

General Information

Name: Mr Leo J Mobley

Address: 15816 59TH DR, WELLBORN, FL 32094

PID 299536

County: Suwannee

AGENCY INFORMATION

Organization	Suborganization	Title
Suwannee County	Elected Constitutional Officer	County Commissioner

Net WorthMy Net Worth as of December 31, 2022 was \$ 3,000,000.00.**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 \$ 339,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/21/2023

Description of Asset	Value of Asset
67 Mustang	\$ 20,000.00
65 Chevy	\$ 10,000.00
2007 Dodge	\$ 12,000.00
Misc Guns	\$ 15,000.00
2011 Chevy	\$ 25,000.00
John Deere 5350	\$ 17,000.00
Ford 4630 Tractor	\$ 17,000.00
Kubota 7060	\$ 46,000.00
3610 Ford Tractor	\$ 10,000.00
873 Bobcat	\$ 9,000.00
G3 Boat	\$ 8,000.00
Misc Trailers	\$ 30,000.00
Livestock	\$ 120,000.00
2007 Chevy Truck	\$ 15,000.00
24-03513E-0870100.0000	\$ 100,000.00
23-04-10-0078-0000-00020	\$ 25,000.00
23-04S-14E-03172-000010	\$ 50,000.00
23-04S-14E-03172-000000	\$ 500,000.00
23-04S-14E-03180-000000	\$ 150,000.00
23- 04S-14E-03174-001006	\$ 200,000.00
23- 04S-14E-03195-000000	\$ 100,000.00
Mobley Rental Properties	\$ 200,000.00
Mobley Custom Cuts	\$ 1,400,000.00
First Federal Bank Account	\$ 75,000.00
23-04S-14E-03174-001003	\$ 32,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Federal Bank - Land Loan	1102 Ohio Ave N, Live Oak, FL	\$ 128,000.00
First Federal Bank - Mobley's Guarantee	1102 Ohio Ave N, Live Oak, FL	\$ 31,000.00

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.

Leo J Mobley

Digitally signed: 06/21/2023

Filed with COE: 06/21/2023

RODEOTAX
116 EAST HOWARD STREET
LIVE OAK, FL 32060
855-376-3785

June 21, 2023

Leo and Melissa Lynn Mobley
15816 59th Drive
Wellborn, FL 32094

Dear Leo and Melissa Lynn,

Your 2022 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$656.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 18, 2023 to:

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments for more information.

Please be sure to call if you have any questions.

Sincerely,

Ernest Lee

Leo and Melissa Lynn Mobley

	2022	2021	Diff
INCOME			
Wages, salaries, tips, etc.....	3,683	0	3,683
Business income.....	6,388	3,492	2,896
Rent, royalty, partnership, SCorp, trust	12,745	-4,811	17,556
Farm income.....	-21,845	11,060	-32,905
Other income.....	-89,414	-89,414	0
Total income.....	-88,443	-79,673	-8,770
ADJUSTMENTS TO INCOME			
Deductible part of self-employment tax...	451	247	204
Total adjustments.....	451	247	204
Adjusted gross income.....	-88,894	-79,920	-8,974
ITEMIZED DEDUCTIONS			
Taxes.....	392	301	91
Total itemized deductions.....	392	301	91
TAX COMPUTATION			
Standard deduction.....	25,900	25,100	800
Larger of itemized or standard deduction	25,900	25,100	800
Taxable income.....	-114,794	-105,020	-9,774
Tax before credits.....	0	0	0
CREDITS			
Total credits.....	0	0	0
Tax after credits.....	0	0	0
OTHER TAXES			
Self-employment tax.....	902	494	408
Total tax.....	902	494	408
PAYMENTS & REFUNDABLE CREDITS			
Federal income tax withheld.....	246	0	246
Earned income credit.....	0	425	-425
Total payments.....	246	425	-179
REFUND OR AMOUNT DUE			
Amount you owe.....	656	69	587
TAX RATES			
Marginal tax rate.....	0.0%	0.0%	0.0%

Leo and Melissa Lynn Mobley

Forms needed for this return

Federal: 1040, Sch 1, Sch 2, 1040-V, Sch C, Sch E p2, Sch F, Sch SE, 8582, 8879
8995

Tax Rates

	<u>Marginal</u>	<u>Effective</u>
Federal	0.%	0.%

Carryovers to 2023Federal Carryovers

Prior Net Operating Loss	89,414.
Prior AMT Net Operating Loss	80,401.
Unallowed Passive Losses	9,588.
AMT Unallowed Passive Losses	9,588.
Total Qualified Business Loss Carryforward (QBI)	28,830.

12/31/22

2022 Federal Summary Depreciation Schedule

Page 1

Leo and Melissa Lynn Mobley

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Schedule C - Melissa Lynn Mobley										
Improvements										
1	Leashold Improvements	5/01/16		4,623			1,694	S/L HY	15	308
	Total Improvements			4,623		0	1,694			308
	Total Depreciation			4,623		0	1,694			308
	Grand Total Depreciation			4,623		0	1,694			308

12/31/22

2022 Federal Depreciation Schedule

Page 1

Leo and Melissa Lynn Mobley

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage / Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Schedule C - Melissa Lynn Mobley

Improvements

1	Leashtold Improvements **	5/01/16		4,623							4,623	1,694	S/L	HY	15	.06670	308
	Total Improvements			4,623		0	0	0	0	0	4,623	1,694					308
	Total Depreciation			4,623		0	0	0	0	0	4,623	1,694					308
	Grand Total Depreciation			4,623		0	0	0	0	0	4,623	1,694					308

**Asset included in unadjusted basis immediately after acquisition for the QBI calculation.

Leo and Melissa Lynn Mobley

No. _____ Description _____ Date Acquired _____ Date Sold _____ AMT Basis _____ AMT Prior Depr. _____ AMT Method _____ AMT Life _____ AMT Rate _____ AMT Depr. _____ Reg. Depr. _____ Ownt. Pct. _____ Post-86 Depr. Adj. _____ Real Prop _____ Leas Pers _____ 59(e)(2) Amort. _____

Schedule C - Melissa Lynn Mobley

Improvements

1	Leashold Improvements	5/01/16	4,623	1,694	S/L	HY	15	.06670	308	308									0
Total Improvements			4,623	1,694					308	308		0	0	0	0	0	0	0	0
Total Depreciation			4,623	1,694					308	308		0	0	0	0	0	0	0	0
Grand Total Depreciation			4,623	1,694					308	308		0	0	0	0	0	0	0	0

Leo and Melissa Lynn Mobley

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage / Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Schedule C - Melissa Lynn Mobley

Improvements

1	Leashtold Improvements	5/01/16		4,623							4,623	1,694	S/L	HY	15	.06670	308
	Total Improvements			4,623		0	0	0	0	0	4,623	1,694					308
	Total Depreciation			4,623		0	0	0	0	0	4,623	1,694					308
	Grand Total Depreciation			4,623		0	0	0	0	0	4,623	1,694					308

Leo and Melissa Lynn Mobley

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage / Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Schedule C - Melissa Lynn Mobley

Improvements

1	Leashtold Improvements	5/01/16		4,623							4,623	2,002	S/L	HY	15	.06670	308
	Total Improvements			4,623		0	0	0	0	0	4,623	2,002					308
	Total Depreciation			4,623		0	0	0	0	0	4,623	2,002					308
	Grand Total Depreciation			4,623		0	0	0	0	0	4,623	2,002					308

Leo and Melissa Lynn Mobley

No. _____ Description _____ Date Acquired _____ Date Sold _____ AMT Basis _____ AMT Prior Depr. _____ AMT Method _____ AMT Life _____ AMT Rate _____ AMT Depr. _____ Reg. Depr. _____ Ownt. Pct. _____ Post-86 Depr. Adj. _____ Real Prop. Pref. _____ Leas Pers Prop Pref. _____ 59 (e)(2) Amort. _____

Schedule C - Melissa Lynn Mobley

Improvements

1	Leashold Improvements	5/01/16	4,623	2,002	S/L	HY	15	.06670	308	308	0									0
Total Improvements			4,623	2,002					308	308	0	0	0	0						0
Total Depreciation			4,623	2,002					308	308	0	0	0	0						0
Grand Total Depreciation			4,623	2,002					308	308	0	0	0	0						0

Leo and Melissa Lynn Mobley

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage / Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Schedule C - Melissa Lynn Mobley

Improvements

1	Leashtold Improvements	5/01/16		4,623							4,623	2,002	S/L	HY	15	.06670	308
	Total Improvements			4,623		0	0	0	0	0	4,623	2,002					308
	Total Depreciation			4,623		0	0	0	0	0	4,623	2,002					308
	Grand Total Depreciation			4,623		0	0	0	0	0	4,623	2,002					308

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

Leo Mobley

Social security number

Spouse's name

Melissa Lynn Mobley

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	-88,894.
2	Total tax	2	902.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	246.
4	Amount you want refunded to you	4	
5	Amount you owe	5	656.

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

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

Taxpayer's PIN: check one box only

☒ I authorize RodeoTax to enter or generate my PIN as my

ERO firm name

Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► 6/21/2023

Spouse's PIN: check one box only

☒ I authorize RodeoTax to enter or generate my PIN as my

ERO firm name

Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► 6/21/2023

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ► Ernest Lee

Date ► 6/21/2023

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "2022 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and mail Form 1040-V payments to:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Form **1040-V** (2022)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

656.

FDIA8601L 07/19/22

1032

LEO & MELISSA LYNN MOBLEY
15816 59TH DRIVE
WELLBORN FL 32094

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE NC 28201-1214

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 Leo Mobley		Last name Mobley	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Melissa Lynn Mobley		Last name Mobley	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 15816 59th Drive			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Wellborn, FL 32094			
Foreign country name	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):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instructions and check here. ☐	(1) First name Last name			Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income	1 a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	3,683.
	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	3,683.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2 a	Tax-exempt interest	2a	
	b	Taxable interest	2b	
	3 a	Qualified dividends	3a	
	b	Ordinary dividends	3b	
	4 a	IRA distributions	4a	
	b	Taxable amount	4b	
	5 a	Pensions and annuities	5a	
	b	Taxable amount	5b	
	6 a	Social security benefits	6a	
	b	Taxable amount	6b	
Attach Sch. B if required.	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	-92,126.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	-88,443.
	10	Adjustments to income from Schedule 1, line 26	10	451.
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	-88,894.
	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	0.

Standard Deduction for —
 • Single or Married filing separately, \$12,950
 • Married filing jointly or Qualifying surviving spouse, \$25,900
 • Head of household, \$19,400
 • If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814	16	0.
	2	☐ 4972 3 ☐	17	
	17	Amount from Schedule 2, line 3.....	18	0.
	18	Add lines 16 and 17.....	19	
	19	Child tax credit or credit for other dependents from Schedule 8812.....	20	
	20	Amount from Schedule 3, line 8.....	21	0.
	21	Add lines 19 and 20.....	22	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-.....	23	902.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.....	24	902.	
24	Add lines 22 and 23. This is your total tax			

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2.....	25a	246.
	b	Form(s) 1099.....	25b	
	c	Other forms (see instructions).....	25c	
	d	Add lines 25a through 25c.....	25d	246.
	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		
33	Add lines 25d, 26, and 32. These are your total payments	33	246.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here.... ☐	35a	
	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	656.
	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 Ernest Lee	Phone no. (386)-951-5564	Personal identification number (PIN) [REDACTED]

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Self-Employed	
	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.)
		Self Employed		
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name Ernest Lee	Preparer's signature Ernest Lee	Date	PTIN P01605882	Check if: ☒ Self-employed
	Firm's name RodeoTax			Phone no. 855-376-3785	
	Firm's address 116 East Howard Street Live Oak, FL 32060			Firm's EIN 20-4793847	

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

Leo and Melissa Lynn Mobley

Your social security number

[REDACTED]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	6,388.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	12,745.
6	Farm income or (loss). Attach Schedule F	6	-21,845.
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss See Stmt-1	8a	(89,414.)
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	-89,414.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-92,126.

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	451.
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 8l 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	451.

Schedule 1 (Form 1040) 2022

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

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

Leo and Melissa Lynn Mobley

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	902.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. ☐	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	
12	Net investment income tax. Attach Form 8960.....	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:		
		17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.....	17b	
c	Additional tax on HSA distributions. Attach Form 8889.....	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.....	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.....	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853..	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.....	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.....	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.....	17i	
j	Section 72(m)(5) excess benefits tax.....	17j	
k	Golden parachute payments.....	17k	
l	Tax on accumulation distribution of trusts.....	17l	
m	Excise tax on insider stock compensation from an expatriated corporation...	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866...	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.....	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.....	17p	
q	Any interest from Form 8621, line 24.....	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z.....		18
19	Reserved for future use.....		19
20	Section 965 net tax liability installment from Form 965-A.....	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.....		21
			902.

Schedule 2 (Form 1040) 2022

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 Melissa Lynn Mobley		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Hair Stylist	B Enter code from instructions 812112	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
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		
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	22,496.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1.	3	22,496.
4 Cost of goods sold (from line 42).	4	9,500.
5 Gross profit. Subtract line 4 from line 3.	5	12,996.
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	12,996.

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	308.	21 Repairs and maintenance.	21	
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 Interest (see instr.):			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	2,000.
			26 Wages (less employment credits).	26	
			27a Other expenses (from line 48).	27a	4,300.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28			28	6,608.
29 Tentative profit or (loss). Subtract line 28 from line 7.	29			29	6,388.
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			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	6,388.
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.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	☐ Yes ☐ No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36 Purchases less cost of items withdrawn for personal use	36 9,500.
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 9,500.
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 9,500.

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

Dues and Subscriptions	100.
Other Expenses	4,200.
48 Total other expenses. Enter here and on line 27a	48 4,300.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Leo and Melissa Lynn Mobley

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	North Florida Barns LLC	P		82-3231184		
B	PYA: Passive Carryover	P		82-3231184		
C	MOBLEY RENTAL PROPERTIES LLC	P		85-2565652		
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				6,933.
B	6,933.			
C				12,745.
D				
29 a Totals				19,678.
b Totals	6,933.			
30 Add columns (h) and (k) of line 29a			30	19,678.
31 Add columns (g), (i), and (j) of line 29b			31	(6,933.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	12,745.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34 a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a		35	
36 Add columns (c) and (e) of line 34b		36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41	12,745.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

SCHEDULE F
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

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**

Leo Mobley

Social security number (SSN)

A Principal crop or activity

Cattle

B Enter code from Part IV

112111

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	

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		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		25 Repairs and maintenance	25	
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16	12,500.	27 Storage and warehousing	27	
17 Fertilizers and lime	17		28 Supplies	28	9,345.
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		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				21,845.
34 Net farm profit or (loss). Subtract line 33 from line 9.	34				-21,845.

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.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Melissa Lynn Mobley

Social security number of person
with self-employment income

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	6,388.
3 Combine lines 1a, 1b, and 2	3	6,388.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4 a	5,899.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4 b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4 c	5,899.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5 b	0.
6 Add lines 4c and 5b	6	5,899.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	7	147,000.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11	8 a	
b Unreported tips subject to social security tax from Form 4137, line 10	8 b	
c Wages subject to social security tax from Form 8919, line 10	8 c	
d Add lines 8a, 8b, and 8c	8 d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	147,000.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	731.
11 Multiply line 6 by 2.9% (0.029)	11	171.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	902.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	451.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$9,060, or (b) your net farm profits ⁽²⁾ were less than \$6,540.		
14 Maximum income for optional methods	14	6,040.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$6,040. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$6,540 and also less than 72.189% of your gross nonfarm income, ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁽⁴⁾ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

⁽¹⁾ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

⁽²⁾ From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁽³⁾ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁽⁴⁾ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2022Attachment
Sequence No. **55**

Attach to your tax return.

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

Name(s) shown on return

Leo and Melissa Lynn Mobley

Your taxpayer identification number

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	Melissa Lynn Mobley		5,937.
ii	Cattle		-21,845.
iii	North Florida Barns LLC	82-3231184	6,933.
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	-8,975.	5	0.
3	Qualified business net (loss) carryforward from the prior year.	3	(19,855.)		
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.	9	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0.)		
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)				
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	0.	14	0.
11	Taxable income before qualified business income deduction (see instructions).	11	0.		
12	Net capital gain (see instructions).	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			15	0.
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).				
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(28,830.)		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)		

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

Form **8995** (2022)

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
North Florida Barns LLC	6,933.		16,521.		9,588.
Total. Enter on Part I, lines 2a, 2b, and 2c. . . .	6,933.		16,521.		

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

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
North Florida Barns LLC	Sch E Ln 28	9,588.	1.000000	9,588.
Total.		9,588.	1.00	9,588.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
North Florida Barns LLC	Sch E Ln 28	16,521.	9,588.	6,933.
Total.		16,521.	9,588.	6,933.

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Form 8582 (2022)

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

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

Name of activity:

Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule.					
b Net income from form or schedule.					
c Subtract line 1b from line 1a. If zero or less, enter -0-....					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule.					
b Net income from form or schedule.					
c Subtract line 1b from line 1a. If zero or less, enter -0-....					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule.					
b Net income from form or schedule.					
c Subtract line 1b from line 1a. If zero or less, enter -0-....					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule.					
b Net income from form or schedule.					
c Subtract line 1b from line 1a. If zero or less, enter -0-....					
Total		0.	1.00	0.	0.

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Form 8582 (2022)

Leo and Melissa Lynn Mobley

Statement 1
Schedule 1, Line 8a
Computation of 2022 Taxable Income for NOL Utilization

Taxable income	-114,794.
Plus: NOL carryovers from 2016 and later years	89,414.
2022 Taxable income before NOL deduction	<u>-25,380.</u>

Statement 1
Schedule 1, Line 8a
2016 NOL Utilization

Initial Loss	24,640.
NOL carryover available in 2022	24,640.
Modified taxable income (from line 9 below)	0.
NOL absorbed this Year	0.
Taxable income after NOL deduction	0.
NOL carryover to 2023	24,640.

Worksheet 2 for NOL carryover
Computed for first NOL that reduces taxable income below zero
Per IRS Publication 536

NOL YEAR: 2016
 Use your 2022 Form 1040 or Form 1040NR to complete this worksheet

1. NOL deduction for the NOL year entered above	24,640.
2. Taxable income before the NOL deduction for 2022	-25,380.
3. Net capital loss deduction	0.
4. Gain excluded on sale of small business stock	0.
5. Domestic production activities deduction	0.
6. Qualified business income deduction	0.
7. Adjustments to adjusted gross income	0.
8. Adjustments to itemized deductions (line 27)	0.
9. Modified taxable income	0.
10. NOL carryover to 2023	24,640.

Statement 1
Schedule 1, Line 8a
2017 NOL Utilization

Initial Loss	4,425.
NOL carryover available in 2022	4,425.
Taxable income before NOL deduction	0.
NOL absorbed this Year	0.
Taxable income after NOL deduction	0.
NOL carryover to 2023	4,425.

Leo and Melissa Lynn Mobley

**Statement 1
Schedule 1, Line 8a
2018 NOL Utilization**

Initial Loss	6,017.
NOL carryover available in 2022	6,017.
Taxable income before NOL deduction	0.
NOL absorbed this Year	0.
Taxable income after NOL deduction	0.
NOL carryover to 2023	6,017.

**Statement 1
Schedule 1, Line 8a
2019 NOL Utilization**

Initial Loss	6,785.
NOL carryover available in 2022	6,785.
Taxable income before NOL deduction	0.
NOL absorbed this Year	0.
Taxable income after NOL deduction	0.
NOL carryover to 2023	6,785.

**Statement 1
Schedule 1, Line 8a
2020 NOL Utilization**

Initial Loss	47,547.
NOL carryover available in 2022	47,547.
Taxable income before NOL deduction	0.
NOL absorbed this Year	0.
Taxable income after NOL deduction	0.
NOL carryover to 2023	47,547.