	294.63	438.20	394.39			
PRINCIPAL PMT	04/22	05/22	72.78	72.78					
HAZ INS DISB	04/22	05/23							2,570.68
ESCROW ADV	04/22	05/22	1,022.49			1,022.49			
MIP/PMI/FHA DISB	05/22	10/22							91.15
ESCROW ADV	05/22	05/22	91.15			91.15			
PAYMENT	05/22	05/22	1,127.22	295.82	437.01	394.39			
REPAY ESC ADV	05/22	05/22				(394.39)			
PRINCIPAL PMT	05/22	06/22	72.78	72.78					
MIP/PMI/FHA DISB	06/22	10/22							91.15
ESCROW ADV	06/22	06/22	91.15			91.15			
PAYMENT	06/22	06/22	1,127.22	297.01	435.82	394.39			
REPAY ESC ADV	06/22	06/22				(394.39)			
PRINCIPAL PMT	06/22	07/22	72.78	72.78					
MIP/PMI/FHA DISB	07/22	10/22							91.15
ESCROW ADV	07/22	07/22	91.15			91.15			
PAYMENT	07/22	07/22	1,127.22	298.20	434.63	394.39			
REPAY ESC ADV	07/22	07/22				(394.39)			
PRINCIPAL PMT	07/22	08/22	72.78	72.78					
MIP/PMI/FHA DISB	08/22	10/22							91.15
ESCROW ADV	08/22	08/22	91.15			91.15			
PAYMENT	08/22	08/22	1,127.22	299.40	433.43	394.39			
REPAY ESC ADV	08/22	08/22				(203.92)			
PRINCIPAL PMT	08/22	09/22	72.78	72.78					
MIP/PMI/FHA DISB	09/22	10/22							91.15
PAYMENT	09/22	09/22	1,127.22	300.60	432.23	394.39			
PRINCIPAL PMT	09/22	10/22	72.78	72.78					
MIP/PMI/FHA DISB	10/22	10/22							91.15
PAYMENT	10/22	10/22	1,127.22	301.81	431.02	394.39			
PRINCIPAL PMT	10/22	11/22	72.78	72.78					
MIP/PMI/FHA DISB	11/22	10/23							88.88
COUNTY TAX DISB	11/22	11/22							1,289.42
ESCROW ADV	11/22	11/22	581.35			581.35			
PAYMENT	11/22	11/22	1,127.22	303.02	429.81	394.39			
REPAY ESC ADV	11/22	11/22				(394.39)			
PRINCIPAL PMT	11/22	12/22	72.78	72.78					
MIP/PMI/FHA DISB	12/22	10/23							88.88
ESCROW ADV	12/22	12/22	88.88			88.88			
PAYMENT	12/22	12/22	1,127.22	304.23	428.60	394.39			
REPAY ESC ADV	12/22	12/22				(275.84)			
PRINCIPAL PMT	12/22	01/23	72.78	72.78					

Prepayment Disclosure Statement: Annual Disclosure Notice to Borrower for Mortgages Closed on or After January 21, 2015

Borrower(s): MARVIS C HATCH JR
Address: 266 SE 467TH ST
Address: CROSS CITY, FL 32628

Date: 01/17/2023
Loan #: [REDACTED]
FHA Case #: 609580-2

This notice is to advise you of requirements that must be followed to prepay your mortgage.

The amount reflected below is the amount outstanding on the loan for prepayment of the indebtedness due under your mortgage. This amount is good through 02/01/2023. (The amount provided is subject to further accounting adjustments. Also, any corporate advances made by us or payments received from you before the stated expiration date on this notice will change your prepayment amount.)

[The amount below reflects the amount outstanding under the mortgage, including principal, interest, penalties, late charges, advances, any other charges related to the loan, and any foreclosure or bankruptcy expenses incurred to date under the mortgage.]

\$133,481.45 (Balance Due)

You may prepay your mortgage at any time without penalty. You will only be required to pay interest up to the date the prepayment is made.

If you have any questions regarding this notice, please contact Customer Service at 1.855.499.6843.

First Federal Bank

Mahindra Finance USA LLC
P.O. Box 2000
Johnston, IA 50131-0020

Mahindra Finance
USA

ADDRESS SERVICE REQUESTED

137249



MARVIS CROWLEY HATCH
PO BOX 1273
CROSS CITY, FL 32628-1273

January 17, 2023

Re: Account [REDACTED]

IMPORTANT: TAX INFORMATION

Dear Customer:

The finance charges paid on contract [REDACTED] during calendar year 2022 were \$884.07. This amount may include finance charges attributable to future periods that you may have prepaid during calendar year 2022. You should consult your tax advisor concerning the deductibility of any finance charges for tax purposes.

Your principal balance on December 31, 2022, was \$11,662.69.

If you are planning to invest in new or used equipment, contact us for a finance plan to match your needs. We offer a complete line of equipment financing options, from installment purchase to leasing, all at attractive rates and terms.

We appreciate your business and look forward to serving your needs in the future.

Sincerely,

Mahindra Finance USA LLC
(800) 442-2126

CANTALOUPE INC.
100 DEERFIELD LANE SUITE 300
MALVERN, PA 19355

Important Tax Return Document Enclosed

D03250430004513

TRI COUNTY REFRESHMENTS
PO BOX 1273
CROSS CITY, FL 32628

☒ CORRECTED (if checked)

FILER'S name, street address, city, state, and ZIP code

Cantaloupe Inc.
100 Deerfield Lane Suite 300
Malvern, PA 19355

8006330340

FILER'S TIN
23-2679963

OMB No. 1545-2205

Form: **1099-K**

PAYEE'S TIN

(Rev. January 2022)

1a Gross amount of payment
card/third party network
\$ 179532.05

For Calendar year
2022

**Payment Card and
Third Party
Network
Transactions**

Check to indicate if FILER is a (an):

Payment settlement entity (PSE) ☐

Electronic Payment Facilitator

(EPF)/Other third party ☐

Check to indicate transactions reported are:

Payment card ☐

Third party network ☐

1b Card Not Present payments

2 Merchant category code

3 Number of transactions

4 Federal income tax withheld

PAYEE'S name

Tri County Refreshments
PO Box 1273
Cross City, FL 32628

5a January
\$ 6445.65

5b February
\$ 8762.70

5c March
\$ 10359.43

5d April
\$ 14172.10

5e May
\$ 12988.56

5f June
\$ 14152.63

5g July
\$ 17860.76

5h August
\$ 15931.95

5i September
\$ 21375.57

5j October
\$ 19030.56

5k November
\$ 18488.93

5l December
\$ 19963.21

6 State

7 State identification no.

8 State tax withheld

PSE's name and telephone

Account number

Form: **1099-K**

(Rev. 12-2019)

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner of the form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the

Form 1099-K is related to your work as part of the gig economy, see www.irs.gov/GigEconomy.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/ third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments. Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options

R1 Format(c)\www.1099Express.com



OMB 1545-0048

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 24700.00	2 Federal income tax withheld 1170.00
3 Social security wages 24700.00	4 Social security tax withheld 1531.40
5 Medicare wages and tips 24700.00	6 Medicare tax withheld 358.15

a Employee's social security number
[REDACTED]

c Employer's name, address and ZIP code
TRI COUNTY REFRESHMENTS
PO BOX 1273
CROSS CITY FL 32628

d Control Number	Department	Corporation	Employer Use Only
------------------	------------	-------------	-------------------

e Employee's name
MARVIS C HATCH
P.O. BOX 1273
CROSS CITY FL 32628

f Employee's address and ZIP Code	9	12a
b Employer identification number (EIN) [REDACTED]	10 Dependent care benefits	12b
7 Social security tips	11 Nonqualified plans	12c
8 Allocated tips	14 Other	12d
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12e
15 State	Employer's state ID number	16 State wages, tips, etc.
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0048

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 24700.00	2 Federal income tax withheld 1170.00
3 Social security wages 24700.00	4 Social security tax withheld 1531.40
5 Medicare wages and tips 24700.00	6 Medicare tax withheld 358.15

a Employee's social security number
[REDACTED]

c Employer's name, address and ZIP code
TRI COUNTY REFRESHMENTS
PO BOX 1273
CROSS CITY FL 32628

d Control Number	Department	Corporation	Employer Use Only
------------------	------------	-------------	-------------------

e Employee's name
MARVIS C HATCH
P.O. BOX 1273
CROSS CITY FL 32628

f Employee's address and ZIP Code	9	12a
b Employer identification number (EIN) [REDACTED]	10 Dependent care benefits	12b
7 Social security tips	11 Nonqualified plans	12c
8 Allocated tips	14 Other	12d
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12e
15 State	Employer's state ID number	16 State wages, tips, etc.
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0048

COPY B - To Be Filed With Employers FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service

1 Wages, tips, other compensation 24700.00	2 Federal income tax withheld 1170.00
3 Social security wages 24700.00	4 Social security tax withheld 1531.40
5 Medicare wages and tips 24700.00	6 Medicare tax withheld 358.15

a Employee's social security number
[REDACTED]

c Employer's name, address and ZIP code
TRI COUNTY REFRESHMENTS
PO BOX 1273
CROSS CITY FL 32628

d Control Number	Department	Corporation	Employer Use Only
------------------	------------	-------------	-------------------

e Employee's name
MARVIS C HATCH
P.O. BOX 1273
CROSS CITY FL 32628

f Employee's address and ZIP Code	9	12a
b Employer identification number (EIN) [REDACTED]	10 Dependent care benefits	12b
7 Social security tips	11 Nonqualified plans	12c
8 Allocated tips	14 Other	12d
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12e
15 State	Employer's state ID number	16 State wages, tips, etc.
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0048

COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee Below)

1 Wages, tips, other compensation 24700.00	2 Federal income tax withheld 1170.00
3 Social security wages 24700.00	4 Social security tax withheld 1531.40
5 Medicare wages and tips 24700.00	6 Medicare tax withheld 358.15

a Employee's social security number
[REDACTED]

c Employer's name, address and ZIP code
TRI COUNTY REFRESHMENTS
PO BOX 1273
CROSS CITY FL 32628

d Control Number	Department	Corporation	Employer Use Only
------------------	------------	-------------	-------------------

e Employee's name
MARVIS C HATCH
P.O. BOX 1273
CROSS CITY FL 32628

f Employee's address and ZIP Code	9	12a
b Employer identification number (EIN) [REDACTED]	10 Dependent care benefits	12b
7 Social security tips	11 Nonqualified plans	12c
8 Allocated tips	14 Other	12d
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12e
15 State	Employer's state ID number	16 State wages, tips, etc.
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

Employer

Dixie County Bd of Co Commissson
Board of County Commissioners
P O Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation \$29,355.67	2 Federal income tax withheld \$1,205.55
3 Social Security wages \$30,292.33	4 Social Security tax withheld \$1,878.09
5 Medicare wages and tips \$30,292.33	6 Medicare tax withheld \$439.23
12c DD \$10,930.50	
13 ☐ Statutory employee ☒ Retirement plan ☐ Third-party sick pay	14 Other 936.66

Employee

Mark C Hatch
PO Box 1273
Cross City, FL 32628-1273

Form W-2 Wage and Tax Statement

Copy C for Employee's Records

Employer Identification Number (EIN) 59-6000587	Employee's Social Security Number [REDACTED]
--	---

2022

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction

Act Notice, see the separate instructions

For questions, contact Dixie County Bd of Co Commissson at 352-498-1205

Employer

Dixie County Bd of Co Commissson
Board of County Commissioners
P O Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation \$29,355.67	2 Federal income tax withheld \$1,205.55
3 Social Security wages \$30,292.33	4 Social Security tax withheld \$1,878.09
5 Medicare wages and tips \$30,292.33	6 Medicare tax withheld \$439.23
12c DD \$10,930.50	
13 ☐ Statutory employee ☒ Retirement plan ☐ Third-party sick pay	14 Other 936.66

Employee

Mark C Hatch
PO Box 1273
Cross City, FL 32628-1273

Form W-2 Wage and Tax Statement

Copy 2 for Employee's STATE Tax Return

Employer Identification Number (EIN) 59-6000587	Employee's Social Security Number [REDACTED]
--	---

2022

Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction

Act Notice, see the separate instructions

For questions, contact Dixie County Bd of Co Commissson at 352-498-1205

Employer

Dixie County Bd of Co Commissson
Board of County Commissioners
P O Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation \$29,355.67	2 Federal income tax withheld \$1,205.55
3 Social Security wages \$30,292.33	4 Social Security tax withheld \$1,878.09
5 Medicare wages and tips \$30,292.33	6 Medicare tax withheld \$439.23
12c DD \$10,930.50	
13 ☐ Statutory employee ☒ Retirement plan ☐ Third-party sick pay	14 Other 936.66

Employee

Mark C Hatch
PO Box 1273
Cross City, FL 32628-1273

Form W-2 Wage and Tax Statement

Copy B for Employee's FEDERAL Tax Return

Employer Identification Number (EIN) 59-6000587	Employee's Social Security Number [REDACTED]
--	---

2022

Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction

Act Notice, see the separate instructions

For questions, contact Dixie County Bd of Co Commissson at 352-498-1205

Copy B -- To Be Filed With Employee's
Federal Tax Return.

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	39497.76	2785.40
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	39497.76	2448.86
	5 Medicare wages and tips	6 Medicare tax withheld
	39497.76	572.72

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-94425493

e Employee's name, address, and ZIP code

SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a DD 1760.52
13 Statutory employee	14 Other	12b
☐ DENTAL 178.12		12c
13 Retirement plan ☐ Medical 700.00		12d
13 Third-party sick pay ☐ DENTAL 20.38		
☐ VISION 51.08		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

Copy C -- For EMPLOYEE'S RECORDS

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	39497.76	2785.40
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	39497.76	2448.86
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	39497.76	572.72

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-94425493

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SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

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Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 -- To Be Filed With Employee's State,
City, or Local Income Tax Return.

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	39497.76	2785.40
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	39497.76	2448.86
	5 Medicare wages and tips	6 Medicare tax withheld
	39497.76	572.72

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-94425493

e Employee's name, address, and ZIP code

SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

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10 Dependent care benefits	11 Nonqualified plans	12a DD 1760.52
13 Statutory employee	14 Other	12b
☐ DENTAL 178.12		12c
13 Retirement plan ☐ Medical 700.00		12d
13 Third-party sick pay ☐ DENTAL 20.38		
☐ VISION 51.08		
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Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

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	39497.76	2448.86
	5 Medicare wages and tips	6 Medicare tax withheld
	39497.76	572.72

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-94425493

e Employee's name, address, and ZIP code

SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a DD 1760
13 Statutory employee	14 Other	12b
☐ DENTAL 178.12		12c
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13 Third-party sick pay ☐ DENTAL 20.38		
☐ VISION 51.08		
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Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury

Copy B -- To Be Filed With Employee's
Federal Tax Return.

Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
Employer ID number (EIN) [REDACTED]	5 Medicare wages and tips	6 Medicare tax withheld

Employer's name, address and ZIP code
Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number
WA-94425493
e Employee's name, address, and ZIP code
SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other VISION 6.78	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 -- To Be Filed With Employee's State,
City, or Local Income Tax Return.

a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) [REDACTED]	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number
WA-94425493
e Employee's name, address, and ZIP code
SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9 [REDACTED]
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Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

Copy C -- For EMPLOYEE'S RECORDS

a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) [REDACTED]	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number
WA-94425493
e Employee's name, address, and ZIP code
SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other VISION 6.78	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 -- To Be Filed With Employee's State,
City, or Local Income Tax Return.

a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) [REDACTED]	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number
WA-94425493
e Employee's name, address, and ZIP code
SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other VISION 6.78	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement**
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2022

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
AYERS HEALTH AND REHABILITATION LLC
606 NE 7TH ST.
TRENTON FL 32693
(352) 463-7101

e Employee's name, address, and ZIP code
SHERRY HATCH
266 SE 467 ST
OLD TOWN FL 32680

d Control number	13468	1 Wages, tips, other compensation	14,790.99	2 Federal income tax withheld	681.75
7 Social security tips		3 Social security wages	14,790.99	4 Social security tax withheld	917.04
8 Allocated tips		5 Medicare wages and tips	14,790.99	6 Medicare tax withheld	214.48
9		10 Dependent care benefits		11 Nonqualified plans	
12a See instructions for box 12	DD 1,646.68	12b		12c	
12d		13 Statutory employee Retirement plan Third-party sick pay		14 Other	
b Employer identification number (EIN)		a Employee's social security number			
15 State Employer's state ID number	W2_20230124170406357_157	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement**
Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2022

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
AYERS HEALTH AND REHABILITATION LLC
606 NE 7TH ST.
TRENTON FL 32693
(352) 463-7101

e Employee's name, address, and ZIP code
SHERRY HATCH
266 SE 467 ST
OLD TOWN FL 32680

d Control number	13468	1 Wages, tips, other compensation	14,790.99	2 Federal income tax withheld	681.75
7 Social security tips		3 Social security wages	14,790.99	4 Social security tax withheld	917.04
8 Allocated tips		5 Medicare wages and tips	14,790.99	6 Medicare tax withheld	214.48
9		10 Dependent care benefits		11 Nonqualified plans	
12a See instructions for box 12	DD 1,646.68	12b		12c	
12d		13 Statutory employee Retirement plan Third-party sick pay		14 Other	
b Employer identification number (EIN)		a Employee's social security number			
15 State Employer's state ID number	W2_20230124170406357_157	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement**
Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return

2022

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Form **W-2 Wage and Tax Statement**
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