2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/30/2024

General Information

Name: Mark Hatch

PID 225783

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Dixie County Commission District 3	Dixie County Commission District 3

Net Worth

My Net Worth as of December 31, 2023 was $ 1,379,000.00.

Filed with COE: 05/30/2024

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is $ 135,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
BRICK HOME 266 SE 467TH ST CROSS CITY FL 32628	$ 280,000.00
TRI COUNTY REFRESHMENTS (VENDING BUSINESS)	$ 970,000.00
M & S PINE TREES FARM'S 266 SE 467ST OLD TOWN FL 32680	$ 160,000.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FRIST FEDRAL OF FLORIDA	P.O. BOX 8066 VIRGINA BEACH VA 23450	$ 126,000.00
RADIANT CREDIT UNION	1003 NW 22ND CT CHIEFLAND FL 32626	$ 40,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 05/30/2024

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

Filed with COE: 05/30/2024

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 Hatch

Digitally signed: **05/30/2024**

Filed with COE: 05/30/2024

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

Marvis C & Sherrey A Hatch

Taxpayer address (optional)

PO Box 1273
Cross City, FL 32628

1. ☐ Your federal income tax return for 2023 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Tina B, Singletary CPA, Inc. .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____ . The Submission ID assigned to your extension is _____ .

Client Copy

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Instructions for Electronic Return Originators

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

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

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

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

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

Marvis C & Sherrey A Hatch

Form 1040 U.S. Individual Income Tax Return 2023

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ — See separate instructions.

Your first name and middle initial	Last name	Your social security number
Marvis C	Hatch	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Sherrey A	Hatch	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. — Apt. no.
PO Box 1273

City, town, or post office. If you have a foreign address, also complete spaces below. — State: FL — ZIP code: 32628
Cross City

Foreign country name | Foreign province/state/county | Foreign postal code

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 (Check only one box.)
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

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

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	107,521
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	107,521
2a	Tax-exempt interest 2a	b Taxable interest 2b	
3a	Qualified dividends 3a	b Ordinary dividends 3b	
4a	IRA distributions 4a	b Taxable amount 4b	
5a	Pensions and annuities 5a	b Taxable amount 5b	
6a	Social security benefits 6a	b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	(9,320)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	98,201
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	98,201
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	
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	70,501

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.

SAMPLE

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	8,023
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	8,023
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	8,023
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	8,023
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 5,649		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	5,649
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	5,649
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	0
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	2,374
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name Tina Singletary Phone no. 386-294-1040 Personal identification number (PIN) [redacted]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[redacted]	04-11-2024		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[redacted]	04-11-2024		
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Tina Singletary	04-11-2024	P00297893	☐ Self-employed
Preparer's name Tina Singletary	Phone no. 386-294-1040		
Firm's name Tina B. Singletary CPA, Inc.			
Firm's address PO Box 58 Mayo, FL 32066		Firm's EIN	59-3730554

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 01

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

Marvis C & Sherrey A Hatch

Your social security number [redacted]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	(6,223)
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	(3,097)
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	(9,320)

Check

Part II Adjustments to Income

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

Client Copy

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Name of proprietor: Marvis C Hatch

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): Food and Drink Vendi

B Enter code from instructions: 722410

C Business name. If no separate business name, leave blank.: Tri County Refreshments LLC

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.): PO Box 1273

City, town or post office, state, and ZIP code: Cross City, FL 32628

F Accounting method: (1) [x] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . . [x] Yes [ ] No

H If you started or acquired this business during 2023, check here . . . . . [ ]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . [ ] Yes [x] No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	392,839
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	392,839
4	Cost of goods sold (from line 42)	4	278,465
5	**Gross profit.** Subtract line 4 from line 3	5	114,374
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	114,374

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	6,500
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	17,782
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15	7,690	25	Utilities	25	5,596
16	Interest (see instructions):			26	Wages (less employment credits)	26	65,000
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	18,029
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	120,597
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(6,223)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(6,223)

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [x] All investment is at risk.

32b [ ] Some investment is not at risk.

Client Copy

For Paperwork Reduction Act Notice, see the separate instructions.

Name(s) SSN

Marvis C Hatch [redacted]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [x] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . [ ] Yes [x] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	278,465
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	278,465
41	Inventory at end of year	41	0
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	278,465

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

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45	Was your vehicle available for personal use during off-duty hours?	[ ] Yes	[ ] No
46	Do you (or your spouse) have another vehicle available for personal use?	[ ] Yes	[ ] No
47a	Do you have evidence to support your deduction?	[ ] Yes	[ ] No
b	If "Yes," is the evidence written?	[ ] Yes	[ ] No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

Phone	5,976
Fuel	8,361
Miscellaneous	3,692

48	**Total other expenses.** Enter here and on line 27a	48	18,029

Client Copy

SCHEDULE F (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 14

Name of proprietor: Marvis C Hatch

Social security number (SSN): [redacted]

A Principal crop or activity: Timber

B Enter code from Part IV: 113000

C Accounting method: [X] Cash [ ] Accrual

D Employer ID number (EIN) (see instr)

E Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on passive losses . . [X] Yes [ ] No

F Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . [ ] Yes [X] No

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

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

1a	Sales of purchased livestock and other resale items (see instructions)			1a			
b	Cost or other basis of purchased livestock or other items reported on line 1a			1b			
c	Subtract line 1b from line 1a					1c	
2	Sales of livestock, produce, grains, and other products you raised					2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b	Taxable amount	3b	
4a	Agricultural program payments (see instructions)	4a		4b	Taxable amount	4b	
5a	Commodity Credit Corporation (CCC) loans reported under election					5a	
b	CCC loans forfeited	5b		5c	Taxable amount	5c	
6	Crop insurance proceeds and federal crop disaster payments (see instructions):						
a	Amount received in 2023	6a		6b	Taxable amount	6b	
c	If election to defer to 2024 is attached, check here [ ]			6d	Amount deferred from 2022	6d	
7	Custom hire (machine work) income					7	
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)					8	
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions					9	0

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

10	Car and truck expenses (see instructions). Also attach **Form 4562**	10	262	23	Pension and profit-sharing plans	23	
11	Chemicals	11		24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14	2,107	25	Repairs and maintenance	25	
15	Employee benefit programs other than on line 23	15		26	Seeds and plants	26	
16	Feed	16		27	Storage and warehousing	27	
17	Fertilizers and lime	17		28	Supplies	28	
18	Freight and trucking	18		29	Taxes	29	
19	Gasoline, fuel, and oil	19		30	Utilities	30	
20	Insurance (other than health)	20		31	Veterinary, breeding, and medicine	31	
21	Interest (see instructions):			32	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a		a		32a	
b	Other	21b	728	b		32b	
22	Labor hired (less employment credits)	22		c		32c	
				d		32d	
				e		32e	
				f		32f	

33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions	33	3,097
34	**Net farm profit or (loss).** Subtract line 33 from line 9	34	(3,097)

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

35 Reserved for future use.

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

a [X] All investment is at risk. b [ ] Some investment is not at risk.

Specimen Copy

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

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

Marvis C & Sherrey A Hatch

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

[redacted]

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	
3	If you were under age 55 at the end of 2023 and, on the first day of **every** month during 2023, you were, or were considered, an eligible individual with the **same** coverage, enter $3,850 ($7,750 for family coverage). **All others,** see the instructions for the amount to enter		3	3,850
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	3,850
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter		6	3,850
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions		7	
8	Add lines 6 and 7		8	3,850
9	Employer contributions made to your HSAs for 2023	9 1,000		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	1,000
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	2,850
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13		13	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			

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

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

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

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

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return: Marvis C & Sherrey A Hatch

Business or activity to which this form relates: FARM - Timber

Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 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	2,107
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,107
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 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No — 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
Auto	01-01-2018	100.0%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (**don't** include commuting miles) . . .	400					
31 Total commuting miles driven during the year .						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	400					

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person? . . .	X											
36 Is another vehicle available for personal use?	X											

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074
2023

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Marvis C Hatch	[redacted]
Spouse's name	**Spouse's social security number**
Sherrey A Hatch	[redacted]

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	98,201
2	Total tax	2	8,023
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,649
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,374

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

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

Taxpayer's PIN: check one box only

☒ I authorize Tina B, Singletary CPA, Inc. (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Tina B, Singletary CPA, Inc. (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (Don't enter all zeros)

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

ERO's signature ▶ Tina Singletary Date ▶ 04-11-2024

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

Client Copy

1040	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return Marvis C & Sherrey A Hatch		Tax Identification Number [redacted]

Schedule C, Line 23 - Taxes and Licenses

Description	Amount
Payroll tax	$ 5,223
Sales tax	11,680
LLC fee	139
Professional fees	740
Total:	$ 17,782

Client copy

Summary of Estimates

2024

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

[redacted]

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	600	600	600	600	2,400
Overpayment Applied	0	0	0	0	0
Net Installment Due	600	600	600	600	2,400

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Client copy

Estimated Tax Worksheet for Next Year

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number [redacted]

1.	Wages		1.
2.	Interest and Dividend income		2.
3.	Capital gain income		3.
4.	Taxable IRA/Pension income		4.
5.	Taxable Social Security income		5.
6.	Business income		6.
7.	Other income		7.
8.	Total income (add lines 1 thru 7)		8.
9.	Adjustments to income		9.
10.	Adjusted gross income (subtract line 9 from line 8)		10.
11a.	Itemized deductions		11a.
11b.	Standard deduction		11b.
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)		12.
13.	Estimated Section 199A deduction for qualified trade or business income		13.
14.	Projected taxable income (subtract line 13 from line 12)		14.
15.	Projected Tax		15.
16.	Alternative Minimum Tax		16.
17.	Total tax		17.
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits		18c.
19.	Subtract line 18d from line 17		19.
20.	Projected SE Tax - Taxpayer		20.
21.	Projected SE Tax - Spouse		21.
22.	Other taxes		22.
23a.	Add lines 19 through 22		23a.
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885		23b.
c.	**Total 2024 estimated tax.** Subtract line 23b from line 23a. If zero or less enter -0-		23c.
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions)	24b. 8,023	
c.	**Required annual payment to avoid a penalty.** Enter the smaller of line 24a or 24b		24c. 8,023
25.	Projected Withholding		25. 5,649
26.	Projected Net Tax (subtract line 25 from line 24c)		26. 2,374

Estimates will be computed on $2,374. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.

Copy

Federal Income Tax Withheld

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

2023 PG01

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

Description	Amount
W2 - Dixie Count Board of County Commis	1,236
W2 - Tri County Refreshments	990
W2 - Cross City Operations LLC	3,423
W-2 Subtotal	5,649
Total Withholdings	5,649

Client copy

W-2 Detail Listing

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

		FEDERAL			STATE	
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
T	Dixie Count Board of County	31,455	1,236			
T	Tri County Refreshments	24,700	990			
S	Cross City Operations LLC	51,366	3,423			
	Taxpayer Totals	56,155	2,226			
	Spouse Totals	51,366	3,423			
	Totals	107,521	5,649			

Client Copy

Computation of Regular Tax

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

2023

Name(s) as shown on return

Tax ID Number

[redacted]

Marvis C & Sherrey A Hatch

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions	$	8,023
$ 8,023 Tax computed using only available method		

Client Copy

Worksheet B
Form 1040

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2023

Name(s) as shown on return

Marvis C Hatch

Tax ID Number

[redacted]

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

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

Part 1

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

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

Part 2

Self-Employed NOT Required To File Schedule SE

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

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a.	Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2a	(3,097)
b.	Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b	(6,223)
c.	Combine lines 2a and 2b.	=	2c	(9,320)

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

Part 3

Statutory Employees Filing Schedule C

3.	Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.	3	

Part 4

All Filers Using Worksheet B

4.	Combine lines 1e, 2c, and 3. **This is your total self-employed income.**	4	(9,320)

Filer Copy

Need more information or forms? Visit IRS.gov.

Auto Expense Worksheet

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

Profession/Business

FARM - Timber

Description Auto

Date placed in service 2018-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year	400
Total Commuting miles driven during the year	
Total Other miles driven during the year	
Total Miles driven during the year	400
Business Use percentage	100.00

Expenses:

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

Standard Mileage Rate Calculation

Business miles	400 X 0.655	262		262
Parking fees				
Tolls				
Interest				
Personal Property Tax				
Total Standard Mile Rate deduction				262

How it is reported:

Depreciation deduction	
Auto Expense	262
Personal Property Taxes, Schedule A, Line 5c	

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

Marvis C & Sherrey A Hatch

Your taxpayer identification number

[redacted]

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	Schedule C: Tri County Refreshments LLC	[redacted]	(6,223)
ii	Schedule F: Timber	[redacted]	(3,097)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(9,320)		
3	Qualified business net (loss) carryforward from the prior year	3	(262,613)		
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	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	70,501		
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	70,501		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	14,100
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	(271,933)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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

Form **8995** (2023)

EEA

Statement

Amount from Form 1040, line 11..... 98,201
Amount from Form 1040, line 12..... 27,700

Line 11 above is the difference between these amounts..... 70,501

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Tri County Refreshments LLC

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Social security number/EIN [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	2015 Chevy	06-16-2015	37,310*		100.00		PY 18,686	18,624	5		0	32,026		32,026	
3	Silverado	10-28-2020	47,742*		100.00		PY 47,742	0	5	200 DB MQ	13.68	47,742		47,742	
4	Vending Machine	03-20-2021	15,000*		100.00		PY 15,000	0	7	200 DB HY	17.49	15,000		15,000	
	Totals		100,052					18,624				94,768		94,768	

Land Amount [redacted] PY 81,428 CY 179 and CY Bonus ST ADJ:

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* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

FARM - Timber

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Social security number/EIN [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
2	2018 Mahindra TR 1[redacted]	10-14-2019	20,982*		100.00			20,982	7	200 DB MQ	10.04	13,609	2,107	15,716	2,107
	Totals		20,982					20,982				13,609	2,107	15,716	2,107

Land Amount

CY 179 and CY Bonus

ST ADJ:

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Next Year's Depreciation Worksheet

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	2015 Chevy	06-16-2015	37,310		5	
F	1	2018 Mahindra TR 1626	10-14-2019	20,982	200 DBMQ	7	1,832
C	1	Silverado	10-28-2020		200 DBMQ	5	
C	1	Vending Machine	03-20-2021		200 DBHY	7	
		TOTAL					1,832

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Carryover Worksheet
List of items that will carryover to the 2024 tax return

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2024 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

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

Losses

Short-term capital loss	AMT		Reg. Tax	
Long-term capital loss	AMT		Reg. Tax	
Net operating loss	AMT		Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax	
Qualified REIT and PTP loss carryover				
QBI loss carryover				271,933
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax	

Credits

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

Other

Preparer Fee				740
Overpayment applied to next year's estimates				
Estimated Tax Payment 1	600	Estimated Tax Payment 2		600
Estimated Tax Payment 3	600	Estimated Tax Payment 4		600
Federal tax liability for 2210 calculation				8,023
State tax liability for state 2210 calculation				
IRA basis	Taxpayer		Spouse	
Disaster distributions taxable in 2024	Taxpayer		Spouse	
Disaster distributions taxable in 2025	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	

Passive Activity

At Risk Limitations

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TAX RETURN COMPARISON
2021 / 2022 / 2023

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

2023

Name(s) as shown on return: Marvis C & Sherrey A Hatch

Identifying number: [redacted]

	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	93,859	108,345	107,521	(824)
Taxable interest and dividends		4		(4)
Taxable state and local refunds				
Alimony				
Business income (loss)	(20,657)	(59,912)	(6,223)	53,689
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)	(4,807)	(6,280)	(3,097)	3,183
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	68,395	42,157	98,201	56,044
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	68,395	42,157	98,201	56,044
Deductions				
Medical deductions				
State and local taxes			1,363	1,363
Interest			5,055	5,055
Contributions				
Other deductions				
Total itemized deductions			6,418	6,418
Standard deduction	25,100	25,900	27,700	1,800
Total deductions claimed	25,100	25,900	27,700	1,800
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income	43,295	16,257	70,501	54,244
Tax	4,795	1,628	8,023	6,395
Credits				
Self-employment tax				
Other taxes				
Total Tax	4,795	1,628	8,023	6,395
Payments				
Withholdings	4,972	5,843	5,649	(194)
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty				
Overpayment	177	4,215		(4,215)
Overpayment applied				
Refund	177	4,215		(4,215)
Balance Due			2,374	2,374
Marginal tax rate	12.00	10.00	12.00	2.00
Effective tax rate	11.08	10.01	11.38	1.37

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Auto Mileage Worksheet

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

2023

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Tax ID Number

[redacted]

Profession/Business

FARM - Timber

Description Auto

Date placed in service 01-01-2018

	Business Miles	Rate of Depreciation allowed for Standard Mileage Rate
2023	400	0.28
2022	490	0.26
2021	765	0.26
2020	865	0.27
2019	1,121	0.26
2018		0.25
2017		0.25
2016		0.24
2015		0.24
2014		0.22
pre-2014		See Publication 463
Total Business Miles	3,641	

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do no use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

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Schedule F Comparison

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

2023

Name

Marvis C Hatch

Tax ID Number [redacted]

	2022	2023	Difference
Farm Income - Cash and Accrual Method			
Sale of purchased livestock and other resale items			
Cost or other basis of purchased livestock or other items			
Sale of livestock, produce, grains and other products raised			
Taxable amount of cooperative distributions			
Taxable amount of agricultural program payments			
CCC loans reported under election			
Taxable amount of CCC loans			
Taxable amount of crop insurance proceeds and federal disaster payments			
Amount deferred			
Custom hire (machine work) income			
Other income			
Inventory at the beginning of the year for accrual			
Inventory at the end of the year for accrual			
Gross income	0	0	0
Farm Expenses - Cash and Accrual Method			
Car and truck expenses	296	262	(34)
Chemicals			
Conservation expenses			
Custom hire (machine work)			
Depreciation and section 179	2,950	2,107	(843)
Employee benefit programs			
Feed			
Fertilizers and lime			
Freight and trucking			
Gasoline, fuel and oil			
Insurance			
Mortgage interest			
Other interest	884	728	(156)
Labor hired			
Pension and profit-sharing			
Rent or lease - vehicles, machinery			
Rent or lease - other property			
Repairs and maintenance	2,150		(2,150)
Seeds and plants			
Storage and warehousing			
Supplies			
Taxes			
Utilities			
Veterinary, breeding, and medicine			
Other expenses			
Total expenses	6,280	3,097	(3,183)
Net farm profit or (loss)	(6,280)	(3,097)	3,183
Allowed on return after Form 6198 and Form 8582 limitations	(6,280)	(3,097)	3,183

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Schedule C Comparison

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

2023

Name of proprietor: Marvis C Hatch

Tax ID Number: [redacted]

Principal business: Food and Drink Vendi

Business name: Tri County Refreshments LLC

	2022	2023	Difference
Income			
Gross Receipts or sales	191,000	392,839	201,839
Returns & allowances			
Cost of goods sold	153,894	278,465	124,571
Gross profit	37,106	114,374	77,268
Other income			
Gross income	37,106	114,374	77,268
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance		7,690	7,690
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance	3,935	6,500	2,565
Supplies			
Taxes and licenses	16,751	17,782	1,031
Travel			
Deductible meals			
Utilities		5,596	5,596
Wages	65,000	65,000	
Other expenses	11,332	18,029	6,697
Total expenses	97,018	120,597	23,579
Business use of home			
Net profit or (loss)	(59,912)	(6,223)	53,689
Allowed on return after Form 6198 and Form 8582 limitations	(59,912)	(6,223)	53,689

Client Copy

Schedule C Comparison

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

2023

Name of proprietor

Marvis C Hatch

Tax ID Number [redacted]

Principal business: Food and Drink Vendi

Business name: Tri County Refreshments LLC

	2022	2023	Difference
Income			
Gross Receipts or sales	191,000	392,839	201,839
Returns & allowances			
Cost of goods sold	153,894	278,465	124,571
Gross profit	37,106	114,374	77,268
Other income			
Gross income	37,106	114,374	77,268
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance		7,690	7,690
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance	3,935	6,500	2,565
Supplies			
Taxes and licenses	16,751	17,782	1,031
Travel			
Deductible meals			
Utilities		5,596	5,596
Wages	65,000	65,000	
Other expenses	11,332	18,029	6,697
Total expenses	97,018	120,597	23,579
Business use of home			
Net profit or (loss)	(59,912)	(6,223)	53,689
Allowed on return after Form 6198 and Form 8582 limitations	(59,912)	(6,223)	53,689

Client Copy

Schedule F Comparison

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

2023

Name

Marvis C Hatch

Tax ID Number

[redacted]

	2022	2023	Difference
Farm Income - Cash and Accrual Method			
Sale of purchased livestock and other resale items			
Cost or other basis of purchased livestock or other items			
Sale of livestock, produce, grains and other products raised			
Taxable amount of cooperative distributions			
Taxable amount of agricultural program payments			
CCC loans reported under election			
Taxable amount of CCC loans			
Taxable amount of crop insurance proceeds and federal disaster payments			
Amount deferred			
Custom hire (machine work) income			
Other income			
Inventory at the beginning of the year for accrual			
Inventory at the end of the year for accrual			
Gross income	0	0	0
Farm Expenses - Cash and Accrual Method			
Car and truck expenses	296	262	(34)
Chemicals			
Conservation expenses			
Custom hire (machine work)			
Depreciation and section 179	2,950	2,107	(843)
Employee benefit programs			
Feed			
Fertilizers and lime			
Freight and trucking			
Gasoline, fuel and oil			
Insurance			
Mortgage interest			
Other interest	884	728	(156)
Labor hired			
Pension and profit-sharing			
Rent or lease - vehicles, machinery			
Rent or lease - other property			
Repairs and maintenance	2,150		(2,150)
Seeds and plants			
Storage and warehousing			
Supplies			
Taxes			
Utilities			
Veterinary, breeding, and medicine			
Other expenses			
Total expenses	6,280	3,097	(3,183)
Net farm profit or (loss)	(6,280)	(3,097)	3,183
Allowed on return after Form 6198 and Form 8582 limitations	(6,280)	(3,097)	3,183

Client Copy

Employer

DIXIE COUNTY BOARD
COMMISSIONERS
PO Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation	2 Federal income tax withheld
$31,455.04	$1,235.50
3 Social Security wages	4 Social Security tax withheld
$32,455.99	$2,012.28
5 Medicare wages and tips	6 Medicare tax withheld
$32,455.99	$470.61
	12b W | $1,000.00 / 12c DD | $11,207.55
13 ☐ Statutory employee ■ Retirement plan ☐ Third-party sick pay	14 Other 1000.95

15 Employer's state ID number FL | FL	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Employee

MARK C HATCH
PO Box 1273
Cross City, FL 32628-1273

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

Form W-2 Wage and Tax Statement

Copy C for Employee's Records

2023

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions
For questions, contact DIXIE COUNTY BOARD COMMISSIONERS at 352-498-1205

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

Employer

DIXIE COUNTY BOARD
COMMISSIONERS
PO Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation	2 Federal income tax withheld
$31,455.04	$1,235.50
3 Social Security wages	4 Social Security tax withheld
$32,455.99	$2,012.28
5 Medicare wages and tips	6 Medicare tax withheld
$32,455.99	$470.61
	12b W | $1,000.00 / 12c DD | $11,207.55
13 ☐ Statutory employee ■ Retirement plan ☐ Third-party sick pay	14 Other 1000.95

15 Employer's state ID number FL | FL	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Employee

MARK C HATCH
PO Box 1273
Cross City, FL 32628-1273

Form W-2 Wage and Tax Statement

Copy 2 for Employee's STATE Tax Return

2023

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions
For questions, contact DIXIE COUNTY BOARD COMMISSIONERS at 352-498-1205

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

Employer

DIXIE COUNTY BOARD
COMMISSIONERS
PO Box 1206
Cross City, FL 32628

1 Wages, tips, other compensation	2 Federal income tax withheld
$31,455.04	$1,235.50
3 Social Security wages	4 Social Security tax withheld
$32,455.99	$2,012.28
5 Medicare wages and tips	6 Medicare tax withheld
$32,455.99	$470.61
	12b W | $1,000.00 / 12c DD | $11,207.55
13 ☐ Statutory employee ■ Retirement plan ☐ Third-party sick pay	14 Other 1000.95

15 Employer's state ID number FL | FL	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Employee

MARK C HATCH
PO Box 1273
Cross City, FL 32628-1273

Form W-2 Wage and Tax Statement

Copy B for Employee's FEDERAL Tax Return

2023

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions
For questions, contact DIXIE COUNTY BOARD COMMISSIONERS at 352-498-1205

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

Copy B – To Be Filed With Employee's FEDERAL Tax Return.

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	51366.34	3423.43
	3 Social security wages	4 Social security tax withheld
	51366.34	3184.71
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
35-2552472	51366.34	744.81

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

d Control number
WA-95739157

e Employee's name, address, and ZIP code
SHERREY HATCH
P.O.BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other	12b
13 Retirement plan ☐	DENTAL 253.92	12c
13 Third-party sick pay ☐	VISION 81.36	12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury – IRS

This information is being furnished to the Internal Revenue Service.

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

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	51366.34	3423.43
	3 Social security wages	4 Social security tax withheld
	51366.34	3184.71
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
35-2552472	51366.34	744.81

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

d Control number
WA-95739157

e Employee's name, address, and ZIP code
SHERREY HATCH
P.O.BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other	12b
13 Retirement plan ☐	DENTAL 253.92	12c
13 Third-party sick pay ☐	VISION 81.36	12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury – IRS

Copy C – For EMPLOYEE's RECORDS

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	51366.34	3423.43
	3 Social security wages	4 Social security tax withheld
	51366.34	3184.71
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
35-2552472	51366.34	744.81

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

d Control number
WA-95739157

e Employee's name, address, and ZIP code
SHERREY HATCH
P.O.BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other	12b
13 Retirement plan ☐	DENTAL 253.92	12c
13 Third-party sick pay ☐	VISION 81.36	12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury – IRS

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

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

a Employee's soc. sec. no	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	51366.34	3423.43
	3 Social security wages	4 Social security tax withheld
	51366.34	3184.71
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld
35-2552472	51366.34	744.81

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

d Control number
WA-95739157

e Employee's name, address, and ZIP code
SHERREY HATCH
P.O.BOX 1273
Cross City, FL 32628

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other	12b
13 Retirement plan ☐	DENTAL 253.92	12c
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Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury – IRS

Cantaloupe Inc.
100 DEERFIELD LANE Ste.300
Malvern, PA 19355

If you have questions contact:
Ryan Weaver
Phone: 800-633-0340

TEP03413057_14761_29521 1 of 2

Tri County Refreshments
PO Box 1273
Cross City, FL 32628

Instructions for Payee

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

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

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see *www.IRS.gov/GigEconomy*

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

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

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

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

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

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

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

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

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

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099K*.

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

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
Cantaloupe Inc.
100 DEERFIELD LANE Ste.300
Malvern, PA 19355

FILER'S TIN: 23-2679963

PAYEE'S TIN: 293-62-4492

OMB No. 1545-2205

2023

Form **1099-K**

Payment Card and Third Party Network Transactions

Copy B
For Payee

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

1a Gross amount of payment card/third party network transactions: $ 252,439.30	
1b Card Not Present transactions: $ 0.00	2 Merchant category code:
3 Number of payment transactions: 140,267	4 Federal income tax withheld: $
5a January: $ 16,851.55	5b February: $ 17,011.28
5c March: $ 23,253.51	5d April: $ 19,364.69
5e May: $ 17,110.65	5f June: $ 22,002.50
5g July: $ 18,394.85	5h August: $ 19,895.31
5i September: $ 26,242.95	5j October: $ 23,774.60
5k November: $ 22,867.71	5l December: $ 25,669.70
6 State: FL	7 State identification no.:
	8 State income tax withheld: $

Check to indicate if FILER is a (an):
Payment settlement entity (PSE) ☐
Electronic Payment Facilitator (EPF)/Other third party ☒

Check to indicate transactions reported are:
Payment card ☐
Third party network ☒

PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
Tri County Refreshments
PO Box 1273
Cross City, FL 32628

PSE'S name and telephone number

Account number (see instructions) [redacted]

Form **1099-K** (Rev. 1-2023) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

[redacted] 1 of 2

IMPORTANT TAX RETURN
INFORMATION BELOW

FIRST FEDERAL BANK

P.O. Box 8068 | Virginia Beach, VA 23450 | 1.855.499.6843

ACCOUNT NUMBER: [redacted]

[redacted]

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

FOR INFORMATION CALL: 1.855.499.6843
CUSTOMER SERVICE HOURS:
Monday - Friday: 8 a.m. to 9 p.m. ET
Saturday: 8 a.m. to 3 p.m. ET

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL TAX AND INTEREST STATEMENT

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

First Federal Bank
P.O. Box 8068
Virginia Beach, VA 23450

TIN# 54-1322898

YEAR: 2023
ACCT #: [redacted]
SSN: ***-**-[redacted]

DISBURSEMENTS FROM ESCROW

PROPERTY TAX	$1,341.62
HAZARD INSURANCE	$3,389.94
MORTGAGE INSURANCE	$1,061.84
ADDT'L ASSESSMENTS	$0.00
CURRENT TOTAL PYMT	$1,268.65
CURRENT ESCROW PYMT	$535.82

PRINCIPAL RECONCILIATION

BEG BAL	$132,351.03
APPLIED PRIN	$4,157.04
ENDING BAL	$128,193.99

ESCROW RECONCILIATION

BEG BAL	$118.55
DEPOSITS	$6,288.41
DISBURSEMENTS	$5,793.40
ENDING BAL	$613.56

INTEREST RECONCILIATION

$0.00	INTEREST PAID
$5,054.55	*MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWERS(S)

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

LoanCare, LLC
P.O. Box 8068
Virginia Beach, VA 23450
(800) 274-6600

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

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

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

OMB No. 1545-1380
Form **1098**
(Rev. January 2022)
For calendar year 2023

Mortgage Interest Statement

1 Mortgage interest received from payer(s)/borrower(s)* $ 5,054.55	
2 Outstanding mortgage principal $ 132,351.03	3 Mortgage origination date 09/08/16
4 Refund of overpaid interest $	5 Mortgage insurance premiums $ 1,061.84
6 Points paid on purchase of principal residence $ 0.00	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☑
8 Address or description of property securing mortgage: 266 SE 467TH ST CROSS CITY FL 32628	
9 Number of properties securing the mortgage: 01	10 Other Real Estate Taxes Paid $1,341.62
11 Mortgage acquisition date	Account number (see instructions) [redacted]
RECIPIENT'S/LENDER'S TIN 54-1322898	PAYER'S/BORROWER'S TIN ***-**-[redacted]

Copy B For Payer/ Borrower

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

Form **1098** (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

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

ADDRESS SERVICE REQUESTED

Mahindra Finance USA

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

January 24, 2024

Re: Account #[redacted]

IMPORTANT: TAX INFORMATION

Dear Customer:

The finance charges paid on contract [redacted] during calendar year 2023 were $728.31. This amount may include finance charges attributable to future periods that you may have prepaid during calendar year 2023. You should consult your tax advisor concerning the deductibility of any finance charges for tax purposes.

Your principal balance on December 31, 2023, was $7,441.00.

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

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

Sincerely,

Mahindra Finance USA LLC
(800) 442-2126

Mahindra Finance USA LLC is a subsidiary of De Lage Landen
A MEMBER OF THE RABOBANK GROUP

OMB# 1545-0008

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

1 Wages, tips, other compensation	2 Federal income tax withheld
24700.00	990.08
3 Social security wages	4 Social security tax withheld
24700.00	1531.40
5 Medicare wages and tips	6 Medicare tax withheld
24700.00	358.15

a Employee's social security number [redacted]

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

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

f Employee's address and ZIP code	9	12a [|$]
b Employer identification number (EIN) 84-2740858	10 Dependent care benefits	12b [|$]
7 Social security tips	11 Nonqualified plans	12c [|$]
8 Allocated tips	14 Other	12d [|$]
13 Statutory employee / Retirement plan / Third-party sick pay		12e [|$]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

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

1 Wages, tips, other compensation	2 Federal income tax withheld
24700.00	990.08
3 Social security wages	4 Social security tax withheld
24700.00	1531.40
5 Medicare wages and tips	6 Medicare tax withheld
24700.00	358.15

a Employee's social security number [redacted]

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

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

f Employee's address and ZIP code	9	12a [|$]
b Employer identification number (EIN) 84-2740858	10 Dependent care benefits	12b [|$]
7 Social security tips	11 Nonqualified plans	12c [|$]
8 Allocated tips	14 Other	12d [|$]
13 Statutory employee / Retirement plan / Third-party sick pay		12e [|$]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

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

1 Wages, tips, other compensation	2 Federal income tax withheld
24700.00	990.08
3 Social security wages	4 Social security tax withheld
24700.00	1531.40
5 Medicare wages and tips	6 Medicare tax withheld
24700.00	358.15

a Employee's social security number [redacted]

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

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

f Employee's address and ZIP code	9	12a See instructions for box 12 [|$]
b Employer identification number (EIN) 84-2740858	10 Dependent care benefits	12b [|$]
7 Social security tips	11 Nonqualified plans	12c [|$]
8 Allocated tips	14 Other	12d [|$]
13 Statutory employee / Retirement plan / Third-party sick pay		12e [|$]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

COPY C - For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation	2 Federal income tax withheld
24700.00	990.08
3 Social security wages	4 Social security tax withheld
24700.00	1531.40
5 Medicare wages and tips	6 Medicare tax withheld
24700.00	358.15

a Employee's social security number [redacted]

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

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

f Employee's address and ZIP code	9	12a See instructions for box 12 [|$]
b Employer identification number (EIN) 84-2740858	10 Dependent care benefits	12b [|$]
7 Social security tips	11 Nonqualified plans	12c [|$]
8 Allocated tips	14 Other	12d [|$]
13 Statutory employee / Retirement plan / Third-party sick pay		12e [|$]

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service