

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/29/2024

### General Information

Name: Hon Mark Hartley

PID 44068

### AGENCY INFORMATION

| Organization | Suborganization                | Title |
|--------------|--------------------------------|-------|
| Baker County | Elected Constitutional Officer |       |

### CANDIDATE FOR

| Position          | Agency Name                      | Position sought or held        |
|-------------------|----------------------------------|--------------------------------|
| County Commission | Baker County Board of Commission | County Commissioner District 5 |

### Net Worth

My Net Worth as of April 30, 2024 was \$ 638,127.13.

**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 \$ 45,000.00.

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

| Description of Asset                            | Value of Asset |
|-------------------------------------------------|----------------|
| Bank Acct. Wells Fargo Bank                     | \$ 60,860.38   |
| LSW Valu Teacher 403b                           | \$ 57,496.00   |
| House 10980 Hartley Ln. Glen St. Mary FL        | \$ 199,118.00  |
| Mobile Home 10951 Hartley Ln. Glen St. Mary, FL | \$ 94,469.00   |
| Deferred Retirement Option                      | \$ 107,502.81  |
| Bank Acct. TruFi Credit Union                   | \$ 12,324.15   |
| Bank Acct. Ameris Bank                          | \$ 15,765.30   |
| Bank Acct. First Federal Bank                   | \$ 40,484.45   |
| Globe Life                                      | \$ 5,336.40    |
| 403B Charles Schwab                             | \$ 10,709.43   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor    | Address of Creditor            | Amount of Liability |
|---------------------|--------------------------------|---------------------|
| TruFi Credit Union  | 602 So. Sixth St. Macclenny FL | \$ 9,815.61         |
| Sheffield Financial | P.O. Box 580229 Charlotte, NC  | \$ 1,123.18         |

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. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 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):

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| See Attached            |                                           |                   |                                       |

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

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.

***Mark Hartley***

Digitally signed: 05/29/2024

Filed with COE: 05/29/2024

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

Marcus R

Last name

Hartley

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

Ronda C

Last name

Hartley

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

10980 Hartley Lane

Apt. no.

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

Glen St Mary

State

FL

ZIP code

32040

Foreign country name

Foreign province/state/county

Foreign postal code

Spouse's social security number

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

## 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 alienAge/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 |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

## 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 | 172,354. |
| 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 | 0.       |
| i  | Nontaxable combat pay election (see instructions)                                      | 1i |    |          |
| z  | Add lines 1a through 1h                                                                |    | 1z | 172,354. |
| 2a | Tax-exempt interest                                                                    | 2a | 2b | 1,167.   |
| 3a | Qualified dividends                                                                    | 3a | 3b |          |
| 4a | IRA distributions                                                                      | 4a | 4b |          |
| 5a | Pensions and annuities                                                                 | 5a | 5b |          |
| 6a | Social security benefits                                                               | 6a | 6b |          |
| c  | If you elect to use the lump-sum election method, check here (see instructions)        |    |    |          |
| 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here     |    | 7  |          |
| 8  | Additional income from Schedule 1, line 10                                             |    | 8  | 0.       |
| 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income                  |    | 9  | 173,521. |
| 10 | Adjustments to income from Schedule 1, line 26                                         |    | 10 | 5,525.   |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income                       |    | 11 | 167,996. |
| 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 | 0.       |
| 14 | Add lines 12 and 13                                                                    |    | 14 | 27,700.  |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income |    | 15 | 140,296. |

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.

|                        |           |                                                                                                                                                      |           |         |
|------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | <b>16</b> | 21,480. |
|                        | <b>17</b> | Amount from Schedule 2, line 3                                                                                                                       | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17                                                                                                                                  | <b>18</b> | 21,480. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812                                                                                   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8                                                                                                                       | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20                                                                                                                                  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                            | <b>22</b> | 21,480. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                 | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                   | <b>24</b> | 21,480. |

|                 |           |                                                                                                 |            |         |
|-----------------|-----------|-------------------------------------------------------------------------------------------------|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:                                                               |            |         |
|                 | <b>a</b>  | Form(s) W-2                                                                                     | <b>25a</b> | 20,877. |
|                 | <b>b</b>  | Form(s) 1099                                                                                    | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)                                                                  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c                                                                       | <b>25d</b> | 20,877. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) NO                                                                   | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812                                                  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8                                              | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use                                                                         | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15                                                                 | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 20,877. |

|               |            |                                                                                                                                                                                           |            |      |
|---------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                                                                                    | <b>34</b>  |      |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                         | <b>35a</b> |      |
|               | <b>b</b>   | Routing number [REDACTED] <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                               |            |      |
|               | <b>d</b>   | Account number [REDACTED]                                                                                                                                                                 |            |      |
|               | <b>36</b>  | Amount of line 34 you want applied to your 2024 estimated tax                                                                                                                             | <b>36</b>  |      |
|               | <b>37</b>  | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b>  | 603. |
|               | <b>38</b>  | Estimated tax penalty (see instructions)                                                                                                                                                  | <b>38</b>  |      |

|                             |                                                                                                                                                                                              |           |                                      |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes. Complete below.</b> <input checked="" type="checkbox"/> <b>No</b> |           |                                      |
|                             | Designee's name                                                                                                                                                                              | Phone no. | Personal identification number (PIN) |

|                  |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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.)         |
|                  |                                                                                                                                                                                                                                                                                                                    |               | Teacher             |                                                                                   |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  |                                                                                                                                                                                                                                                                                                                    |               | Teacher             |                                                                                   |
|                  | Phone no. (888) 999-9999                                                                                                                                                                                                                                                                                           | Email address |                     |                                                                                   |

|                               |                                                        |                                         |                |                    |                                                                |
|-------------------------------|--------------------------------------------------------|-----------------------------------------|----------------|--------------------|----------------------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name<br>A'Donna Jackson's<br>Income Tax Srv | Preparer's signature<br>A'Donna Jackson | Date<br>4/4/24 | PTIN<br>[REDACTED] | Check if:<br><input checked="" type="checkbox"/> Self-employed |
|                               | Firm's name<br>Glen St Mary, FL 32040                  | Phone no.                               |                |                    | Firm's EIN                                                     |

**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](http://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

Marcus R & Ronda C Hartley

Your social security number

[REDACTED]

**Part I Additional Income**

|           |                                                                                                                                                     |           |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  |     |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> |     |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |           |     |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  |     |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  |     |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  | 0.  |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  |     |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  |     |
| <b>8</b>  | Other income:                                                                                                                                       |           |     |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( ) |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b> |     |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> |     |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( ) |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b> |     |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b> |     |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b> |     |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b> |     |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b> |     |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b> |     |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b> |     |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |     |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b> |     |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b> |     |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b> |     |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b> |     |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8q</b> |     |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b> |     |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> | ( ) |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |     |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b> |     |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b> |     |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  |     |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | 0.  |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |        |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          | <b>11</b>  | 500.   |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          | <b>12</b>  | 175.   |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         | <b>13</b>  | 4,850. |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 | <b>15</b>  |        |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     | <b>18</b>  |        |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                            |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____                                                                                           |            |        |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            | <b>21</b>  |        |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |        |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                   | <b>24c</b> |        |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                | <b>24e</b> |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                              | <b>24h</b> |        |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |        |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                  | <b>24k</b> |        |
| <b>z</b>   | Other adjustments. List type and amount: _____                                                                                                                       | <b>24z</b> |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | 5,525. |

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

Marcus R & Ronda C Hartley

Your social security number

**Part I** **Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes ☒ No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ Yes ☐ No

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

|          |                                          |
|----------|------------------------------------------|
| <b>A</b> | 10951 Hartley Lane Glen St Mary FL 32040 |
| <b>B</b> |                                          |
| <b>C</b> |                                          |

| <b>1b</b> | Type of Property<br>(from list below) | <b>2</b> | For each rental real estate property listed<br>above, report the number of fair rental and<br>personal use days. Check the QJV box only<br>if you meet the requirements to file as a<br>qualified joint venture. See instructions. | Fair Rental<br>Days | Personal Use<br>Days | QJV                      |
|-----------|---------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|--------------------------|
| <b>A</b>  | 1                                     |          |                                                                                                                                                                                                                                    | <b>A</b> 365        | 0                    | <input type="checkbox"/> |
| <b>B</b>  |                                       |          |                                                                                                                                                                                                                                    | <b>B</b>            |                      | <input type="checkbox"/> |
| <b>C</b>  |                                       |          |                                                                                                                                                                                                                                    | <b>C</b>            |                      | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |                                                                                                                                                                                                                                                                                                                               | Properties: |         |     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|-----|
|                  |                                                                                                                                                                                                                                                                                                                               | A           | B       | C   |
| <b>3</b>         | Rents received . . . . .                                                                                                                                                                                                                                                                                                      | <b>3</b>    | 5,390.  |     |
| <b>4</b>         | Royalties received . . . . .                                                                                                                                                                                                                                                                                                  | <b>4</b>    |         |     |
| <b>Expenses:</b> |                                                                                                                                                                                                                                                                                                                               |             |         |     |
| <b>5</b>         | Advertising . . . . .                                                                                                                                                                                                                                                                                                         | <b>5</b>    |         |     |
| <b>6</b>         | Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                                  | <b>6</b>    |         |     |
| <b>7</b>         | Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                                            | <b>7</b>    | 1,438.  |     |
| <b>8</b>         | Commissions . . . . .                                                                                                                                                                                                                                                                                                         | <b>8</b>    |         |     |
| <b>9</b>         | Insurance . . . . .                                                                                                                                                                                                                                                                                                           | <b>9</b>    | 461.    |     |
| <b>10</b>        | Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                                   | <b>10</b>   | 250.    |     |
| <b>11</b>        | Management fees . . . . .                                                                                                                                                                                                                                                                                                     | <b>11</b>   |         |     |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions) . . . . .                                                                                                                                                                                                                                                            | <b>12</b>   |         |     |
| <b>13</b>        | Other interest . . . . .                                                                                                                                                                                                                                                                                                      | <b>13</b>   |         |     |
| <b>14</b>        | Repairs . . . . .                                                                                                                                                                                                                                                                                                             | <b>14</b>   | 2,199.  |     |
| <b>15</b>        | Supplies . . . . .                                                                                                                                                                                                                                                                                                            | <b>15</b>   |         |     |
| <b>16</b>        | Taxes . . . . .                                                                                                                                                                                                                                                                                                               | <b>16</b>   | 1,242.  |     |
| <b>17</b>        | Utilities . . . . .                                                                                                                                                                                                                                                                                                           | <b>17</b>   |         |     |
| <b>18</b>        | Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                                   | <b>18</b>   | 1,752.  |     |
| <b>19</b>        | Other (list) _____                                                                                                                                                                                                                                                                                                            | <b>19</b>   |         |     |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                              | <b>20</b>   | 7,342.  |     |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If<br>result is a (loss), see instructions to find out if you must<br>file <b>Form 6198</b> . . . . .                                                                                                                                                              | <b>21</b>   | -1,952. |     |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any,<br>on <b>Form 8582</b> (see instructions) . . . . .                                                                                                                                                                                                              | <b>22</b>   | ( 0. )  | ( ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                                   | <b>23a</b>  | 5,390.  |     |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                                  | <b>23b</b>  |         |     |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                                         | <b>23c</b>  |         |     |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                                         | <b>23d</b>  | 1,752.  |     |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                                         | <b>23e</b>  | 7,342.  |     |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .                                                                                                                                                                                                                              | <b>24</b>   |         |     |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .                                                                                                                                                                                                  | <b>25</b>   | ( 0. )  |     |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result<br>here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on<br>Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |         | 0.  |

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **13**

Name(s) shown on return

Marcus R & Ronda C Hartley

Your social security number

**Part I** **Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes ☒ No
- B** If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ Yes ☐ No

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

|          |                                          |
|----------|------------------------------------------|
| <b>A</b> | 10951 Hartley Lane Glen St Mary FL 32040 |
| <b>B</b> |                                          |
| <b>C</b> |                                          |

| <b>1b</b> Type of Property<br>(from list below) | <b>2</b> For each rental real estate property listed<br>above, report the number of fair rental and<br>personal use days. Check the QJV box only<br>if you meet the requirements to file as a<br>qualified joint venture. See instructions. | <b>Fair Rental<br/>Days</b> | <b>Personal Use<br/>Days</b> | <b>QJV</b>               |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|--------------------------|
| <b>A</b> 1                                      |                                                                                                                                                                                                                                             | <b>A</b> 365                | 0                            | <input type="checkbox"/> |
| <b>B</b>                                        |                                                                                                                                                                                                                                             | <b>B</b>                    |                              | <input type="checkbox"/> |
| <b>C</b>                                        |                                                                                                                                                                                                                                             | <b>C</b>                    |                              | <input type="checkbox"/> |

**Type of Property:**

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

|                                                                                                                                                                                                                                                                                                                                   |            | Properties: |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----|-----|
|                                                                                                                                                                                                                                                                                                                                   |            | A           | B   | C   |
| <b>Income:</b>                                                                                                                                                                                                                                                                                                                    |            |             |     |     |
| <b>3</b> Rents received . . . . .                                                                                                                                                                                                                                                                                                 | <b>3</b>   | 5,390.      |     |     |
| <b>4</b> Royalties received . . . . .                                                                                                                                                                                                                                                                                             | <b>4</b>   |             |     |     |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                                                  |            |             |     |     |
| <b>5</b> Advertising . . . . .                                                                                                                                                                                                                                                                                                    | <b>5</b>   |             |     |     |
| <b>6</b> Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                             | <b>6</b>   |             |     |     |
| <b>7</b> Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                                       | <b>7</b>   | 1,438.      |     |     |
| <b>8</b> Commissions . . . . .                                                                                                                                                                                                                                                                                                    | <b>8</b>   |             |     |     |
| <b>9</b> Insurance . . . . .                                                                                                                                                                                                                                                                                                      | <b>9</b>   | 461.        |     |     |
| <b>10</b> Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                             | <b>10</b>  | 250.        |     |     |
| <b>11</b> Management fees . . . . .                                                                                                                                                                                                                                                                                               | <b>11</b>  |             |     |     |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) . . . . .                                                                                                                                                                                                                                                      | <b>12</b>  |             |     |     |
| <b>13</b> Other interest . . . . .                                                                                                                                                                                                                                                                                                | <b>13</b>  |             |     |     |
| <b>14</b> Repairs . . . . .                                                                                                                                                                                                                                                                                                       | <b>14</b>  | 2,199.      |     |     |
| <b>15</b> Supplies . . . . .                                                                                                                                                                                                                                                                                                      | <b>15</b>  |             |     |     |
| <b>16</b> Taxes . . . . .                                                                                                                                                                                                                                                                                                         | <b>16</b>  | 1,242.      |     |     |
| <b>17</b> Utilities . . . . .                                                                                                                                                                                                                                                                                                     | <b>17</b>  |             |     |     |
| <b>18</b> Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                             | <b>18</b>  | 1,752.      |     |     |
| <b>19</b> Other (list) _____                                                                                                                                                                                                                                                                                                      | <b>19</b>  |             |     |     |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                        | <b>20</b>  | 7,342.      |     |     |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .                                                                                                                                                              | <b>21</b>  | -1,952.     |     |     |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .                                                                                                                                                                                                           | <b>22</b>  | ( 0. )      | ( ) | ( ) |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                            | <b>23a</b> | 5,390.      |     |     |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                             | <b>23b</b> |             |     |     |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                                    | <b>23c</b> |             |     |     |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                                    | <b>23d</b> | 1,752.      |     |     |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                                    | <b>23e</b> | 7,342.      |     |     |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .                                                                                                                                                                                                                        | <b>24</b>  |             |     |     |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .                                                                                                                                                                                            | <b>25</b>  | ( 0. )      |     |     |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>  |             |     | 0.  |

**Qualified Business Income Deduction  
Simplified Computation**

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2023**Attachment  
Sequence No. **55**

Name(s) shown on return

Marcus R &amp; Ronda C Hartley

**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   | Trailer                                  |                                    | 0.                                      |
| ii  |                                          |                                    |                                         |
| iii |                                          |                                    |                                         |
| iv  |                                          |                                    |                                         |
| v   |                                          |                                    |                                         |

  

|    |                                                                                                                                                               |    |          |    |         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----|---------|
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                                                            | 2  | 0.       |    |         |
| 3  | Qualified business net (loss) carryforward from the prior year                                                                                                | 3  | ( )      |    |         |
| 4  | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-                                                                            | 4  | 0.       |    |         |
| 5  | Qualified business income component. Multiply line 4 by 20% (0.20)                                                                                            |    |          | 5  | 0.      |
| 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 before the income limitation. Add lines 5 and 9                                                                           |    |          | 10 | 0.      |
| 11 | Taxable income before qualified business income deduction (see instructions)                                                                                  | 11 | 140,296. |    |         |
| 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 | 140,296. |    |         |
| 14 | Income limitation. Multiply line 13 by 20% (0.20)                                                                                                             |    |          | 14 | 28,059. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) |    |          | 15 | 0.      |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-                                                          |    |          | 16 | ( 0. )  |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-                                            |    |          | 17 | ( 0. )  |

**Qualified Business Income Deduction  
Simplified Computation**

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

Marcus R &amp; Ronda C Hartley

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   | Trailer                                                                                                                                                       |                                    | 0.                                      |
| ii  |                                                                                                                                                               |                                    |                                         |
| iii |                                                                                                                                                               |                                    |                                         |
| iv  |                                                                                                                                                               |                                    |                                         |
| v   |                                                                                                                                                               |                                    |                                         |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                                                            |                                    | 2 0.                                    |
| 3   | Qualified business net (loss) carryforward from the prior year                                                                                                |                                    | 3 ( )                                   |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-                                                                            |                                    | 4 0.                                    |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)                                                                                            |                                    | 5 0.                                    |
| 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 before the income limitation. Add lines 5 and 9                                                                           |                                    | 10 0.                                   |
| 11  | Taxable income before qualified business income deduction (see instructions)                                                                                  |                                    | 11 140,296.                             |
| 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-                                                                                                     |                                    | 13 140,296.                             |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)                                                                                                             |                                    | 14 28,059.                              |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) |                                    | 15 0.                                   |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-                                                          |                                    | 16 ( 0. )                               |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-                                            |                                    | 17 ( 0. )                               |

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

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**Attachment  
Sequence No. **179**

Name(s) shown on return

Marcus R &amp; Ronda C Hartley

Business or activity to which this form relates

Sch E 10951 Hartley Lane

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 <b>smaller</b> 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 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 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.)****Section A**

|    |                                                                                                                                                            |    |      |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023                                                                           | 17 | 687. |
| 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 <input type="checkbox"/> |    |      |

**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 use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      | 5,325.                                                                     | 5.0                 | HY             | 200 DB     | 1,065.                     |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 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 | <b>Total.</b> 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 | 1,752. |
| 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 |        |

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

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Marcus R &amp; Ronda C Hartley

Business or activity to which this form relates

Sch E 10951 Hartley Lane

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 <b>smaller</b> 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 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 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.)****Section A**

|    |                                                                                                                                                            |    |      |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023                                                                           | 17 | 687. |
| 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 <input type="checkbox"/> |    |      |

**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 use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      | 5,325.                                                                     | 5.0                 | HY             | 200 DB     | 1,065.                     |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | 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 | <b>Total.</b> 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 | 1,752. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 |        |

**Part V** 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<br>(line 2a) | (b) Net loss<br>(line 2b) | (c) Unallowed<br>loss (line 2c) | (d) Gain             | (e) Loss |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c |                             |                           |                                 |                      |          |

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

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

**Part VII** Allocation of Unallowed Losses. See instructions.

| Name of activity   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Ratio  | (c) Unallowed loss |
|--------------------|--------------------------------------------------------------------------------|----------|------------|--------------------|
| 10951 Hartley Lane | E Ln 22                                                                        | 1,952.   | 1.00000000 | 1,952.             |
|                    |                                                                                |          |            |                    |
|                    |                                                                                |          |            |                    |
|                    |                                                                                |          |            |                    |
| <b>Total</b>       |                                                                                | 1,952.   | 1.00       | 1,952.             |

**Part VIII** Allowed Losses. See instructions.

| Name of activity   | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------|--------------------------------------------------------------------------------|----------|--------------------|------------------|
| 10951 Hartley Lane | E Ln 22                                                                        | 1,952.   | 1,952.             | 0.               |
|                    |                                                                                |          |                    |                  |
|                    |                                                                                |          |                    |                  |
|                    |                                                                                |          |                    |                  |
| <b>Total</b>       |                                                                                | 1,952.   | 1,952.             | 0.               |

# Smart Worksheets From 2023 Federal Tax Return

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

| Line 2 Smart Worksheet |                                                                                   |        |
|------------------------|-----------------------------------------------------------------------------------|--------|
| A                      | Total amount of HSA contributions you made for 2023 _____                         | 4,850. |
| B                      | Excess HSA contributions carried over from 2022 that still in HSA _____           |        |
| C                      | Excess HSA contributions withdrawn before April 15, 2024 _____                    |        |
| D                      | Net amount of HSA contributions for 2023 after withdrawals, enter on line 2 _____ | 4,850. |

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

| Line 3 Smart Worksheet                                                                                                                                                                           |           |      |                                     |           |                          |        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-------------------------------------|-----------|--------------------------|--------|--------|
| A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare. |           |      |                                     |           |                          |        |        |
| 1                                                                                                                                                                                                | January   | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 2                                                                                                                                                                                                | February  | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 3                                                                                                                                                                                                | March     | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 4                                                                                                                                                                                                | April     | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 5                                                                                                                                                                                                | May       | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 6                                                                                                                                                                                                | June      | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 7                                                                                                                                                                                                | July      | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 8                                                                                                                                                                                                | August    | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 9                                                                                                                                                                                                | September | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 10                                                                                                                                                                                               | October   | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 11                                                                                                                                                                                               | November  | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| 12                                                                                                                                                                                               | December  | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | 3,850. |
| B Maximum allowable contribution. _____                                                                                                                                                          |           |      |                                     |           |                          |        | 3,850. |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>                                                                                                                        |           |      |                                     |           |                          |        |        |

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

| Line 14 Smart Worksheet                                                                              |                                                               |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| A                                                                                                    | Gross distributions _____ 751.                                |
| B                                                                                                    | Rollovers _____                                               |
| C                                                                                                    | Return of excess contributions _____                          |
| D                                                                                                    | Subtract lines B and C from line A. _____ 751.                |
| E                                                                                                    | Taxable earnings on excess contributions _____                |
| <b>Non-surviving spouse beneficiaries who received no distribution this year use lines F &amp; G</b> |                                                               |
| F                                                                                                    | FMV of inherited HSA assets if no distribution received _____ |
| G                                                                                                    | Qualified medical expenses _____                              |

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

| Line 18 Smart Worksheet                                                                |                                                                                                                                                                                                                                                             |                                                     |                          |      |                                     |           |                          |        |                          |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|------|-------------------------------------|-----------|--------------------------|--------|--------------------------|
| Check here if failure to maintain HDHP coverage in 2023 was due to death or disability |                                                                                                                                                                                                                                                             |                                                     |                          |      |                                     |           |                          |        | <input type="checkbox"/> |
| <b>A</b>                                                                               | 1                                                                                                                                                                                                                                                           | Total HSA contribution in 2022 _____                |                          |      |                                     |           |                          | 0.     |                          |
|                                                                                        | 2                                                                                                                                                                                                                                                           | Excess contribution in 2022 _____                   |                          |      |                                     |           |                          | 0.     |                          |
|                                                                                        | 3                                                                                                                                                                                                                                                           | Net HSA contribution in 2022 _____                  |                          |      |                                     |           |                          | 0.     |                          |
| <b>B</b>                                                                               | Check the box below to indicate the type of coverage you had for each month of 2022. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare. |                                                     |                          |      |                                     |           |                          |        |                          |
|                                                                                        | 1                                                                                                                                                                                                                                                           | January                                             | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 2                                                                                                                                                                                                                                                           | February                                            | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 3                                                                                                                                                                                                                                                           | March                                               | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 4                                                                                                                                                                                                                                                           | April                                               | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 5                                                                                                                                                                                                                                                           | May                                                 | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 6                                                                                                                                                                                                                                                           | June                                                | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 7                                                                                                                                                                                                                                                           | July                                                | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 8                                                                                                                                                                                                                                                           | August                                              | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 9                                                                                                                                                                                                                                                           | September                                           | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 10                                                                                                                                                                                                                                                          | October                                             | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 11                                                                                                                                                                                                                                                          | November                                            | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
|                                                                                        | 12                                                                                                                                                                                                                                                          | December                                            | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> | Self-only | <input type="checkbox"/> | Family | _____                    |
| <b>C</b>                                                                               | 1                                                                                                                                                                                                                                                           | Total maximum allowable contribution for 2022 _____ |                          |      |                                     |           |                          |        |                          |
|                                                                                        | 2                                                                                                                                                                                                                                                           | Amount allocated to spouse in 2022 _____            |                          |      |                                     |           |                          |        |                          |
|                                                                                        | 3                                                                                                                                                                                                                                                           | Net maximum allowable contribution for 2022 _____   |                          |      |                                     |           |                          |        |                          |

Form 2106: Employee Business Expense -- Smart Worksheet

| Form 2106, Part I Smart Worksheet |                                                                                                                                                                                        |                                                                     |                                     |  |  |  |  |  |  |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|--|--|--|--|--|--|
| <b>A</b>                          | Check this box to use this form for spouse's employee expenses.<br>If blank, taxpayer assumed _____ <input type="checkbox"/>                                                           |                                                                     |                                     |  |  |  |  |  |  |
| <b>B</b>                          | For entry of business expenses (incl non-auto depreciation), employer reimbursement information, <b>QuickZoom</b> to Form 2106 Adjustments Wks _____ ▶                                 |                                                                     |                                     |  |  |  |  |  |  |
| <b>C</b>                          | This Form 2106 has expenses for:                                                                                                                                                       |                                                                     |                                     |  |  |  |  |  |  |
|                                   | 1                                                                                                                                                                                      | Fee basis state or local government official                        | <input checked="" type="checkbox"/> |  |  |  |  |  |  |
|                                   | 2                                                                                                                                                                                      | Qualifying Performing Artist                                        | <input type="checkbox"/>            |  |  |  |  |  |  |
|                                   | 3                                                                                                                                                                                      | Armed forces reservist related travel more than 100 miles from home | <input type="checkbox"/>            |  |  |  |  |  |  |
|                                   | 4                                                                                                                                                                                      | Impairment-related work expenses                                    | <input type="checkbox"/>            |  |  |  |  |  |  |
|                                   | 5                                                                                                                                                                                      | Miscellaneous 2% itemized deduction (state only)                    | <input type="checkbox"/>            |  |  |  |  |  |  |
| <b>D</b>                          | Check this box if subject to Department of Transportation (DOT) hours of service limits (state use only) _____ <input type="checkbox"/>                                                |                                                                     |                                     |  |  |  |  |  |  |
| <b>E</b>                          | <b>QuickZoom</b> to another copy of Form 2106 _____ ▶                                                                                                                                  |                                                                     |                                     |  |  |  |  |  |  |
| <b>F</b>                          | Treat all MACRS assets for activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                     |                                     |  |  |  |  |  |  |
| <b>G</b>                          | Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No |                                                                     |                                     |  |  |  |  |  |  |
| <b>H</b>                          | Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |                                                                     |                                     |  |  |  |  |  |  |
| <b>I</b>                          | Was this activity located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                            |                                                                     |                                     |  |  |  |  |  |  |
| <b>J</b>                          | Employee home office used for daycare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                             |                                                                     |                                     |  |  |  |  |  |  |