1040-SR Department of the Treasury-Internal Revenue Service U.S. Income Tax Return for Seniors 2024 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan.	1-Dec	. 31, 2024, or other tax year beginning		, 2024, ending	, 20	See se	parate instructions.
Your first name and middle initial La		Las	t name		Your so	ocial security number	
ROBERT			RE	TIREE			11 1111
		e's first name and middle initial		t name		I	's social security number
ROXANNE				TIREE			22 2222
		nber and street). If you have a P.O. b	oox,	see instructions.	Apt. no.		ential Election Campaign
		CIPLAN AVENUE ffice. If you have a foreign address, al	lso c	omplete spaces below. State	ZIP code	spouse	here if you, or your if filing jointly, want \$3
HOLISTI			.000	NC NC	27516		this fund. Checking a low will not change
Foreign count				Foreign province/state/county	Foreign postal code	1	x or refund.
							You Spouse
Filing				y (even if only one had incom Qualifying surviving spouse		filing	separately (MFS)
Status		,			•	nee ba	v antar the child's
Check only one box.		ie if the qualifying person is a c		name of your spouse. If you chec	ked the HOH or C	722 DO	ox, enter the child s
			4				
				ual-status alien spouse as a U.S.			•
				ructions and attach statement if			<u> </u>
Digital				(a) receive (as a reward, awa			
Assets				exchange, or otherwise disposasset)? (See instructions.) .			☐ Yes ☒ No
Standard				a dependent			
Deduction		Spouse itemizes on a sepa	arat	e return or you were a dual-s	tatus alien		
	٨٥٥	e/Blindness You:	X	Were born before January 2,			
	Ay	Spouse:	X	Was born before January 2, 1	960	ind	
Dependents	3 (1) 5			(2) Social security number (3) Relations	mp to		fies for (see instructions):
(see instructions)	:_(1) F	irst name Last name		you	Child tax cr	redit	Credit for other dependents
If more than four dependents, see							
instructions and							
check here							
Income	1a	Total amount from Form(s) V	V-2, box 1 (see instructions)		. 1a	a
Attach Form(s) W-2	b	Household employee wa	ges	not reported on Form(s) W-2	2	. 1k	
here. Also attach Forms	С	Tip income not reported	on	ine 1a (see instructions) .		. 10	
W-2G and 1099-R if tax	d	Medicaid waiver paymen	ts n	ot reported on Form(s) W-2 (s	see instructions	s) 1c	t l
was withheld.	е	Taxable dependent care	ber	efits from Form 2441, line 26	8	. 16	•
If you did not get a Form	f	Employer-provided adop	tior	benefits from Form 8839, lir	ne 29	. 11	F
W-2, see instructions.	g	Wages from Form 8919,	line	6		. 10	9
	h	Other earned income (se	e in	structions)		. 1h	า
	i	Nontaxable combat pay	eled	tion (see instructions) .	1i		
	Z	Add lines 1a through 1h		´		. 12	2
Attach Schedule B	2a	Tax-exempt interest .	2	b Taxab	le interest .	. 2k	5,000.
if required.	3a	Qualified dividends	3	a 17,500. b Ordina	ary dividends	. 3b	22,000.
)	4a	IRA distributions	4	b Taxab	le amount .	. 4k	
	5a	Pensions and annuities	5	b Taxab	le amount .	. 5k)
	6a	Social security benefits .	6	a 45,000. b Taxab	le amount .	. 6t	15,965.
	С	If you elect to use the	lum	p-sum election method, che			
		instructions)		· · · · · · · · · · · · · · · · · · ·	[

Form 1040-SR	(2024)	ROBERT RETIREE & ROXANNE RETIREE 11	<u>1-1</u>	1-1111 Page 2
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	5,000.
	8	Additional income from Schedule 1, line 10	8	1,223.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	49,188.
	10	Adjustments to income from Schedule 1, line 26	10	0.
04	11	Subtract line 10 from line 9. This is your adjusted gross income	11	49,188.
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	32,300.
See Standard Deduction Chart	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
on the last page	14	Add lines 12 and 13	14	32,300.
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your		
Toy and		taxable income	15	16,888.
Tax and Credits	16	Tax (see instructions). Check if any from:	- 4-	
		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	16	0.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	0.
	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	0.
	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	
Payments	25	Federal income tax withheld from:		
	a		_	
	b	Form(s) 1099	-	
		ther forms (see instructions)		
		I Add lines 25a through 25c	25d	
If you have	26	2024 estimated tax payments and amount applied from 2023 return	26	
a qualifying child, attach	27	Earned income credit (EIC)	_	
Sch. EIC.	28	Additional child tax credit from Schedule 8812 28	_	
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use	-	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	0.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2024)

Form 1040-SR (2024)	ROBERT RETIREE & ROXA	ANNE RETIE	REE	_	111-1:	1-1111	Page 3
Refund	34	If line 33 is more than line 2			3. This is t	1 1		
		amount you overpaid				. 34		
	35a	Amount of line 34 you want	refunded to	you. If Form 888	8 is attache	∍d,		
		check here) Y .	□ 35a		
Direct deposit? See	b	Routing number XXXXX	X X X X	c Type:	king 🗌 Savir	ngs		
instructions.	d	Account number $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	X X X X	x x x x x	XX			
	36	Amount of line 34 you wan	t applied to	your 2025				
		estimated tax						
Amount	37	Subtract line 33 from line 24.						
You Owe		For details on how to pay, go	to www.irs.go	ov/Payments or se	e instruction	ns 37		0.
	38	Estimated tax penalty (see ins	structions) .	38				
Third Party Designee		you want to allow another person to	discuss this ref	turn with the IRS? See		malata balay	w. X No	
Designee		signee's	Phone		Personal id	mplete belov Iontificati e n	N. ANO	
	nai		no.		number (Pl			
Sign		der penalties of perjury, I declare that I ha	,	. ,	0		· ·	best
Here		my knowledge and belief, they are true, commation of which preparer has any know		ete. Declaration of prepa	irer (otner than t	axpayer) is	based on all	
	Yo	ur signature	Date	Your occupation			nt you an Identi	
Joint return?				RETIRED		(see inst.)	IN, enter it here	,
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, both must si	gn. Date	Spouse's occupation			nt your spouse a	
your records.			RETIRED			(see inst.)	tity Protection PIN, enter it here inst.)	
	Pho	one no.	Email address					
Paid	Pre	eparer's name Preparer	's signature	Date	PTI	N	Check if:	
Preparer			PREPARED				Self-em	ployed
Use Only		m's name		$-\Lambda$		Phone no.		
Go to www.iro		m's address	information			Firm's EIN	rm 1040-SF	Q (2024)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

111-11-1111

Department of the Treasury Internal Revenue Service

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

ROBERT RETIREE & ROXANNE RETIREE

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number				
	Attachment Sequence No. 01			
•	2024			
A	OND NO. 1343-0074			

	24, enter the amount reported to you on Form(s) 1099-K that was included in sold at a loss	error or for personal		
	The remaining amounts reported to you on Form(s) 1099-K should be reported elso of the transaction. See www.irs.gov/1099k .	sewhere on your return	deper	nding on the
Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a			2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche	edule E	5	1,223.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f	4	
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		
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see instructions) .	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) 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 (<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or a			
	nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
V	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
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 1040-SR, or 1040-NR, line 8		10	1,223.

Schedule 1 (Form 1040) 2024 Page **2**

Par	Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach		1
	Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Health savings account deduction. Attach Form 8889	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	Allmony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21		21	
22	Reserved for future use	22	
23		23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the rental of		
	personal property engaged in for profit	1	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC		
	prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
		-	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g h	Attorney fees and court costs for actions involving certain unlawful		
"	discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the		
	IRS for information you provided that helped the IRS detect tax law violations 24i		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount:		
	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	1

Schedule 1 (Form 1040) 2024

SCHEDULE B (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. Attachment Sequence No. 08

OMB No. 1545-0074

Your social security number 111-11-1111 ROBERT RETIREE & ROXANNE RETIREE Amount List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions BANK OF AMERICA 750. and the 3,000. ALLY BANK Instructions for 1,250. Form 1040, line 2b.) Note: If you received a Form 1099-INT. 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 Add the amounts on line 1. 2 5,000. 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. 5,000. Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer: Part II 10,000. VANGUARD **Ordinary** 12,000. SCHWAB **Dividends** (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 22,000. dividends shown Note: If line 6 is over \$1,500, you must complete Part III. on that form. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2024, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to Χ file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements Additionally, you b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required financial account(s) is (are) located: to file Form 8938, Statement of

Χ

During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

Specified Foreign Financial Assets.

See instructions.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Name(s) shown on return Your social security number ROBERT RETIREE & ROXANNE RETIREE 111-11-1111

	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for addition				
Pa	rt I Short-Term Capital Gains and Losses—Ge	enerally Assets	Held One Year	or Less (see in	structions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I line 2, column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked				
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from 5	
6	Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	ny, from line 8 of y	our Capital Loss	Carryover 6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long- 7	
Pa	rt II Long-Term Capital Gains and Losses – Ge	nerally Assets I	Held More Than	One Year (see	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				

This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	15,000.	10,000.			5,000.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporate	lule(s) K-1	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any					
	Worksheet in the instructions		14	()		
15						
	on the back				15	5,000.

Schedule D (Form 1040) 2024 Page **2**

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	5,000.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	X Yes. Go to line 18.No. Skip lines 18 through 21, and go to line 22.		
	No. Skip lines to tillough 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the		
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any from line 18 of that worksheet	19	
			V
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21		
	and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or	21 (
	• (\$3,000), or if married filing separately, (\$1,500)		
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2024

Form 8949 (2024) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ROBERT RETIREE & ROXANNE RETIREE

111-11-1111

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transactions							e)
(E) Long-term transactions				is wasn't reporte	ed to the IF	RS	
(F) Long-term transactions	not reported	to you on Fo	orm 1099-B				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f), parate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
500 SHARES IVV	05/01/20	05/01/24	15,000.	10,000.		0.	5,000
Y							
	(
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	I here and inc	lude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

15,000.

10,000.

Form **8949** (2024)

5,000.

above is checked), or line 10 (if Box F above is checked) .

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074
2024
Attachment Sequence No. 13

Name(s)	shown on return				Your socia	al security	number
ROBI	ERT RETIREE & ROXANNE RETIREE				111	1-11-	1111
Part	Income or Loss From Rental Real Estate a Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use Schedul	l e C . See	instructions. If you	u are an indiv	ridual, rep	ort farm
Α	Did you make any payments in 2024 that would require you		1099? \$	See instructions .			s X No
1a	Physical address of each property (street, city, state,			7			
A			1/6				
<u></u> B	100 BEACHFRONT DRIVE WILMINGTO	N, NC 2/5	10				
 1b	Type of Property 2 For each rental real estate pro	un auto di liata al		Fair Dantal	Dawaan	alllaa	
ID	Type of Property (from list below) 2 For each rental real estate pro above, report the number of fa			Fair Rental Days	Person Day	I	QJV
A	g personal use days. Check the		Α	180	0	-	
B	if you meet the requirements t		В	100			
	qualified joint venture. See ins	structions.	C				
	of Property:						
	Single Family Residence 3 Vacation/Short-Term R	Rental 5 Lan	d	7 Self-Renta	al		
	Multi-Family Residence 4 Commercial	6 Roy		8 Other (des			,
	Media Farmiy Flooridenees Froorimite oldi.		411.00	` ,	/		
_				Prope			
Incom			A 1.5.0		В		С
3	Rents received	3	15,0	00.			
4_	Royalties received	4					
Exper		_			•		
5	Advertising	5					
6	Auto and travel (see instructions)	7	F (0	20			
7	Cleaning and maintenance		5,0	00.			
8	Commissions	8	1 0	F0			
9	Insurance	9 10	1,2	50.			
10 11	Legal and other professional fees	11	2 0	00			
12	Management fees		2,0	00.			
13	Other interest	13		<u>'</u>			
14	Repairs	14	2,0	00			
15	Supplies	15	2,0	00.			
16	Taxes	16	2,7	50			
17	Utilities	17	۷, ۱	50.			
18	Depreciation expense or depletion	18	7	77.			
19	Other (list)	19		7 7 •			
20	Total expenses. Add lines 5 through 19	20	13,7	77			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).		<u> </u>	, , .			
	result is a (loss), see instructions to find out if you must						
	file Form 6198	21	1,2	23.			
22	Deductible rental real estate loss after limitation, if any						
	on Form 8582 (see instructions)	22 () ()(()
23a	Total of all amounts reported on line 3 for all rental pro	perties		23 a 1	5,000.		
b	Total of all amounts reported on line 4 for all royalty pro-	operties		23b			
С	Total of all amounts reported on line 12 for all propertie	es		23c			
d	Total of all amounts reported on line 18 for all propertie	es		23d	777.		
е	Total of all amounts reported on line 20 for all propertie	es		23e 1	3,777.		
24	Income. Add positive amounts shown on line 21. Do r	not include any lo	osses		. 24		1,223.
25	Losses. Add royalty losses from line 21 and rental real es	tate losses from li	ne 22. Er	nter total losses h	nere 25	()
26	Total rental real estate and royalty income or (loss						
	here. If Parts II, III, and IV, and line 40 on page 2 do						
	Schedule 1 (Form 1040), line 5. Otherwise, include this	s amount in the to	ntal on li	ne 41 on nage 2	. 26		1 222

Name(s) as shown on federal Schedule E ROBERT RETIREE ROXANNE RETIREE Social Security Number 111-11-1111 222-22-222

Federal Schedule E Depreciation Schedule Business Activity: 100 BEACHFRONT DRIVE

Asset Description	Date In Service	Asset Cost	Bus %	Current 179	Current Bonus	Life	Conv	Depr %
	Date Sold	Depr Basis	Land	Prior 179	Prior Bonus	Method	Prior Depr	Depr
	01/01/10	200,000.	50.00			27.50	MM	7.3846
VACATION RENTAL		100,000.	300,000.			SL	89,483.	777.
			N					
		•						
						*		
			5					

Name(s) as shown on federal Schedule E ROBERT RETIREE ROXANNE RETIREE Social Security Number 111-11-1111 222-22-222

Alternative Minimum Tax Depreciation Report Business Activity: 100 BEACHFRONT DRIVE

Description	Cost	Depr Basis	Life	Method	Prior Depr	Current Depr	AMT Adj
VACATION RENTAL P	200,000.	10,517.	27.5	SL	89,483.	777.	
				1			
	V	*					
		Y					