

General Information

Name: Mr Samuel Jason Singletary

PID 286504

AGENCY INFORMATION

Organization	Suborganization	Title
Liberty County School Board	Elected Constitutional Officer	School Board Member District IV

Net WorthMy Net Worth as of December 31, 2023 was \$ 800,000.00.**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 \$ 65,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
20 acres located in Rock Bluff, Liberty County, FL parcel #003-2N-7W-0093-001 & 003	\$ 50,000.00
Stocks	\$ 400,000.00
Bank Accounts	\$ 45,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Calhoun Liberty Employees Credit Union	17394 NW Charlie Johns Street, Blountstown, FL 32424	\$ 40,000.00
Blue Coast FCU	1825 S Jefferson St, Perry, FL 32348	\$ 12,000.00

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.

Samuel Jason Singletary

Digitally signed: 06/21/2024

Filed with COE: 06/21/2024

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____

See separate instructions.

Your first name and middle initial Samuel		Last name Singletary		Your social security number XXX-XX-XXXX	
If joint return, spouse's first name and middle initial Mary		Last name Singletary		Spouse's social security number XXX-XX-XXXX	
Home address (number and street). If you have a P.O. box, see instructions. 21149 NE Chester Street				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Hosford			State FL	ZIP code 32334-	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse					

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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

Digital Assets

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

Standard Deduction

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

Age/Blindness

You: ☐ Were born before January 2, 1959☐ Are blindSpouse: ☐ Was born before January 2, 1959☐ Is blind

Dependents

(see instructions):

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

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

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	135,927
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	
z	Add lines 1a through 1h	135,927
2a	Tax-exempt interest	348
3a	Qualified dividends	241
4a	IRA distributions	
5a	Pensions and annuities	
6a	Social security benefits	
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	488
8	Additional income from Schedule 1, line 10	-29,513
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	107,347
10	Adjustments to income from Schedule 1, line 26	
11	Subtract line 10 from line 9. This is your adjusted gross income	107,347
12	Standard deduction or itemized deductions (from Schedule A)	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	0
14	Add lines 12 and 13	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	79,647

Attach Sch. B if required.

Standard Deduction for—

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

Tax and Credits

16	Tax (see instructions). Check if any from Form(s):	1	☐ 8814	2	☐ 4972	3	☐	16	9,031
17	Amount from Schedule 2, line 3							17	
18	Add lines 16 and 17							18	9,031
19	Child tax credit or credit for other dependents from Schedule 8812							19	
20	Amount from Schedule 3, line 8							20	
21	Add lines 19 and 20							21	
22	Subtract line 21 from line 18. If zero or less, enter -0-							22	9,031
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	9,031

Payments

25	Federal income tax withheld from:							25d	17,957
a	Form(s) W-2							25a	
b	Form(s) 1099							25b	
c	Other forms (see instructions)							25c	
d	Add lines 25a through 25c							25d	17,957
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 other payments and refundable credits							32	
33	Add lines 25d, 26, and 32. These are your total payments							33	17,957

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	8,926
35a	Amount of line 34 you want refunded to you. If Form 8879 is attached, check here							35a	8,926
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.							37	
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	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration 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.)
		Driver	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Manager	

Phone no. 850-510-3233 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if: ☒ Self-employed
Chakiyah McMillon	Chakiyah McMillon		
Firm's name	Phone no.		
TEAMMTS ENTERPRISES LLC	850-980-2562		
Firm's address	Firm's EIN		
1020 E LAFAYETTE STREET SUITE 105 TALLAHASSEE FL 3	XX-XXXXXX		

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

Samuel & Mary Singletary

Your social security number

XXX-XX-XXXX

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	-29,513
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	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	-29,513

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

Schedule 1 (Form 1040) 2023

Department of the Treasury
Internal Revenue Service

(Sole Proprietorship)

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

OMB No. 1545-0074

Attachment
Sequence No. **09**

Part I	Income
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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	11,137	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	1,293	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	1,658
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	2,297
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	1,948
15	Insurance (other than health)	15	11,680	23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	a	5,165
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	1,014
b	Other	16b		b	Deductible meals (see instructions)	25	4,061
17	Legal and professional services	17	202	25	Utilities	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	27a	24,058
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b	Energy efficient commercial building deduction (attach Form 7205)	28	64,513
	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.					29	-29,513
31	Net profit or (loss). Subtract line 30 from line 29.					30	
	• 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 .					31	-29,513
	• If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity. See instructions.					32a	☒ All investment is at risk.
	• 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 .					32b	☐ Some investment is not at risk.
	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

Part III Cost of Goods Sold (see instructions)

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

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 purpose (month/day/year)	01/01/2018
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	17003
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 26, line 27b, or line 30.

PHONE	3,639
TV	1,953
DSL	1,191
WATER GARBAGE	639
CLOTHING	908
FUEL	4,336
ENTERTAINMENT	1,108
Truck Leased Payment	10,284
48 Total other expenses. Enter here and on line 27a	48 24,058

W-2 DETAIL REPORT - 2023

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
Liberty County Scho	-XXXXXX	X	28634	67	1830	428					
STATE OF FLORIDA	-XXXXXX	X	107293	17890	6860	1604					

CLIENT COPY

1099NEC DETAIL REPORT - 2023

XXX-XX-XXXX

Payer	T S	Nonemp Comp	Fed With	St With	St With
-----	---	-----	-----	---	-----

Contractor:
L &J MOBILE HOME SERVICES LLC X 35000
-
-

CLIENT

COPY

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

OMB No. 1545-2294

2023Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Samuel & Mary Singletary

XXX-XX-XXXX

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 partner of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	JM Contracting Hauling LLC	XXX-XX-XXXX	-29,513
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-29,513	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		
11	Taxable income before qualified business income deduction (see instructions)	11	79,647	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	729	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	78,918	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		15,784
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		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(29,513)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

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

Form **8995** (2023)

Form **8879**

(Rev. January 2021)

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

OMB No. 1545-0074

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

Submission Identification Number (SID)

56744920241563003704

Taxpayer's name

Samuel Singletary

Social security number

XXX-XX-XXXX

Spouse's name

Mary Singletary

Spouse's social security number

XXX-XX-XXXX

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	107,347
2	Total tax	2	9,031
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,957
4	Amount you want refunded to you	4	8,926
5	Amount you owe	5	

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 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) 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 1-888-245-7537. 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 TEAMMITS ENTERPRISES LLC to enter or generate my PIN
 ERO firm name

Enter five digits, but don't enter all zeros

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

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

Your signature Date 03/29/2024**Spouse's PIN: check one box only**

☒ I authorize TEAMMITS ENTERPRISES LLC to enter or generate my PIN
 ERO firm name

Enter five digits, but don't enter all zeros

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

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

Spouse's signature Date 03/29/2024**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature Charles McMillonDate 03/29/2024

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)

BCA

Samuel & Mary Singletary

21149 NE Chester Street
Hosford FL 32334-

INVOICE NO.:

INVOICE DATE: 06/04/2024

TELEPHONE: 850-510-3233

2023 INVOICE

Description

1 Form 1040
1 Schedule 1, Additional Income and Adjustments to Income
1 Schedule A, Itemized Deductions
1 Schedule B, Interest and Dividend Income
1 Schedule C, Profit or Loss from Business
1 Schedule D, Capital Gains and Losses
2 Form W-2 and W-2PF Wage and Tax Statement
1 Form 1099NEC, Nonemployee Compensation
1 Form 8995, Qualified Business Income Deduction Simplified
2 Detail Sheets
1 Electronic Filing Fee
1 SERVICE FEE
1 DISCOUNT

COPY

Remarks:

Total Charges

275.00

Discount

Sales Tax

Payments

Amount Due

275.00

US 1040

Three - Year Tax Summary

2023

Name: Samuel & Mary Singletary

SSN: XXX-XX-XXXX

Gross Income	2021	2022	2023
Wages and salaries			135,927
Interest and dividends			445
Business income			-29,513
Sale of assets - gain or loss			488
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			
Total gross income			107,347
Adjustments to Income			
Adjusted gross income			107,347
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			27,700
Exemptions			
Qualified business income deduction	0	0	0
Taxable Income	0	0	79,647
Tax 1040	0	0	9,031
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			17,957
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			17,957
Tax liability after credits			9,031
Estimated tax penalty			
Refund or (Balance Due)			8,926
Federal marginal tax bracket	0.0 %	0 %	12.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2023: