

General Information

Name: Barbie Higginbotham

PID 288287

AGENCY INFORMATION

Organization	Suborganization	Title
Dixie County	Elected Constitutional Officer	
Three Rivers Regional Library System	Board of Directors	Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
Clerk of the Courts and Comptroller	Dixie County Clerk of Court and Comptroller	Dixie County Clerk of Court and Comptroller

Net WorthMy Net Worth as of March 28, 2024 was \$ 304,300.00.

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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
10 acres and DW mobile home	\$ 95,000.00
2023 GMC Yukon	\$ 64,000.00
2018 Polaris Sportsman Northstar SXS	\$ 20,000.00
FRS Investment	\$ 129,000.00
Lincoln Investment	\$ 12,600.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Capital City Bank	PO Box 900 Tallahassee, FL. 32302	\$ 31,000.00
Synchrony Bank	PO Box 965073 Orlando, FL. 32896	\$ 5,300.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ 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.

Barbie Higginbotham

Digitally signed: 05/07/2024

Filed with COE: 05/07/2024

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending

, 20

See separate instructions.

Your first name and middle initial

Barbara

Last name

Higginbotham

Your social security number

If joint return, spouse's first name and middle initial

Daryle

Last name

Higginbotham

Spouse's social security number

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

1367 NE 188th Avenue

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.

Old Town

State

FL

ZIP code

32680

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change

Foreign country name

Foreign province/state/county

Foreign postal code

☐ Yes

☐ Spouse

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

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

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind

Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	110,609.
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 8882	1e	
f	Employer-provided adoption benefits from Form 8889, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	110,609.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	17,783.
b	Taxable interest	2b	11.
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	
b	Taxable amount	6b	15,116.
7	Capital gain or loss (attach Schedule D if required. If not required, check here)	7	
8	Additional income from Schedule 1, line 10	8	45,806.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	171,542.
10	Subtract line 10 from line 9. This is your adjusted gross income	10	3,236.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	168,306.
12	Standard deduction or itemized deductions (from Schedule A)	12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	2,498.
14	Add lines 12 and 13	14	30,198.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	138,108.

Attach Sch. B if required.

Standard Deduction for—
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	20,999.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	20,999.
	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	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,999.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,472.
	24	Add lines 22 and 23. This is your total tax	24	27,471.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	51,792.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c		51,792.
	26	2023 estimated tax payments and amount applied from 2022 return	26	20,000.
	27	Earned income credit (EIC) No	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		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	71,792.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	44,321.
	35a	Amount of line 34 you want refunded to you. If Form 9888 is attached, check ☐	35a	24,321.
Direct deposit? See instructions.	b	Routing number	c	Type: ☒ Checking ☐ Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	20,000.

Amount You Owe	37	Subtract line 36 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments for instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss your return with the IRS? See instructions ☒ Yes. Complete below. ☐ No		
	Designee's name Anne G Hodges, CPA	Phone no. (352) 498-7067	Personal identification number (PIN)

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 by preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature	Date	Your occupation
			clerk/sole prop
	Spouse's signature. If a joint return, must sign and date		Spouse's occupation
			disabled
	Phone no.	Email address barbiehigginbotham67@gmail.com	

Paid Preparer Use Only	Preparer's name Anne G Hodges, CPA	Preparer's signature Anne G Hodges, CPA	Date 05/06/2024	PTIN [REDACTED]	Check if: ☐ Self-employed
	Firm's name Allog + Amburri, LLC CPA's	Phone no. (904) 268-1148			
	Firm's address 221 Clearwater Lane Ste.200 Jacksonville FL 32223	Firm's EIN [REDACTED]			

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

BAA

REV 04/03/24 PRO

Form 1040 (2023)

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

2023

Attachment
Sequence No. **01**

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

Barbara & Daryle Higginbotham

Your social security number

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	45,806.
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	
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		
e	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
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. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1	10	45,806.

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

Schedule 1 (Form 1040) 2023

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	3,236.
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)		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit		
c	Nontaxable amount of the value of Olympic and Paralympic and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount		
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, 1040-SR, 1041, 1041-SR, line 10	26	3,236.

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

2023

Attachment
Sequence No. **02**

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

Barbara & Daryle Higginbotham

Your social security number

Part I Tax

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

Part II Other Taxes

- | | | | |
|----|--|----|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 6,472. |
| 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 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)

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

Schedule 2 (Form 1040) 2023

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 or 460 from Form
8697 or 8866**17n****o** Tax on non-effectively connected income from any part of the
year you were a nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621 relating to distributions
from, and dispositions of, stock in 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 9 net tax liability installment from Form 965-A**20****21** Add lines 17 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**

6,472.

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

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

Name of proprietor Barbara Higginbotham		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Restaurant	B Enter code from instructions 7 2 2 5 1 1	
C Business name. If no separate business name, leave blank. Taste of Dixie Diner, LLC	D Employer ID number (EIN) (see instr.) [REDACTED]	
E Business address (including suite or room no.) 16840 S US Hwy 19 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 2023? If "No," see instructions for losses ☐ Yes ☐ No		
H If you started or acquired this business during 2023, check here ☐		
I Did you make any payments in 2023 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 Form W-2 and the "Statutory employee" box on that form was checked	1	1,376,578.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,376,578.
4 Cost of goods sold (from line 42)	4	924,036.
5 Gross profit. Subtract line 4 from line 3	5	452,542.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0.
7 Gross income. Add lines 5 and 6	7	452,542.

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

8 Advertising	8	10,463.	18	Office expense (see instructions)	18	5,029.
9 Car and truck expenses (see instructions)	9	80.	19	Retirement and profit-sharing plans	19	
10 Commissions and fees	10		20	Real estate (see instructions):	20	
11 Contract labor (see instructions)	11		20a	Vehicle, machinery, and equipment	20a	
12 Depletion	12		20b	Other business property	20b	30,366.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,560.	21	Repairs and maintenance	21	18,308.
14 Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	16,238.
15 Insurance (other than health)	15	9,700.	23	Taxes and licenses	23	26,697.
16 Interest (see instructions):			24a	Travel and meals:	24a	56.
a Mortgage (paid to banks, etc.)	16a		24b	Travel	24b	645.
b Other	16b		25	Deductible meals (see instructions)	25	41,271.
17 Legal and professional services	17	8,415.	26	Utilities	26	182,410.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		27a	Wages (less employment credits)	27a	55,753.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27b	Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. 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			Energy efficient commercial bldgs deduction (attach Form 7205)		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on 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					45,806.
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? ☐ Yes ☐ No
If "Yes," attach explanation

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 36 863,648.

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38 60,388.

39 Other costs 39

40 Add lines 35 through 39 40 924,036.

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 42 42 924,036.

Part IV Information on Your Vehicle. Complete this part only if you claim 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) 01/01/2023

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:
a Business 98 b Commuting (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, line 27b, or line 30.

Bank Fees	80.
Credit Card Fees	48,685.
Computer/website expenses	150.
Dues and subscriptions	389.
Pest Control	2,203.
Equipment Expense Election-diminimis	3,857.
Security System	180.
education and training	250.
cash short	-41.
48 Total other expenses. Enter here and on line 27a	48 55,753.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **17**

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

Barbara Higginbotham

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.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code 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 AC

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

- 3** Combine lines 1a, 1b, and 2

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter -0-
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 1a and 1b

- 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

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b

- 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) compensation for 2023

- 8a** Total social security wages and tips (total of boxes 3 and 5 on Form(s) W-2) and railroad retirement (tier 1) compensation. If 160,200 or more, skip lines 8b through 10, and go to line 11

- b** Unreported tips subject to social security tax from Form 4137, line 10

- c** Wages subject to social security tax from Form 9919, line 10

- d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero, enter -0- and on line 10 and go to line 11

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 2

- 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

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

Schedule SE (Form 1040) 2023

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.

- 14** Maximum income for optional methods **14** 6,560
- 15** Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,103 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 ($\frac{2}{3}$) of gross nonfarm income⁴ (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.

BAA

REV 0

Schedule SE (Form 1040) 2023

DO NOT MAIL

Form **8889**Department of the Treasury
Internal Revenue Service**Health Savings Accounts (HSAs)**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **52**

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

Barbara Higginbotham

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

- 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions. ☒ Self-only ☐ Family
- 2 HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. 2 0.
- 3 If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,000 (or \$4,500 for family coverage). All others, see the instructions for the amount to enter. 3 4,850.
- 4 Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs. 4 0.
- 5 Subtract line 4 from line 3. If zero or less, enter -0-. 5 4,850.
- 6 Enter the amount from line 5. But if you and your spouse each have an HDHP and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter. 6 4,850.
- 7 If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 7 0.
- 8 Add lines 6 and 7. 8 4,850.
- 9 Employer contributions made to your HSAs for 2023. 9 1,000.
- 10 Qualified HSA funding distributions. 10
- 11 Add lines 9 and 10. 11 1,000.
- 12 Subtract line 11 from line 8. If zero or less, enter -0-. 12 3,850.
- 13 HSA deduction. Enter the smaller of line 2 or line 12. See instructions. Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. 13 0.

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

- 14a Total distributions you received in 2023 from your HSA (see instructions). 14a 1,249.
- b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those contributions) included on line 14a that were withdrawn by the due date of your return. See instructions. 14b
- c Subtract line 14b from line 14a. 14c 1,249.
- 15 Qualified medical expenses paid using HSA distributions (see instructions). 15 1,249.
- 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f. 16 0.
- 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here. ☐
- b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d. 17b

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

- 18 Last-month rule. 18
- 19 Qualified HSA funding distribution. 19
- 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f. 20
- 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d. 21

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

BAA REV 04/03/24 PRO

Form **8889** (2023)

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Department 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

Barbara & Daryle Higginbotham

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 \$182,100 (\$364,200 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	Taste of Dixie Diner, LLC		42,570.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	42,570.
3	Qualified business net (loss) carryforward from the prior year	3	(30,080.)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	12,490.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	2,498.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
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	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction. Enter the smaller of line 5 or line 9	10	2,498.
11	Taxable income before qualified business income deduction (see instructions)	11	140,606.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	140,606.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	28,121.
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	2,498.
16	Total qualified business income deduction. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
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.

REV 04/03/24 PRO

Form **8995** (2023)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023Attachment
Sequence No. **179**

Name(s) shown on return

Barbara & Daryle Higginbotham

Business or activity to which this form relates

Sch C Restaurant

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	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. 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 2024. 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.)

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	1,018.
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 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		31.	7.0	HY	200 DB	504.
d 10-year property						
e 15-year property		2,021.	15.0	HY	S/L	67.
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	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	1,589.
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.

Form **4562** (2023)

Qualified Business Income Component Worksheet

2023

► Keep for your records

Name(s) Shown on Return

Barbara & Daryle Higginbotham

Social Security Number

Aggregate trade or business name

Taste of Dixie Diner, LLC

Aggregate trade or business ID number (EIN)

Social Security Number of owner if no EIN available

Reason for no EIN or SSN if none available

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes, but is not limited to, a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	Wages	UBIA
Taste of Dixie Diner, LLC		42,570.	18,100.	44,007.

- 1 Qualified business income (QBI) 42,570.
- If using Simplified Worksheet, stop here.
- 2 Taxable Income
- 3 Threshold Amount. \$364,200 if MFJ, \$182,100 if M, otherwise \$182,100
- 4 Subtract line 3 from line 2. If less than 0, enter 0
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000
- 8 Wages allocable to qualified business income
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income
- Reductions for Specified Service Trades or Businesses
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI
- 12 SSTB reduction to allocable wages
- 13 SSTB reduction to allocable UBIA
- QBI, wages, and UBIA after applicable SSTB reductions
- 14 Qualified business income
- 15 Allocable wages
- 16 Allocable UBIA
- Tentative QBI component
- 17 Adjustments to QBI losses
- 18 Loss-adjusted QBI (line 14 plus line 17)
- 19 Tentative QBI component before limitations (20% of line 18)
- Wages and asset limits
- 20 50% of W2 wages
- 21 25% of W2 wages
- 22 2.5% of UBIA
- 23 Sum of line 20 of W2 wages and 2.5% of UBIA
- 24 Wage and Asset Limit. Larger of line 20 or line 23
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)
- 28 Qualified payments from agricultural or horticultural coop
- 29 Wages allocable to qualified payments from coop
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)
- Qualified business income component amount
- 31 Subtract line 30 from line 27

Qualified Business Income Deduction Summary

2023

► Keep for your records

Name(s) Shown on Return

Barbara & Daryle Higginbotham

Social Security Number

[REDACTED]

QuickZoom to QBI Component Worksheet►
QuickZoom to Form 8995.►
QuickZoom to Form 8995-A►

1	Trade or business name	Net	
	Taste of Dixie Diner, LLC		570.
2	Net qualified business income (QBI) from qualified trades or businesses		570.
3	Loss from previous year		-30,080.
4	Sum of activities with gains (only positive amounts from table on line 1)		42,570.
5	Sum of activities with losses (only negative amounts from table on line 1)		-30,080.
6	Check if using Simplified Computation (Form 8995) ☒		
7	QBI component from Form 8995 line 5 or Form 8995A line 5		2,498.
8	QBI loss carryover from Form 8995 line 16 or Form 8995A line 16		0.
9	Total REIT dividends		
10	PTP Income from non-SSTBs		
11	PTP Income from SSTBs		
12	Allowed PTP Income from SSTBs		
13	Total Allowed PTP income (sum of line 10 and line 12)		
14	Carryover REIT/PTP losses from prior year		
15	Total REIT/PTP income		
16	20% of total REIT/PTP income		
17	Disallowed REIT/PTP loss		0.
18	Combined QBI Amount (QBI component plus 20% of REIT/PTP income).		2,498.
19	Taxable income before QBI deduction.	140,606.	
20	Net capital gains	0.	
21	Taxable income minus net capital gains. If zero or less, enter -0-	140,606.	
22	20% of taxable income minus net capital gains	28,121.	
23	QBI deduction before RAD.	2,498.	
	Lesser of Combined QBI amount or 20% of taxable income minus cap gains		
24	Section 199A deduction for domestic production activities		
25	Total (or QBI) deduction (sum of lines 23 and 24)	2,498.	

Form 4562

Depreciation and Amortization Report

2023

Barbara & Daryle Higginbotham
Sch C - Restaurant

Tax Year 2023
Keep for your records

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Sec 179 Election	Spec. Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Glass part w/ door		01/26/23	2,021		100.00			2,021	15.0	SL/HY		67
6 Burner Range		02/21/23	1,597		100.00			1,597	7.0	200DB/HY		228
Duke LP Hot Food Table		02/21/23	1,934		100.00			1,934	7.0	200DB/HY		276
SUBTOTAL CURRENT YEAR			5,552				0	5,552				571
Ice Water, Prep Table, Sink		11/21/11	3,099		100.00			2,899	7.0	200DB/HY	3,099	0
Credit Card Machine		11/25/11	200		100.00			88	7.0	200DB/HY	200	0
Cash Register		12/01/11	112		100.00			112	7.0	200DB/HY	112	0
Wal-Mart - item		01/07/13	400		100.00			200	5.0	200DB/HY	400	0
Prep bar and steam table		02/20/13	3,406		100.00			1,703	5.0	200DB/HY	3,406	0
Ice Machine		05/20/13	6,100		100.00			3,050	5.0	200DB/HY	6,100	0
Ice Machine		03/09/15	5,027		100.00			0	5.0	200DB/HY	5,027	0
AC Unit (split cost w Genera		05/27/15	1,225		100.00			1,225	15.0	SL/HY	614	81
Booth Table Set		06/30/15	260		100.00			260	5.0	200DB/HY	260	0
Stove		08/21/15	1,638		100.00			0	5.0	200DB/HY	1,638	0
Table		09/10/15	150		100.00			150	5.0	200DB/HY	150	0
Rebuild hot water heater		03/26/16	1,219		100.00			1,219	5.0	200DB/HY	1,219	0
AC Installation		12/06/16	801		100.00			801	15.0	SL/HY	332	55
Carpet		12/17/16	4,643		100.00			2,322	5.0	200DB/HY	2,321	0
Vynal		12/19/16	300		100.00			150	5.0	200DB/HY	150	0
Glass tinting		03/01/17	1,564		100.00			1,564	15.0	SL/HY	572	104
AC Compressor		02/23/17	3,800		100.00			1,900	15.0	SL/HY	698	127
Gas Convection Oven		08/05/18	3,099		100.00			0	7.0	200DB/HY	3,099	0
Sandwich Prep Station		08/05/18	2,594		100.00			0	7.0	200DB/HY	0	0
1/2 of new AC split w landlord		08/25/18	7,983		100.00			7,983	15.0	SL/HY	266	532
Glass front door-split w landlord		12/15/18	1,788		100.00			1,788	15.0	SL/HY	60	119
SUBTOTAL PRIOR			51,772	0				6,665			17,807	29,723
TOTALS			57,324	0				6,665			17,807	32,852
											29,723	1,589

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

2023

Barbara & Daryle Higginbotham
Sch C - Restaurant

Tax Year 2023
Keep for your records

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Sec 179 Election	Spec Depreciation	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustments Preferences
DEPRECIATION													
Glass part aof door		01/26/23	2,021		100.00			2,021	15.0	SL/HY		67	0.
6 Burner Range		02/21/23	1,597		100.00			1,597	7.0	150DB/HY		171	57.
Duke LP Hot Food Table		02/21/23	1,934		100.00			1,934	7.0	150DB/HY		207	69.
SUBTOTAL CURRENT YEAR			5,552				0	5,552				445	126.
Ice Maker, Prep Table, Sink		11/21/11	3,099		100.00			2,899	7.0	200DB/HY	3,099	0	0.
Credit Card Machine		11/25/11	200		100.00			88	7.0	200DB/HY	200	0	0.
Cash Register		12/01/11	112		100.00			112	7.0	200DB/HY	112	0	0.
Walmart - Item		01/07/13	400		100.00			200	5.0	200DB/HY	400	0	0.
Prep bar and steam table		02/20/13	3,400		100.00			1,703	5.0	200DB/HY	3,400	0	0.
Ice Machine		05/20/13	6,000		100.00			3,050	5.0	200DB/HY	6,000	0	0.
Ice Machine		03/09/15	5,000		100.00			5,027	5.0	200DB/HY	5,027	0	0.
AC Unit (split cost w Gomers)		05/27/15	1,225		100.00			1,225	15.0	SL/HY		81	0.
Booth Table Set		06/30/15	260		100.00			260	5.0	150DB/HY		0	0.
Stove		08/21/15	1,638		100.00			0	5.0	150DB/HY		0	0.
Table		09/10/15	1,638		100.00			150	5.0	150DB/HY		0	0.
Rebuild hot water heater		03/26/16	1,219		100.00			1,219	5.0	150DB/HY		0	0.
AC Installation		12/06/16	801		100.00			800	15.0	SL/HY	332	55	0.
Carpet		12/17/16	4,643		100.00			2,322	5.0	200DB/HY	2,321	0	0.
Vynal		12/19/16	300		100.00			150	5.0	200DB/HY	150	0	0.
Glass Tinting		03/01/17	1,564		100.00			1,564	15.0	SL/HY	572	104	0.
AC Compressor		02/23/17	3,800		100.00			1,900	15.0	SL/HY	698	127	0.
Gas Convection Oven		08/08/18	3,099		100.00			3,099	7.0	200DB/HY	3,099	0	0.
Sandwich Prep Station		08/08/18	2,594		100.00			2,594	7.0	200DB/HY	2,594	0	0.
1/2 of new AC split w landlord		08/25/18	7,983		100.00			7,983	15.0	SL/HY	266	532	0.
Glass front door-split w landlord		12/15/18	1,788		100.00			1,788	15.0	SL/HY	60	119	0.
SUBTOTAL PRIOR			51,772	0				17,807			27,300		
TOTALS			57,324	0				6,665			17,807	32,852	1,463

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Two-Year Comparison

2023

Name(s) Shown on Return

Barbara & Daryle Higginbotham

Social Security Number

Income	2022	2023	Difference	%
Wages, salaries, tips, etc.	105,060.	110,609.	5,549.	5.28
Interest and dividend income.		11.	11.	
State tax refund				
Business income (loss)	6,569.	45,806.	39,237.	597.31
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities	0.		0.	
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits	13,903.	15,116.	1,213.	8.72
Income other than the above				
Total Income	125,532.	171,532.	46,010.	36.65
Adjustments to Income	464.	3,772.	3,308.	597.41
Adjusted Gross Income	125,068.	168,760.	43,692.	34.57
Itemized Deductions				
Medical and dental	0.	0.	0.	
Income or sales tax	1,111.	1,111.	0.	32.20
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	1,111.	1,478.	360.	32.20
Standard or Itemized Deduction	25,900.	27,700.	1,800.	6.95
Qualified Business Income Deduction	0.	2,498.	2,498.	
Taxable Income	168,168.	138,108.	38,940.	39.27
Income tax	13,053.	20,999.	7,946.	60.87
Additional income taxes				
Alternative minimum tax		0.	0.	
Total Income Taxes	13,053.	20,999.	7,946.	60.87
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax	928.	6,472.	5,544.	597.41
Other taxes				
Total Tax After Credits	13,981.	27,471.	13,490.	96.49
Withholding	51,536.	51,792.	256.	0.50
Estimated and extension payments	17,254.	20,000.	2,746.	15.92
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	68,790.	71,792.	3,002.	4.36
Form 2210 penalty				
Applied to next year's estimated tax	20,000.	20,000.	0.	0.00
Refund	34,809.	24,321.	-10,488.	-30.13
Balance Due				

Current year effective tax rate 12.48 %

Schedule C Two-Year Comparison

2023

► Keep for your records

Proprietor name: Barbara HigginbothamBusiness or profession: Restaurant

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

	2022	2022 Percent of Net Sales*	2023	2023 Percent of Net Sales*	2022 to 2023 Comparison as amount as percent
Income:					
1 Gross receipts or sales . . .	1,304,314.	100.00	1,376,578.	100.00	72,264.00
2 Returns & allowances . . .					
3 Net receipts or sales . . .	1,304,314.	100.00	1,376,578.	100.00	72,264.00
Cost of goods sold:					
4 a Beginning inventory . . .					
b Purchases	868,289.	66.57	863,648.	62.44	-4641.00
c Cost of labor					
d Materials & supplies . . .	52,997.	4.06	60,000.	4.36	7391.00
e Other costs					
f Ending inventory					
5 Cost of goods sold	921,286.	70.63	923,648.	67.13	2750.00
6 Gross profit	383,028.	29.37	452,930.	32.87	69514.00
7 Other income					0.00
8 Gross income	383,028.	29.37	452,930.	32.87	69514.00
Expenses:					
9 Advertising	9,686.	0.74	10,463.	0.76	777.00
10 Car & truck expenses . . .			80.	0.01	80.00
11 Commissions and fees . . .					
12 Contract labor					
13 Depletion					
14 Depreciation & Sec 179 . . .	3,188.	0.25	1,589.	0.12	-1699.00
15 Employee benefits					
16 Insurance	10,178.	0.78	9,416.	0.68	-720.00
17 a Mortgage interest					
b Other interest					
18 Legal and professional . . .		0.52	8,415.	0.61	1665.00
19 Office expense	2,400.	0.19	5,029.	0.37	2568.00
20 Pension & profit-sharing . . .					
21 Rent or lease:					
a Vehicle/machinery/equip . . .					
b Other business	32,070.	2.46	30,366.	2.21	-1704.00
22 Repairs & maintenance . . .	17,525.	1.34	18,308.	1.33	783.00
23 Supplies	13,226.	1.01	16,238.	1.18	3012.00
24 Taxes and licenses	27,166.	2.08	26,697.	1.94	-469.00
25 a Travel			56.	0.00	56.00
b Meals & entertainment	483.	0.04	645.	0.05	162.00
26 Utilities	38,429.	2.95	41,271.	3.00	2842.00
27 Depreciation (less job credit) . .	170,452.	13.07	182,410.	13.25	11958.00
28 Other expenses	44,787.	3.43	55,753.	4.05	10966.00
29 Energy					
30 Total expenses	376,459.	28.86	406,736.	29.55	30277.00
31 Tentative profit (loss) . . .	6,569.	0.50	45,806.	3.33	39237.00
32 Office in home					
33 Net profit (loss)	6,569.	0.50	45,806.	3.33	39237.00
Passive suspended losses:					
Schedule C					
Form 4797					
Schedule D					

*Lines 1 through 32 as a percentage of net sales revenue.

Tax History Report

► Keep for your records

2023

Name(s) Shown on Return

Barbara & Daryle Higginbotham

Five Year Tax History:					
	2019	2020	2021	2022	2023
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	63,075.	-32,405.	114,201.	125,551.	114,201.
Adjustments to income	1,226.		2,406.	464.	3,236.
Adjusted gross income	61,849.	-32,405.	111,795.	125,087.	110,965.
Tax expense	823.	0.	887.	1,118.	1,478.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns		1,730.			0.
Total itemized/ standard deduction . .	24,400.	2,730.	24,100.	25,900.	27,700.
QBI deduction	3,224.	0.	0.	0.	2,498.
Taxable income	34,225.	0.	86,695.	99,168.	138,108.
Tax	3,719.		10,566.	13,053.	20,999.
Alternative min tax . .					
Total credits	2,135.	0.	2,351.		
Other taxes	451.		6,038.	928.	6,472.
Payments	9,085.	3,469.	31,507.	68,790.	71,792.
Form 2210 penalty . . .					
Amount owed	0.	0.	0.		
Applied to next year's estimate . .	1,050.	3,469.	17,254.	20,000.	20,000.
Refund				34,809.	24,321.
Effective tax rate % . .	2.56	0.00	7.35	10.44	12.48
**Tax bracket %	12.0		22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ►

Taxpayer's name

Barbara Higginbotham

Spouse's name

Daryle Higginbotham

Social security number

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (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	168,306.
2	Total tax	2	27,471.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	51,792.
4	Amount you want refunded to you	4	24,321.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you sign 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) and 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 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, (b) the reason for rejection of the transmission, (c) the date of any refund, and (d) 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 1-888-353-4535. 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 that involve 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 Balog + Tamburri, LLC as my ERO firm name to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

- ☒ I authorize Balog + Tamburri, LLC as my ERO firm name to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Part III Certification and Authentication — Practitioner PIN Method Returns Only—continue below

ERO's EFIN/PIN. Enter your five-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros

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

ERO's signature ►

Date ►

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

REV 04/03/24 PRO

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