

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.

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 FEDERAL 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		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

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

N/A

Training

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

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Mark Hatch

Digitally signed: 05/30/2024

Filed with COE: 05/30/2024

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 _____

**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.

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

Your first name and middle initial Marvis C	Last name Hatch	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Sherrey A	Last name Hatch	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. PO Box 1273		Apt. no. _____
City, town, or post office. If you have a foreign address, also complete spaces below. Cross City		State FL
Foreign country name _____		ZIP code 32628
Foreign province/state/county _____		Foreign postal code _____
		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

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):

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

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	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	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
b	Taxable interest	2b	
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	
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

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		
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		

RefundDirect deposit?
See instructions.

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
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)	

Sign HereJoint return?
See instructions.
Keep a copy for
your records.

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.)
	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.)
	04-11-2024		
Phone no.	Email address		

Paid Preparer Use Only

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

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

Form 1040 (2023)

EEA

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

Your social security number

Marvis C & Sherrey A Hatch

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	(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)

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

Schedule 1 (Form 1040) 2023

EEA

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	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 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.	26	0

**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)

B Enter code from instructions

722410

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

Food and Drink Vendi

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

Tri County Refreshments LLC

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) ☒ 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 ☒ Yes ☐ No

H If you started or acquired this business during 2023, check here ☐ Yes ☒ No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to 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
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	7,690	23 Taxes and licenses	23	17,782
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	5,596
			26 Wages (less employment credits)	26	65,000
			27a Other expenses (from line 48)	27a	18,029
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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 ☒ All investment is at risk. 32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

Name(s)

SSN

Marvis C Hatch

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☒ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☒ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0	
36	Purchases less cost of items withdrawn for personal use	36	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

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

Social security number (SSN)

Marvis C Hatch

A Principal crop or activity

B Enter code from Part IV

C Accounting method:

D Employer ID number (EIN) (see instr)

Timber

113000

☒ Cash ☐ Accrual

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

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

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

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

1a	Sales of purchased livestock and other resale items (see instructions)	1a		
b	Cost or other basis of purchased livestock or other items reported on line 1a	1b		
c	Subtract line 1b from line 1a			1c
2	Sales of livestock, produce, grains, and other products you raised			2
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b
				Taxable amount
4a	Agricultural program payments (see instructions)	4a		4b
				Taxable amount
5a	Commodity Credit Corporation (CCC) loans reported under election			5a
b	CCC loans forfeited	5b		5c
				Taxable amount
6	Crop insurance proceeds and federal crop disaster payments (see instructions):			
a	Amount received in 2023	6a		6b
				Taxable amount
c	If election to defer to 2024 is attached, check here		☐	6d
				Amount deferred from 2022
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 ☒ All investment is at risk. b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule F (Form 1040) 2023

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2023

Attachment
Sequence No. **52**

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

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

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

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

Marvis C & Sherrey A Hatch

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	

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

Attach to your tax return.

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

OMB No. 1545-0172

2023Attachment
Sequence No. **179**

Name(s) shown on return

Marvis C & Sherrey A Hatch

Business or activity to which this form relates

FARM - Timber

Identifying number

Part I Election To Expense Certain Property Under Section 179

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

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

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 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						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

EEA

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 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

IRS e-file Signature Authorization

OMB No. 1545-0074

2023

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

Submission Identification Number (SID) ▶

Taxpayer's name Marvis C Hatch	Social security number [REDACTED]
Spouse's name Sherrey A Hatch	Spouse's social security number [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. to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED]
Don't enter all zeros

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

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

ERO Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

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

Form 8879 (Rev. 01-2021)

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

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

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

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

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.

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

Tax ID Number

Marvis C & Sherrey A Hatch

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

Tax ID Number

Marvis C & Sherrey A Hatch

9 [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

Tax ID Number

Name(s) as shown on return

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

Tax ID Number

Name(s) as shown on return

Marvis C Hatch

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

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

Part 1

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

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a	
1b	
1c	
1d	
1e	

Part 2

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

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

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*.

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)*.

c. Combine lines 2a and 2b.

2a	(3,097)
2b	(6,223)
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)
---	---------

Auto Expense Worksheet

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

2023

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Profession/Business

FARM - Timber

Description Auto

Date placed in service 2018-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 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	<u>400</u> X 0.655	<u>262</u>	<u>262</u>
Parking fees			
Tolls			
Interest			
Personal Property Tax			
Total Standard Mile Rate deduction			<u>262</u>

How it is reported:

Depreciation deduction	
Auto Expense	<u>262</u>
Personal Property Taxes, Schedule A, Line 5c	

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2023

Attachment
Sequence No. 55Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

Marvis C & Sherrey A Hatch

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$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		(6,223)
ii	Schedule F: Timber		(3,097)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(9,320)	5	0
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)				
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

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

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

Tax ID Number

Marvis C & Sherrey A Hatch

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	2015 Chevy	06-16-2015	37,310		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

Client Copy

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

Tax ID Number

Marvis C & Sherrey A Hatch

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations
Contributions subject to 60% of AGI limitations
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)
Contributions subject to 30% of AGI limitations
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)
Taxable state and local refunds to Schedule 1 (Form 1040) line 1
State/local taxes paid in 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

TAX RETURN COMPARISON
2021 / 2022 / 2023

2023

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

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

Identifying number
[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

Auto Mileage Worksheet

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

2023

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Profession/Business

FARM - Timber

Description Auto

Date placed in service 01-01-2018

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

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

Schedule F Comparison

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

2023

Name

Tax ID Number

Marvis C Hatch

	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

Schedule C Comparison

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

2023

Tax ID Number

Name of proprietor

Principal business:
Food and Drink Vendi
Tri County Refreshments LLC

Business name:

Income	2022	2023	Difference
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			
Mortgage interest		7,690	7,690
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies			
Taxes and licenses	16,751	17,782	1,031
Travel			
Deductible meals			
Utilities			
Wages	65,000	5,596	5,596
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

Schedule C Comparison

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

2023

Name of proprietor

Tax ID Number

Marvis C Hatch

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

Schedule F Comparison

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

2023

Name

Tax ID Number

Marvis C Hatch

	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

Employer

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

1 Wages, tips, other compensation \$31,455.04		2 Federal income tax withheld \$1,235.50	
3 Social Security wages \$32,455.99		4 Social Security tax withheld \$2,012.28	
5 Medicare wages and tips \$32,455.99		6 Medicare tax withheld \$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	

Employee

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

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

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

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions

For questions, contact DIXIE COUNTY BOARD COMMISSIONERS at 352-498-1205

Form W-2 Wage and Tax Statement

Copy C for Employee's Records

2023

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

Employer

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

1 Wages, tips, other compensation \$31,455.04		2 Federal income tax withheld \$1,235.50	
3 Social Security wages \$32,455.99		4 Social Security tax withheld \$2,012.28	
5 Medicare wages and tips \$32,455.99		6 Medicare tax withheld \$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	

Employee

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

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

Form W-2 Wage and Tax Statement

Copy 2 for Employee's STATE Tax Return

2023

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

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

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

1 Wages, tips, other compensation \$31,455.04		2 Federal income tax withheld \$1,235.50	
3 Social Security wages \$32,455.99		4 Social Security tax withheld \$2,012.28	
5 Medicare wages and tips \$32,455.99		6 Medicare tax withheld \$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	

Employee

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

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

Form W-2 Wage and Tax Statement

Copy B for Employee's FEDERAL Tax Return

2023

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

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

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 51366.34	2 Federal income tax withheld 3423.43
b Employer ID number (EIN) 5-2552472	3 Social security wages 51366.34	4 Social security tax withheld 3184.71
	5 Medicare wages and tips 51366.34	6 Medicare tax withheld 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 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other DENTAL 253.92 VISION 81.36	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
m W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS		
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. [REDACTED]	1 Wages, tips, other comp. 51366.34	2 Federal income tax withheld 3423.43
b Employer ID number (EIN) 35-2552472	3 Social security wages 51366.34	4 Social security tax withheld 3184.71
	5 Medicare wages and tips 51366.34	6 Medicare tax withheld 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 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other DENTAL 253.92 VISION 81.36	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS		

Copy C -- For EMPLOYEE'S RECORDS		
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 51366.34	2 Federal income tax withheld 3423.43
b Employer ID number (EIN) 5-2552472	3 Social security wages 51366.34	4 Social security tax withheld 3184.71
	5 Medicare wages and tips 51366.34	6 Medicare tax withheld 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 A-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 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other DENTAL 253.92 VISION 81.36	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
m W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS		
Information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 51366.34	2 Federal income tax withheld 3423.43
b Employer ID number (EIN) 35-2552472	3 Social security wages 51366.34	4 Social security tax withheld 3184.71
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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 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee ☐	14 Other DENTAL 253.92 VISION 81.36	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 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



TEP00413057_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.

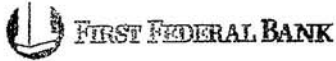
Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

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)		OMB No. 1545-2205		Payment Card and Third Party Network Transactions
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	2023	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☐		PAYEE'S TIN 293-62-4492		
Electronic Payment Facilitator (EPF)/Other third party ☒		1a Gross amount of payment card/third party network transactions \$ 252,439.30	Form 1099-K	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.
Check to indicate transactions reported are: Payment card ☐		1b Card Not Present transactions \$ 0.00	2 Merchant category code	
Third party network ☒		3 Number of payment transactions 140,267	4 Federal income tax withheld \$	
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		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	
PSE'S name and telephone number		6 State FL	7 State identification no.	
Account number (see instructions)				



IMPORTANT TAX RETURN
INFORMATION BELOW



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

ACCOUNT NUMBER: [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

YEAR: 2023

ACCT #: [REDACTED]

SSN: ***-**-****

TIN# 54-1322898

DISBURSEMENTS FROM ESCROW

PROPERTY TAX	\$1,341.62
HAZARD INSURANCE	\$3,389.94
MORTGAGE INSURANCE	\$1,061.84
ADD'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

INTEREST RECONCILIATION

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

ESCROW RECONCILIATION

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

☐ 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

*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

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.

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

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
-**-*

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

Mahindra Finance
USA

ADDRESS SERVICE REQUESTED



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 24700.00		2 Federal income tax withheld 990.08	
3 Social security wages 24700.00		4 Social security tax withheld 1531.40	
5 Medicare wages and tips 24700.00		6 Medicare tax withheld 358.15	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
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 Retirement Third-party sick employee t plan 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 24700.00		2 Federal income tax withheld 990.08	
3 Social security wages 24700.00		4 Social security tax withheld 1531.40	
5 Medicare wages and tips 24700.00		6 Medicare tax withheld 358.15	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
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 Retirement Third-party sick employee t plan 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 24700.00		2 Federal income tax withheld 990.08	
3 Social security wages 24700.00		4 Social security tax withheld 1531.40	
5 Medicare wages and tips 24700.00		6 Medicare tax withheld 358.15	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
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 Retirement Third-party sick employee t plan 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.)

1 Wages, tips, other compensation 24700.00		2 Federal income tax withheld 990.08	
3 Social security wages 24700.00		4 Social security tax withheld 1531.40	
5 Medicare wages and tips 24700.00		6 Medicare tax withheld 358.15	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
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 Retirement Third-party sick employee t plan 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