2 I U4	D Da	.S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use	Only-D	o not w	rite or stanle	in this space.
For the year J.	an. 1-De	ec. 31, 2023, or other tax year beginning			, 2023, énd	ling			, 20				tructions.
Your first nam		non-	Last n	ama	***	**	************		*****				ty number
Karen H	re and n	niddle Initial										21 0	
If joint return	5001100	's first name and middle initial	Lastin	teel						_	-		curity number
Jeffery	- D	is that harrie and middle midel	-	teel								17 4	,
Home addres	s (numb	per and street). If you have a P.O. box, see	instruc	tions.				TA	pt. no.	_			on Campaig
12135 A	laba	nma Highway 169										here if you	
City, town, or	post of	fice. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	ite	ZIP co	ode				ntly, want \$3
Salem						AI	L .	368	74			ow will no	Checking a
Foreign count	ry name	•		Foreign pr	ovince/state/o	count	ty	Foreig	n postal co			or refund	
												You	Spous
Filing Statu	s [Single					☐ Head of ho	buseh	old (HOF	f)			
Check only	D	Married filing jointly (even if only or	ne had	income)			_						
one box.		Married filing separately (MFS)					☐ Qualifying						
		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											
	q	ualifying person is a child but not you	ır depe	ndent:									***********
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward	l, award, or p	oayn	nent for proper	ty or	services)	; or (b)	sell,		
Assets		hange, or otherwise dispose of a digi										Yes Yes	⊠ No
Standard	Son	neone can claim:	pender	nt 🔲	Your spouse	as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	u were a	dual-status a	lien							
Age/Blindnes	s You	■ Were born before January 2, 19	959 [Are bli	nd Spo i	use:	: Was born	n befo	re Janua	rv 2. 1	959	☐ Is b	lind
Dependent	ts (see	e instructions):	000	T		1	(3) Relationship	(4)					instructions
If more		First name Last name		1	ocial security number		to you		Child ta				her dependent
than four				1		_		\top	Г	7	\neg		
dependents,						\dashv		\top	Ē	1			
see instruction and check	ns ——					\dashv		\top					
here [
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instruct	ions)						1a		
Attach Form(s	ь	Household employee wages not re	ported	on Form(s) W-2						1b		
W-2 here. Also		Tip income not reported on line 1a (see instructions)						1c		-			
attach Forms W-2G and	d	Medicaid waiver payments not rep-	orted o	n Form(s)	W-2 (see ins	struc	ctions)				1d	-	
1099-R if tax	е	Taxable dependent care benefits fr									1e		
was withheld.	f	Employer-provided adoption benef	its fror	n Form 88	39, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g	-	
W-2, see	h	Other earned income (see instruction		• • •		•				•	1h		
instructions.		Nontaxable combat pay election (s	ee inst	ructions)			<u>li</u>	<u> </u>					
Attach Sch. B		Add lines 1a through 1h Tax-exempt interest 2	a		· · · i · ь	To					1z	+	7,240.
if required.	3a	_	a				dinary divident	de		•	2b 3b	+	1,240.
	4a	·	a				xable amount			•	4b	+	
tandard eduction for—	5a		ia	4			xable amount				5b	1	
Single or	6a	Social security benefits 6	ia				xable amount	a .	• • •		6b		
Married filing separately,	С	If you elect to use the lump-sum ele	ection	method, c						$\dot{\Box}$			
\$13,850	7	Capital gain or (loss). Attach Sched								\Box	7		
Married filing jointly or	8	Additional income from Schedule 1								-	8	76	58,322.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		75,562.
\$27,700 Head of	10	Adjustments to income from Sched									10		20,065.
household,	11	Subtract line 10 from line 9. This is									11		5,497.
\$20,800 If you checked	12	Standard deduction or itemized of									12		26,913.
any box under Standard	13	Qualified business income deduction	on from	Form 899	95 or Form 8	3995	5-A				13		5,717.
Deduction,	14										14	73	32,630.
see instructions.	15	Subtract line 14 from line 11. If zero	or les	s, enter -0	This is you	ur t a	exable income				15		2,867.

Form 1040 (202:	3)								n A
Tax and	16	Tax (see instructions)	to it amounts F	-(a) A [7] c=	🗆			1 15	Page 2
Credits	17	Tax (see instructions). Chec Amount from Schedule 2, I						. 16	2,305.
	18	Add lines are and a 7	ine 3		* * * * * *			. 17	17,532.
	19	Add lines 16 and 17 Child tay gradit as and 17						. 18	19,837.
	20	Child tax credit or credit fo Amount from Schedule 3, I						. 19	
	21						* 181	. 20	
	22	Add lines 19 and 20						. 21	10.000
	23	Subtract line 21 from line 1						. 22	19,837.
	24	Other taxes, including self-	employment tax,	, from Schedul	le 2, line 21 .			. 23	7,789.
Payments	25	Add lines 22 and 23. This is	s your total tax					. 24	27,626.
,	a	Federal income tax withhel				1 1			
	ь	Form(s) W-2				25a		2000	
	c	Form(s) 1099				25b	-	0.	
		Other forms (see instruction	ns)			25c	2,13	0.	
H	d oe	Add lines 25a through 25c						. 25d	2,130.
If you have a qualifying child.	26	2023 estimated tax paymen	nts and amount a	applied from 2	022 return			. 26	
attach Sch. EIC.	28	Earned income credit (EIC)			No .	27	at the transfer of		
		Additional child tax credit fro	om Schedule 881	2		28			
	29	American opportunity credi	t from Form 886	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, li	ne 15				7,68	1.	
	32	Add lines 27, 28, 29, and 3	1. These are you	r total other p	ayments and refu	undable credits		. 32	7,681.
Def	33	Add lines 25d, 26, and 32.	These are your to	otal payments	3			. 33	9,811.
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33	. This is the amour	nt you overpaid		. 34	
Direct deposit?	35a	Amount of line 34 you want	refunded to yo	u. If Form 888	8 is attached, chec	ck here	[35a	
See instructions.	b Routing number X X X X X X X X X X C Type: Checking Savings							js	
	d	Account number X X X							
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 2	4. This is the am	ount you owe					
You Owe		For details on how to pay,	go to <i>www.ir</i> s.go	v/Payments or	see instructions.			37	18,984.
	38	Estimated tax penalty (see	instructions) .				1,169		一年本地流行。建了
Third Party Designee	Do	you want to allow anothe tructions	r person to disc			See Yes. C	omplet	e below	₩ No
	Des	signee's		Phone no.		Pers	onal ide	ntification	<u> </u>
Sign		der penalties of perjury, I declare	that I have examine		222222222222222222222222222222222222222		ber (PIN		
Here	bel	ef, they are true, correct, and con	nplete. Declaration	of preparer (othe	r than taxpaver) is ba	dules and statemer sed on all informat	its, and t	to the best	of my knowledge and
Here		ur signature		Date	Your occupation		1		
				Date	Tour occupation				nt you an Identity IN, enter it here
Joint return?					Administrat.	ive Assista	nt (s	ee inst.)	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.				Tournament Director					ection PIN, enter it here
	Pho	one no. (334) 468-015	3	Email address	Tournament	Director	(5	ee inst.)	
		parer's name	Preparer's signat			Data	D=11.		
Paid		*	. Spa. Si S signat		-	Date	PTIN		Check if:
Preparer	Firm	n's name Self-Pr	enared						Self-employed
Use Only		n's address	ehared					hone no.	
	Lutt	1 3 0001033					10	mo'o CIAI	

BAA REV 10/07/24 TTO

Form 1040 (2023)

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

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 01

Name		curity number			
Kare	s) shown on Form 1040, 1040-SR, or 1040-NR n H & Jeffery P Casteel		416-21	-089	91
Par	Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		· · 12	2a	
b	Date of original divorce or separation agreement (see instructions):		- Filt		
3	Business income or (loss). Attach Schedule C			3	53,209.
4	Other gains or (losses), Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E .	5	0.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling		,113.	4	
C	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			
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	0			
	instructions)	8m 8n		1981	
n	Section 951(a) inclusion (see instructions)	80		73.6.29 C. 3.3.	
0	Section 951A(a) inclusion (see instructions)	8p			
p	Taxable distributions from an ABLE account (see instructions)	8q		4	
9	Scholarship and fellowship grants not reported on Form W-2	8r		Ŷ	
r	Nontaxable amount of Medicaid waiver payments included on Form	2, 1			
3	1040, line 1a or 1d	8s ()		
	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
11	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
_		8z			
9	Total other income. Add lines 8a through 8z			9	715,113.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	er here and o	n Form		
	1040, 1040-SR, or 1040-NR, line 8			10	768,322.

Part	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	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	3,759.
16	Self-employed SEP, SIMPLE, and qualified plans	16	11.011
17	Self-employed health insurance deduction	17	16,306.
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	的情况是不是 的。
23	Archer MSA deduction	23	
24	Other adjustments:		
ŧ	040		<u> </u>
1	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit	200	
	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	14.4	
	d Reforestation amortization and expenses	7	
	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
	f Contributions to section 501(c)(18)(D) pension plans		
	g Contributions by certain chaplains to section 403(b) plans 24g	3.32	
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	discrimination ciaims (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	5275	
	tax law violations		
	j Housing deduction from Form 2555		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
	The adjustments List type and amount:	100	
	[24z]		
2	Total other adjustments. Add lines 24a through 24z	25	
	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	00	20 005
	Form 1040, 1040-SR, or 1040-NR, line 10	26	20,065.
_	REV 10/07/24 TTO	Schedule	1 (Form 1040) 2023

SCHEDULE 2 (Form 1040) Department of the Treasury

Additional Taxes

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

OMB No. 1545-0074 Attachment Sequence No. 02

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

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

Karen H & Jeffery P Casteel 41	ir social	security number
Part Tax 41	6-21-0	1891
1 Alternative minimum tax. Attach Form 6251	. 1	
2 Excess advance premium tax credit repayment. Attach Form 8962		
Add lines 1 and 2 Enter here and on Form 1040, 1040, SP, or 1040, NO. 15 and 2	. 3	11,332.
Part II Other Taxes	-	17,532.
4 Self-employment tax. Attach Schedule SE	. 4	7,518.
Social security and Medicare tax on unreported tip income. Attach Form 4137		
6 Uncollected social security and Medicare tax on wages. Attach Form 8919		
7 Total additional social security and Medicare tax. Add lines 5 and 6	. 7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		
If not required, check here		
9 Household employment taxes. Attach Schedule H		
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required		
11 Additional Medicare Tax. Attach Form 8959		2 (4)
12 Net investment income tax. Attach Form 8960	12	271.
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		9
16 Recapture of low-income housing credit. Attach Form 8611	16	
		ed on page 2)

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

Schedule 2 (Form 1040) 2023

	1040) 2023				, a
Par	Other Taxes (continued)				
17	Other additional taxes:	T			
а	Recapture of other credits. List type, form number, and amount:				
			7a		
ь	Recapture of federal mortgage subsidy, if you sold your homesee instructions	17	7b		
C	Additional tax on HSA distributions. Attach Form 8889	17	7c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17	7d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17	7e		
f	Additional tax on Medicare Advantage MSA distributions. Attack Form 8853	17	7f		ž.
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17	'g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17	h	1272	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17	'i		
j	Section 72(m)(5) excess benefits tax	17	'i		
k	Golden parachute payments	17			
ı	Tax on accumulation distribution of trusts	17	1		
m	Excise tax on insider stock compensation from an expatriated corporation	17n	n	2/3/1	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17r	n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			ā .
þ	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q	1	10.0	
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	es. E	nter here and	1	
	23D	• •		21	7,789.

SCHEDULE 3 (Form 1040)

Part I

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Karen H & Jeffery P Casteel

Nonrefundable Credits

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

Your social security number 416-21-0891

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	:		5b	e e
6	Other nonrefundable credits:			4	
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b		15 15	
C	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Great for providedly extract clean versions	6m			
Z	Other nonrefundable credits. List type and amount:				
		6z		-	
7	Total other florificial dable of caller, talk in the			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20			8	
	1010 111 1111 1111 1111 1111 1111 1111		(cc	ontinu	ued on page 2)

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	7,681.
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		,
b	Credit for repayment of amounts included in income from earlier	13b		,
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	16 (8) 17 (8)	
d	Deferred amount of net 965 tax liability (see instructions)	13d	1901	
Z	Other payments or refundable credits. List type and amount:	13z	12.45 12.46	
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	7,681.
		10/07/24 TTO	Schedul	e 3 (Form 1040) 2023

SCHEDULE A (Form 1040)

Department of the Treasury

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074 Attachment

Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Sequence No. 07 Name(s) shown on Form 1040 or 1040-SR Your social security number Karen H & Jeffery P Casteel 416-21-0891 Medical Caution: Do not include expenses reimbursed or paid by others. and 1 Medical and dental expenses (see instructions) . . . 1 3,076. **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 2 Expenses 56,662. 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 0. Taxes You 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a 10.540. **b** State and local real estate taxes (see instructions) 5b 567. 5c 350. 5d 11,457. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000. 6 Other taxes, List type and amount: 7 10.000. Interest 8 Home mortgage interest and points. If you didn't use all of your home You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your instructions and check this box mortgage interest deduction may be a Home mortgage interest and points reported to you on Form 1098. limited. See 8a instructions b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., 8b c Points not reported to you on Form 1098. See instructions for special 8d 8e 9 Investment interest, Attach Form 4952 if required. See instructions 9 10 Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see 11 Charity 1,800. Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more. made a gift and see instructions. You must attach Form 8283 if over \$500 . . . 12 got a benefit for it, 13 see instructions. **14** Add lines 11 through 13 1,800. Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 disaster losses). Attach Form 4684 and enter the amount from line 18 of that form, See Theft Losses 15 16 Other—from list in instructions. List type and amount: Other GAMBLING LOSSES **Itemized Deductions** 16 715,113. 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on **Total** 17 726,913. Itemized **Deductions** 18 If you elect to itemize deductions even though they are less than your standard deduction.

SCHEDULE B (Form 1040)

Delindated by the Limitable ABAND DE BLIDE DE AL

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR

OMB No. 1545-0074

Name(s) shown on mily Go to www.irs.gov/ScheduleB for instructions and the latest information. Your social security number Karen H & Jeffery P Casteel 416-21-0891 Part I Amount Ust name of payer, If any interest is from a seller-financed mortgage and the Interest buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: (See instructions and the 577.15 PNC NATIONAL ASSOCIATION Instructions for pnc national association 6,644.56 Form 1040. Navy Federal Credit Union 12.27 line 2b.) 5.66 PNC NATIONAL ASSOCIATION Note: If you received a Form 1099-INT Form 1099-OID. 1 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 7,239.64 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 7,239.64 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer: Part II Ordinary **Dividends** (See instructions and the Instructions for Form 1040, line 3b.) 5 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 dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. 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 2023, 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 × 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 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 Specified Foreign Financial Assets. During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

See instructions.

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

X

SCHEDULE A (Form 1040)

Department of the Treasury

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.lrs.gov/ScheduleA for instructions and the latest information.

OMB No. 1545-0074

Caution: If you are claiming a net qualified disaster loss on Form 4684

(vame(s) shown	on Fo	orm 1040 or 1040-SR	16.		Sequence No. 07
waren H	& .	Jeffery P Casteel	Yo		ocial security number
Cuicai		Courtiers De matient de			21-0891
and		Caution: Do not include expenses reimbursed or paid by others.		100	-1 0031
Dental		Medical and dental expenses (see instructions)	6		
Expenses		Enter amount from Form 1040 or 1040-SR, line 11 2 755 497	0.		
		With ply line 2 by 7.5% (0.075)	2	9/3	
Town		4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	۷.	1000	
Taxes You Paid		5 State and local taxes.	_	4	0.
raid		22			
		a State and local income taxes or general sales taxes. You may include			
		either income taxes or general sales taxes on line 5a, but not both. If	- 1		
		you elect to include general sales taxes instead of income taxes,	- 1		
		check this box	٥. ا	- 4	
		Solution and local real estate taxes (see instructions) .		4	
		c State and local personal property taxes		4	
		d Add lines 5a through 5c	$\overline{}$		
		e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		2	
		separately)		1	
	(6 Other taxes. List type and amount:	\cdot	1	
				1	
	7	7 Add lines 5e and 6	_	4	
Interest			1	7	10,000.
You Paid		Home mortgage interest and points. If you didn't use all of your home			
Caution: Your		mortgage loan(s) to buy, build, or improve your home, see instructions and check this box			
mortgage interest deduction may be		a Home mortgage interest and a sixt			
limited. See	9	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited			
instructions.		[0a]			
	×	b Home mortgage interest not reported to you on Form 1098. See			
		instructions if limited. If paid to the person from whom you bought the			
		nome, see instructions and show that person's name, identifying no			
		and address			
		c Points not reported to you on Form 1098. See instructions for special			
		rules			
		d Reserved for future use 8d			
		e Add lines 8a through 8c			
	9	Investment interest, Attach Form 4952 if required. See instructions			
	10	Add lines 8e and 9		4	
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see	10	1	
Charity		Instructions		4	
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more.			
made a gift and got a benefit for it,		see instructions. Volument attach Form 0000 if an area		1	
see instructions.	13	0	-		
	14	Add lines 11 through 13		1	
Casualty and	15	Casualty and that loss(se) from a foderally dealers to	14		1,800.
Theft Losses	15				1000000
ment Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			
Othor	16	Other—from list in instructions. List type and annual type in the contract of	15		
Other Itemized	10	Other—from list in instructions. List type and amount:			
Deductions		GAMBLING LOSSES			
			16		715,113.
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on			
Itemized		Form 1040 or 1040-SR, line 12	17		726,913.
Deductions	18	If you elect to itemize deductions even though they are less than your standard deduction			
		check this box			
_	_		-	1	A STATE OF THE PARTY OF THE PAR

-1

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Sequence No. 09

Name (of proprietor					Social	security number (SSN)
Kare	n H Casteel					116-	-21-0891
A	Principal business or profession	n. Inch	iding product or service (see	e instru	ictions)	B Ente	er code from instructions
-	sporting events	,				7	1 1 3 0 0
C	Business name. If no separate	busine	ss name, leave blank.				loyer ID number (EIN) (see instr.)
	Casteel Southeast						3 5 6 3 8 9 8
E	Business address (including su		00m 00 12135 A1	abam	na Highway 169		
	City, town or post office, state,		P code Salem, A	L 36	874		***********************
F	Accounting method: (1)						
G	Did you "motorially participate"	in the	anaration of this business	during	2023? If "No," see instructions for li	mit on Ir	osses X Yes No
н	If you started as a swined this h	in the	operation of this business t	Jurnig			
T.	Did you started or acquired this to	oooo	ss during 2023, check here	. Form	(s) 1099? See instructions		Yes No
J							
Part	Income	requir	ed Form(s) 10997				
						T	
1					this income was reported to you on	1	2,033,789.
2				пескес	I U	2	2,055,705.
3	Returns and allowances					3	2,033,789.
						4	2,033,7032
5	Cost of goods sold (from line 4					-	2,033,789.
	Gross profit. Subtract line 4 fr					_	2,033,103.
6					refund (see instructions)		2,033,789.
7	Gross income. Add lines 5 an					7	2,033,769.
Part			s for business use of yo			T 40	2,084.
8	Advertising	8	585.	18	Office expense (see instructions) .	18	2,004.
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)	9	8,372.	20	Rent or lease (see instructions):	MODELLE .	
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a	6 000
11	Contract labor (see instructions)	11		b	Other business property		6,000.
12	Depletion	12		21	Repairs and maintenance		8,857.
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III) .		4,061.
	included in Part III) (see			23	Taxes and licenses	23	1,050.
	instructions)	13	4,483.	24	Travel and meals:		15 101
14	Employee benefit programs			а	Travel	24a	17,181.
*	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	980.
15	Insurance (other than health)	15	1,062.	25	Utilities	25	21,287.
16	Interest (see instructions):	979-10		26	Wages (less employment credits)	26	1 007 041
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	1,927,841.
b	Other	16b		ь	Energy efficient commercial bldgs		
17	Legal and professional services	17	5,196.	L	deduction (attach Form 7205)	27b	2 000 020
28	Total expenses before expen			lines	8 through 27b	28	2,009,039.
29	Tentative profit or (loss). Subtr					29	24,750.
30	Expenses for business use of	f your	home. Do not report these	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me	thod.	See instructions.	(=\ · · · = ·	barrar		
	Simplified method filers only			(a) you			
	and (b) the part of your home	used f	or business:		. Use the Simplified	1 00	1 700
	Method Worksheet in the instr			ter on	ine 30	30	1,720.
31	Net profit or (loss). Subtract				1		
	 If a profit, enter on both Sch checked the box on line 1, see 	edule instru	1 (Form 1040), line 3, and ouctions.) Estates and trusts,	on Sch enter o	edule SE, line 2. (If you on Form 1041, line 3.	31	23,030.
	 If a loss, you must go to line 	e 32.			J		
32	If you have a loss, check the b	ox tha	t describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the	e loss	on both Schedule 1 (Form	1040),	line 3, and on Schedule		W
	SE, line 2. (If you checked the	box or	line 1, see the line 31 instruc	ctions.)	Estates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.				1	32b	Some investment is not
	• If you checked 32b, you must	st atta	ch Form 6198. Your loss ma	ay be li	imited.		at risk.

Schedule	C	/Form	1040	2
- date	_	(LOUIL	1040)	2022

-		•

Part	Cost / C		
	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	(4(- m)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation)	☐ No
35	Terror and	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	10	
41	Inventory at end of year	11	
42		12	- line O and
Part	Information on Your Vehicle. Complete this part only if you are claiming car or tru are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	ck expenses or to find out if you	u must file
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	cle for:	
a	Business b Commuting (see instructions) c Other	r	*****************
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?		☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line 27b	o, or line 30.	
co	mplex fees	.	158,510.
ba	nners		193,733.
ri	ngs		42,975.
ba	seballs	.	62,304.
pg	invoives		96,435.
um	pires		569,929.
di	rectors		71,193.
dia	mondkast		134,630.
See	Line 48 Other Expenses		598,132.
48	Total other expenses. Enter here and on line 27a		927 841

SCHEDULE C (Form 1040)

Department of the Treasury

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

Attachment

nternal R	evenue Service Go		Sequence No. 09							
vame of	proprietor					Social se	cial security number (SSN)			
veife	ery P Casteel	421-1	7-4856							
4	Principal business or profession	includ	ding product or service (see	instruc	ctions)	B Enter	code from instructions			
	SPORTING EVENTS					7	1 1 3 0 0			
	Business name. If no separate b	usines	s name, leave blank.			D Emplo	yer ID number (EIN) (see instr.)			
	CASTEEL SOUTHEAST S									
E	Business address (including suit	e or ro	om no.) 12135 Ala	bama	a Highway 169					
	City, town or post office, state,	and ZI	P code Salem, AI	36	874					
F	Accounting method: (1)	Cash	(2) Accrual (3)		ther (specify)					
G	Did you "materially participate"	in the	operation of this business d	uring 2	2023? If "No," see instructions for	imit on los	ises . X Yes No			
н	If you started or acquired this b	usines	s during 2023, check here				🗀			
l	Did you make any payments in	2023 t	hat would require you to file	Form(s) 1099? See instructions		LYes X No			
J	If "Yes." did you or will you file	require	ed Form(s) 1099?		<u> </u>		Yes No			
Part	Income									
1		structio	ons for line 1 and check the	box if	this income was reported to you o	n				
*	Form W-2 and the "Statutory e	mplove	ee" box on that form was ch	ecked		' ' 	30,179.			
2						. 2				
3	Returns and allowances					. 3	30,179.			
4						. 4				
5	Cost of goods sold (from line 42)					. 5	30,179.			
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	30,179.			
Part	Fypenses Enter eve	ense	s for business use of yo	ur ho	me only on line 30.					
8		8	131 245111000 400 01)0	18	Office expense (see instructions)	. 18				
	Advertising	19 Pension and profit-sharing plans.								
9	Car and truck expenses	var and truck expenses								
10	Vahialas machinary and equipment		nt 20a							
10		L. Other hydrogen property								
11	Contract labor (see instructions)	11		21	Repairs and maintenance					
12 13										
10	expense deduction (not			23	Taxes and licenses					
	included in Part III) (see	40		24	Travel and meals:		6			
	instructions)	13		a	Travel	. 24a				
14	Employee benefit programs			b	Deductible meals (see instruction					
	(other than on line 19) .	14		25	Utilities	. 25				
15	Insurance (other than health)	15		26	Wages (less employment credits) 26				
16	Interest (see instructions):	10-		27a	Other expenses (from line 48) .					
а		16a		1						
b		16b		ь	deduction (attach Form 7205).	. 27b				
17	Legal and professional services	17	or business use of home. Add	lines	8 through 27b					
28	Total expenses before expenses Tentative profit or (loss). Sub-	ises to	or pusiness use of nome. Add	, III 1 0 3	o anough zero	. 29	30,179.			
29	Tentative profit or (loss). Sub	ract III	ie zo ironi line /		annes elsewhere Attach Form 88					
30	Expenses for business use	of you	r home. Do not report thes	e expe	enses elsewhere. Attach Form 88					
	unless using the simplified m Simplified method filers on	etnod.	ar the total square footage of	(a) vo	ur home:					
	Simplified method filers on	y. Ente	for husiness	(-, ,)	. Use the Simplified	-				
	Method Worksheet in the instructions to figure the amount to enter on line 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			hadula SE line 2 /lf vou						
	 If a profit, enter on both Sc checked the box on line 1, so 	hedule e insti	e 1 (Form 1040), line 3, and ructions.) Estates and trusts,	on Sci enter	on Form 1041, line 3.	31	30,179.			
	- If a loos you must go to li	ne 32.			j					
32	If you have a loss, check the									
32	to the second the loss on both Schedule 1 (Form 1040), line 3, and on Schedule									
	If you checked 32a, enter to	a box o	on line 1, see the line 31 instru	ctions	.) Estates and trusts, enter on		All investment is at risk.			
	SE, line 2. (If you checked the	, NON C	, ->			32t	Some investment is not			
Form 1041, line 3. May shocked 32h, you must attach Form 6198. Your loss may be limited.							at risk.			

rart	Cost of Goods Sold (see instructions)			
33				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich expla	anation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor 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		line O and
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.	truck e 3 to fir	expenses on and out if you	must file
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 during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, ente	ehicle fo	or:	
a	Business b Commuting (see instructions) c O	ther		
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
	If "Yes," is the evidence written?			☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line 2	276, 61	iiie su.	
			76	
	, 8			
			-	
40	Total other expenses. Enter here and on line 27a	48		

Schedu	le E (Fo	m 1040) 2023	offert v. a September Sedenti-	Source of the State State of the State of th	_xaT	3416	Attachment	Sequenc	e No. 1	13				ugo	Page 2
	Shown	AN HALL	sin. Phys. res.	ot enter name an	d social secu	rity number	if show	n on other s	ide.				Your soci	al security	numbe	Activities and the second second second
Carre	en H	& J€	ffer	y P Caste	el		. P. O.		ORCH TH	11 (A 1)	1 47.031	A 30.		1-0891		
Part	on on	Inco Note: the bo	me or If you re x in col	Loss From port a loss, re umn (e) on line	Partners ceive a dist 28 and atta	ribution, di	ispose	of stock, of basis comp	or receive	e a loa	an repa	Schedule(s) K- yment from an S a loss from an 6198, See instru	S corpora	tion, you r	nust o	heck any
27	pass	ou repive ac	oorting tivity (i	any loss not that loss wa	allowed in	n a prior orted on	year o	lue to the 8582), or	at-risk unreim	or ba	asis lin	nitations, a pri tnership expe	or year i	you ans	wered	"Yes,"
28	see instructions before completing this section		ection	(b) E	nter P for nership; S	(c) Che	ck if	1 . Sec. "	d) Employer.	(e) C	e) Check if (f) Check s computation any amount					
A B	CASTEEL SOUTHEAST SPORTS LLC			·C	for S	P P	partner	ship	3.5	-3563898	isre	equired	not	at risk		
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			Day	aha baasa			ent.	Mintani e i	2 11 4	9	المارين	ufriolitic una	that or	A len sub	11.1	El mili
		(a) Pas		ssive Income	and the second second second	And the state of t	1.031/	D. P. M. ah	la la la	فيستنظر فالماد	Acceptance of the Park	sive Income		the state of the last	اللبنية	0
- 11	(a			2 if required)		ssive income chedule K-		(i) Nonpa (see \$	ssive loss Schedule			(j) Section 179 ex leduction from For		(k) Nonp		
A	-	1		2 9 0						+ 11		3 191-3	di di	Ex. 101 (10)	11 10	o.
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32	Add	colum	ns (g),	(i), and (j) of I	ine 29b			0 4610	narb	on nit		nooni aayolon aasta aa aasta	31	Carron	HBITH)
Part	nota	parti	nership	and S corp	oration in	come or	(loss)	. Combin	e lines	30 and	d 31	Too seral year	32	Same Bu	THE PARTY	0.
33	ш-	Inco	me or	Loss From				00 100	175 a tiether o	* *	- F	A	OC DIS	0 0 0 0 0 0 0	F M SHEET	
<u> </u>	Committed wayses and sent-employment earnings subject to social security tax of the Post security tax of the page								(b) Emp dentificatio		er					
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			5 1	Passive	Income a	nd Loss		1 1 1 1 1 1 1 1 1				lonpassive In	come a	nd Loss	at d8	
				uction or loss allo n 8582 if required				e income dule K-1	in Form		e) Dedu	ction or loss of to		f) Other inc	ome fro	om _d
A		1	i j.	- Committee of Marian Committee	138	· · · ·	ж. п	. 01 6	4 '81 83	mnon	HOIL	al Security tax	101005	naigns s	JAD VV	2
B			101			5 B d	9 4	K + 1	*	+ +	5 . 1		C H , Ce	,50 par	- Ulary	Sec.
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	Add	colum	ns (d) a	and (f) of line	34a .	3.00 -6.00			· · ·		· ·	(850.0) 6	35	of other Vic	HUNG!	4.4
36				and (e) of line						12 .77	DOS 1	. Aud lines 16 . Mine 3	36	N otdane	-Hud	- i)
37				trust income							· · · · ·		37	-G-VIIVI	111 HQ-13	
Part	W	Inco	me or	Loss From	Real Es	I ad a franch from	A fact was	P mustal.				REMICs)—F		I Holde	r	
38	e e de Santone e e e e	er glyngar vilk, sillt Kriss	(a)	Name	13	(b) identific	Employ ation n	01	Schedule (see in:		ne 2c	(d) Taxable in (net loss) fr Schedules Q,	rom	(e) Ind Schedu	come fr les Q, l	
- إ أدمة	2. 650	. 4 .	Set 1.1					,E10		i mute	***	source, see you	ion Act i	A Neovice	ICTA (ex	(54 104
39	Com	bine c	olumns	s (d) and (e) o	nly. Enter	the result	here	and inclu	de in th	e tota	al on lir	ne 41 below .	39	3 4		
Part	٧	Sum	mary													
40				come or (loss							0.00		40			44
41			ne or (40), line		ne lines 26	6, 32, 37,	39, an	nd 40. Ent	er the re	esult h	nere ar	nd on Schedule	e 41			0.
42	farmi (Form AN; a	ncilia ng and n 1065 and Sc	tion o fishin), box hedule	f farming a g income rep 14, code B; S K-1 (Form 10	orted on F chedule K 041), box 1	orm 4835 -1 (Form 4, code F	5, line 1120- 5. See	7; Schede S), box 17 instructio	ule K-1 7, code ns .	42						
43	profe repor	ssiona ted ar	d (see nywher	instructions e on Form 1 l estate activ), enter t 1040, Forn	he net ii n 1040-S	ncom R, or	e or (los Form 10	s) you 40 -N R							

SCHEDULE SE (Form 1040)

Department of the Treasury

Internal Revenue Service

Part I

Self-Employment Tax

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

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

OMB No. 1545-0074 2023 Attachment Sequence No. 17

Karen H Casteel

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) Social security number of person

with self-employment income

416-21-0891

13	art I Self-Employment Tax	4	10-21-0891
and	te: If your only income subject to self-employment tax is church employee income , see instructions for his the definition of church employee income.	ow to r	eport your incom
A	If you are a minister member of a religious profes as Objects as Objects as	100	
	\$400 or more of other net earnings from self-employment, check here and continue with Part I	m 436	1, but you had
Ski	p lines 1a and 1b if you use the farm optional method in Part II. See instructions.		[
1	a Net farm profit or (loss) from School to E. Kee and T. See instructions.	1	t
	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		
1		1 4 -	
Skip	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ to line 2 if you use the payform optional method in Payron 1065, box 20, code AQ	1b	(
2	The first optional memory in Section to the section of the section		
	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or fewer and a schedule K-1 (Form 1065), box 14, code A (other than		
3	farming). See instructions for other income to report or if you are a minister or member of a religious order Combine lines 1a, 1b, and 2	2	23,030.
4a		3	23,030.
	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Consentation Power	4a	21,268.
b			7 - 00.
c		4b	
•		1.2	
5a		4c	21,268.
Ja	Joseph Children Comp Comp Comp Comp Comp Comp Comp Comp	- CONTRACTOR	21,200.
ь		10 75	
6	1 mile of the design of the de	5b	0
7		6	0.
-	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7,65% railroad retirement (first 1) tox for 2002	0	21,268.
		_	10000
8a	Total Social Security Wades and tipe (total of base)	7	160,200
		1	
b			
C			
d	and ou, ob, and oc	100 Table	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 Multiply the smaller of line 6 or line 9 by 13 48/ (0.104)	8d	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	9	160,200.
1	Multiply line 6 by 2.9% (0.029)	10	2,637.
2	Self-employment tax. Add lines 10 and 11 Fature	11	617.
	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Deduction for one-half of self-employment.		
3	Deduction for one-half of self-employment tax	12	3,254.
	Multiply line 12 by 50% (0.50). Enter here and on Sabadula 4 (5)		
Pan	enwork Reduction Act N. W. 1. 627		

Schedule SE (Form 1040) 2	Page 2
Ontions	NASHORE TO Figure Net Earnings (see instructions)
Farm Optional Mant	had You may use this method only if (a) your gross farm income! wasn't more than
\$9,840, or (b) your ne	et farm profits? were less than \$7,103.
14 Maximum inco	ome for optional methods
15 Enter the ema	aller of: two-thirds (?/s) of gross farm income* (not less than zero) or \$6,560. Also, include
	n line 4b above
	ethod. You may use this method only if (a) your net nonfarm profits were less than \$7,103
and also less than 72.	189% of your gross nonfarm income,4 and (b) you had net earnings from self-employment
of at least \$400 in 2 of	f the prior 3 years. Caution: You may use this method no more than five times.
	15 from line 14
17 Enter the sma	eller of: two-thirds (2/3) of gross nonfarm income4 (not less than zero) or the amount on
line 16, Also, it	include this amount on line 4b above
From Sch. F, line 9; and	Sch. K-1 (Form 1065), box 14, code B. 3 From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
From Sch. F, line 34; and	old Sch. K-1 (Form 1065), box 14, code A—minus the amount of From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C, gon line 1b had you not used the optional method.
you would have entered	SEL ANDER TO BE AND SELECT TO SELECT
	BAA REVIOLIZATIO SCHEDULE SE (FORM 10-10) 20.
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	્ર માર્ગું મુખ્યા છે. જે માર્પાયા છે. માર્પાયા માર્પાયા માર્પાયા માર્પાયા માર્પાયા માર્પાયા માર્પાયા માર્પાયા
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SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

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

Go to www.lrs.gov/ScheduleSE for Instructions and the latest Information.

OMB No. 1545-0074 2023 Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) Social security number of person Jeffery P Casteel 421-17-4856 with self-employment income Part I Self-Employment Tax Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions. Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 1a b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ 1b Skip line 2 if you use the nonfarm optional method in Part II. See instructions. Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order 30,179. 2 30,179. 3 4a If line 3 is more than zero, multiply line 3 by 92,35% (0.9235). Otherwise, enter amount from line 3 . 27,870. 4a Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here 4b c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue 4c 27,870. 5a Enter your church employee income from Form W-2. See instructions for 5a b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- 5b 6 27,870. 6 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 . . . 160,200 7 Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8a Unreported tips subject to social security tax from Form 4137, line 10 . . . Wages subject to social security tax from Form 8919, line 10 8c 8d 9 Subtract line 8d from line 7, If zero or less, enter -0- here and on line 10 and go to line 11 9 160,200. 10 10 3,456. 11 11 808. 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or 12 4,264. Deduction for one-half of self-employment tax. 13

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),

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From Soh. Films 9; and Soh. K-1 (From 1095), box 14, code A. Prom Soh. Films 9; and Soh. K-1 (From 1095), box 14, code C. Prom Soh. Films 9; and Soh. K-1 (From 1095), box 14, code C. Prom Soh. Films 9; and Soh. K-1 (From 1095), box 14, code A. Prom Soh. Films 9; and	Schedule SE (Form 1040) 2023	Page 2
Farm Optional Method. You may use this method only if (a) your gross farm income' wasn't more than \$9,840, or (b) your net farm profits' were less than \$7,103 and also less than 72.1894. Of your gross northarm income, and by you had not earnings from self-employment of at less! \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 Subtract this 15 from 1861, box 14, code A.—minus the amount on line 4 be shown. F. line 34; and \$6.h. K-1 (Form 1865), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and \$6.h. K-1 (Form 1965), box 14, code A.—from Sch. F. line 34; and Sch	Optional Methods To Figure Net Earnings (see instructions)	
4. Maximum income for optional methods. 15. Enter the amalter of: two-thirds (%) of gross farm income* (not less than zero) or \$6,560. Also, include this amount on line 4b above. Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits* were less than \$7,103 and also less than \$72,189% of your gross nonfarm income,* end (b) you had not earnings from self-employment of at least \$400 in 2 of the prior 3 years. Ceution: You may use this method on omree than five times. 16. Subtract line 15 from line 14. 17. Enter the smaller of: two-thirds (%) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on line 4b above. 18. Porm Sch. P. line 9; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 2; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14, code A. 19. Porm Sch. C. line 3; and Sch. K-1 (Form 1065), box 14	Farm Optional Method. You may use this method only if (a) your gross farm income' wasn't more than	
Maximum income for optional methods 15 Enter the smaller of: two-thirds (%) of gross farm income* (not less than zero) or \$6,550. Also, include this amount on line 4b above 15 Montarm Optional Method. You may use this method only if (a) your net northarm profiles* were less than \$7,103 and also less than 72,1898 dry toyur gross nonfarm income*, and (b) you had net earnings from self-employment of at lesst \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thirds (%) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on line 4b above. From Sch. E. line 5, and Sch. K-1 (Form 1055), box 14, code A.—Initials the amount of the standard of the	^{99,840} , or (b) your net farm profits ² were less than \$7,103.	
this amount on line 4b above Norfarm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$7,103 and also less than 72,1898 of your gross nonfarm income, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thinds (*/a) of gross nonfarm income* (not less than zero) or the amount on line 16 above Prom Sch. E, line 3d; and Sch. K-1 from 1065, box 14, code A.—Inimus the amount 18 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code A.—Inimus the amount 19 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code A.—Inimus the amount 19 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 19 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 19 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 19 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 10 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 10 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 10 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 10 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 11 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 12 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 13 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 14 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 15 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 16 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 17 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 18 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 18 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 18 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 18 Prom Sch. E, line 31; and Sch. K-1 from 1065, box 14, code C. 19 Prom Sch. E, line 31; and Sch. K-1 fr		6,560
Nonfarm Optional Method, You may use this method only if (a) your net nonfarm profits' were less than \$7,103 and also less than 72,189% of your gross nonfarm income, 'and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years, Caution: You may use this method no more than five times. 16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thirds (½) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on Rine 4b above. 18 From Sch. F, ine 34 and Sch. K-1 from 1059, box 14, code A.—minus the amount on line 16. Also, include this amount on line 15 had you not used the optional method. 19 From Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—minus the amount on line 15 had you not used the optional method. 19 From Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from would have entered on line 15 had you not used the optional method. 10 Schedule \$E (Form 1040) 2023 11 From Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from 1059, box 14, code A.—from Sch. C, line 31, and Sch. K-1 from	15 Enter the smaller of: two-thirds (2/s) of gross farm income¹ (not less than zero) or \$6,560. Also, include	
and also less than 72,189% of your gross nonfarm income,* and by you had not earnings from self-employment of at least \$400 in 2 of the prior 3 years. Centurion: You may use this method no more than five times. 16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thirds (?/) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on line 4b above. 18 From \$ch. F, line 9; and \$ch. K-1 (Form 1065), box 14, code 8. 19 From \$ch. F, line 3; and \$ch. K-1 (Form 1065), box 14, code A. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code A. 19 From \$ch. C, line 7; and \$ch. K-1 (Form 1065), box 14, code C. 19 You would have entered on line 1b had you not used the optional method. 19 BAA 10 REV 1007/24 TTO 11 Schedule \$E (Form 1040) 2023	this amount on line 4b above	1
and also less than 72,189% of your gross nonfarm income,* and b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Centriors to may use this method no more than five times. 16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thirds (?/) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on line 4b above. 18 From \$ch. F, line 9; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. F, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 19 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 20 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 21 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 22 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 23 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 24 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 25 From \$ch. C, line 3; and \$ch. K-1 (Form 1065), box 14, code 0. 26 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 27 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 28 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 28 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 29 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 29 From 5ch. C, line 3; and 5ch. K-1 (Form 1065), box 14, code 0. 20 From 5ch. C, line 3; and 5ch. K-	Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$7,103	i*
16 Subtract line 15 from line 14. 17 Enter the smaller of: two-thirds (?/s) of gross nonfarm income* (not less than zero) or the amount on line 16 Also, include this amount on line 4b above 18 From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code 8. 19 From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code A—minus the amount on line 1b had you not used the optional method. 19 From Sch. C, line 3; and Sch. K-1 (Form 1065), box 14, code A. 19 From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C. 19 Schedule SE (Form 1040) 2023 20 Schedule SE (Form 1040) 2023 21 Schedule SE (Form 1040) 2023 22 Schedule SE (Form 1040) 2023 23 Schedule SE (Form 1040) 2023 24 Schedule SE (Form 1040) 2023 25 Schedule SE (Form 1040) 2023 26 Schedule SE (Form 1040) 2023 27 Schedule SE (Form 1040) 2023 28 Schedule SE (Form 1040) 2023 29 Schedule SE (Form 1040) 2023 20 Schedule SE (Form 1040) 2023 27 Schedule SE (Form 1040) 2023 28 Schedule SE (Form 1040) 2023 29 Schedule SE (Form 1040) 2023 20	and also less than 72,189% of your gross nonfarm income,4 and (b) you had net earnings from self-employment	4
Enter the smaller of: two-thirds (?/a) of gross nonfarm income* (not less than zero) or the amount on line 16, Also, include this amount on line 40 above From Sch. F. line 3 at gash. K-1 (Form 1965), box 14, code 8. From Sch. F. line 3 at gash. K-1 (Form 1965), box 14, code A. From Sch. F. line 3 at gash. K-1 (Form 1965), box 14, code A. From Sch. C. line 31; and Sch. K-1 (Form 1965), box 14, code C. Schedule 3E (Form 1949) 2023 BAA REV 1907/74 TTO Schedule 3E (Form 1949) 2023		
Ine 16. Also, include this amount on line 4b above From Sch. F, line 9; and Sch. K-1 (From 1065), box 14, code 8. From Sch. F, line 9; and Sch. K-1 (From 1065), box 14, code A. From Sch. C, line 31; and Sch. K-1 (From 1065), box 14, code A. From Sch. C, line 7; and Sch. K-1 (From 1065), box 14, code C. Schedule 3E (From 1040) 2023 BAA REV 1007/24 TTO Schedule 3E (From 1040) 2023 Schedule 3E (From 1040) 2023 Rev 1007/24 TTO Schedule 3E (From 1040) 2023	Cubilditine 15 Hollimite 14.	f
From Sch. F, line 9; and Sch. K-1 (Form 1085), box 14, code A. From Sch. F, line 9; and Sch. K-1 (Form 1085), box 14, code A. From Sch. F, line 9; and Sch. K-1 (Form 1085), box 14, code A. From Sch. C, line 7; and Sch.	17 Enter the smaller of: two-thirds (2/s) of gross nonfarm income ⁴ (not less than zero) or the amount on	
From Sch. F. line 34; and Sch. K-1 (Form 1065), box 14, code A.—minus the amount of From Sch. C. line 7; and Sch. K-1 (Form 1065), box 14, code C. You would have entered on line 1b had you not used the optional method. BAA REV 1007/24 TTO Schedule SE (Form 1040) 2023	line 16. Also, include this amount on line 4b above	
BAA REV 1007/74 TTO Schedule SE (Form 1040) 2023 BAA REV 1007/74 TTO Schedule SE (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule Se (Form 1040) 2023 A REV 1007/74 TTO Schedule	From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. 3 From Sch. C, line 31; and Sch. K-1 (Form 1065), box	14, code A.
BAA REV 1007/24 TTO Schedule SE (Form 1040) 2023 *** *** *** *** *** *** ***	You would have entered on line 1b had you not used the optional method.	4, code C.
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Qualified Business Income Deduction Simplified Computation

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. 55

Name(s) shown on return

Karen H & Jeffery P Casteel

Your taxpayer identification number

416-21-0891

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.

iii CASTEEL SOUTHEAST SPORTS 28, iiii iv 2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	
iii CASTEEL SOUTHEAST SPORTS 28, iii CASTEEL SOUTHEAST SPORTS 421-17-4856 28, iii iv 2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c) 2 Qualified business net (loss) carryforward from the prior year. 3 Qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20) 5 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) 7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year. 8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- 9 REIT and PTP component. Multiply line 8 by 20% (0.20)	
iii iv 2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c) 3 Qualified business net (loss) carryforward from the prior year. 4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-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) 7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year. 8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- 9 REIT and PTP component. Multiply line 8 by 20% (0.20)	.047.
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column (c) 3 Qualified business net (loss) carryforward from the prior year	
11 Taxable income before qualified business income deduction (see instructions) 11 28,584.	6,629.
(see instructions)	5,717.
the applicable line of your return (see instructions)	5,717.
Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0	0.)

Net Investment Income Tax-Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

Attachment Sequence No. 72

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest information. Name(s) shown on your tax return Your social security number or EIN Karen H & Jeffery P Casteel 416-21-0891 Part I Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(a) election (see instructions) 1 7,240. 2 2 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or 53,209. 42 Adjustment for net income or loss derived in the ordinary course of a non--53,209. 4b 4c 0. Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5c 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 7,240. 8 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b 101 c Miscellaneous investment expenses (see instructions) 9c 9d 101. 10 10 11 Total deductions and modifications. Add lines 9d and 10 11 101. Part III Tax Computation 12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 7,139. 13 755,497. 14 250,000. 15 15 505,497. 16 7,139. 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 271. **Estates and Trusts:** 18a b Deductions for distributions of net investment income and charitable 18b c Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Adjusted gross income (see instructions) 19a b Highest tax bracket for estates and trusts for the year (see instructions) . . . c Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and

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Department of the Treasury Internal Revenue Service Name shown on your return

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for Instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 73

Karen H k	Jeffery P Cas	and the second second second	the second second of the second of	Your so	cial security number	1. 27	emplements of the second	
A. You cannot to	ake the PTC it was the	steel		416-	21-0891	ARBIN LO	PART Tyre	
Part I An	Dual and Manth	status is married filing se	parately unless you qual	fy for an exception, See	nstructions. If you qual	ify, check the	box 🗌	
	THE PART OF THE PARTY OF THE PA	v Contribution A	mount	4) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 July 10 Jul	1, 4 1 1 2 2	A H	
2a Modified	AGI Enter your tax t	family size. See instruction	tions		Chiro v	1		
b Enter the	total of your demands	ned AGI. See instruction	ons	2a	755,497.			
3 Household	income Add the are	ents' modified AGI. Sec	instructions	2b	the company of the con-			
4 Federal p	and the Falsanta	nounts on lines 2a and	2b. See instructions	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3	755,497	
appropriat	te box for the federal	federal poverty line am poverty table used.	ount from Table 1-1,	1-2, or 1-3. See instru	ctions. Check the		د ممالته اد	
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6 Reserved	for future use	age of federal poverty	ine (see instructions)		of a gray and look	5	401	
7 Applicable	figure. Using your line	5 percentage, locate y	roum Reminiberatule Assessed	G OCT TO DEPART EN	or, or or and or en		0.005	
8a Annual contr	ibution amount. Multiply	lias 2 by				7	0.085	
line /, Round	to nearest whole dollar		64,217. b Mor	thly contribution amou	unt. Divide line 8a	2001	5,351	
art II Pre	mium Tax Credi	t Claim and Reco	mailintian of Ad	2. Round to nearest wh	ole dollar amount	8b	5,351	
0 See the ins	structions to determin	ts with another taxpay of Policy Amounts, or Part ne if you can use line 1	t V, Alternative Calculatio	n for Year of Marriage.	No. Continue to	irriage? See line 10.	Instruction	
	entinue to line 24.	ompute your annual P	TC. Then skip lines 1	2-23 [2-23 [No. Continue to	lines 12-2 C and contin	23. Compu	
Annual Calculation	S CSP premium					payment o	ual advance of PTC (Form A, line 33C)	
1 Annual Totals	18,458.	24,319.	64,217.	. 273.7000.) 430000 °°0.	- 7- 7	17,532.	
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium credit allowed (smaller of (a) or (d)	payment of 1095-A,	(f) Monthly advance payment of PTC (Form(: 1095-A, lines 21-32, column C)	
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		ne amount from line 11 the amount from line 1			r the total here		7,532.	
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t III Repa	yment of Exces	s Advance Paym	ent of the Premi	um Tax Credit	isai eas _i smootii a	eanib phiar	IDA BEI	
		f line 25 is greater than				27 31 291	7,532.	
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Excess adva	nce premium tax cr	edit repayment. Enter	the smaller of line 2	7 or line 28 here and	on Schedule 2	GETT BIT IE	ोता ध	
(Form 1040),	line 2 bas mad w	3.8% (0.038). Ect	Multiply line 20 by	estates and trusts.		29 1 20 7 1	7/532	

Form Par	8962 (2023) LIV Allocation		work to welke	derif had	a the General	3	Pag		
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À.	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpa	iyer	(c) Allocation sta	rt month	(d) Allocation stop month		
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2	lines 12–23, columns	(a), (b), and (f). Comp	095-A by the allocation -A, if any, to compute a ute the amounts for lines ional policy amount allocations.	combined to 12–23, colu	tal for each month. En mns (c)-(e), and contin	ter the comi ue to line 2	es) assending south 1 2		
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Part	V Alternative	Calculation for Y	ear of Marriage	Invio it water	1 - V				
ompl o con	ete line(s) 35 and/or 36	to elect the alternative	e calculation for year of amounts for lines 12-23,	marriage F	or eligibility to make th	e election	see the instructions for line		
35	Alternative entries	(a) Alternative fami		monthly	(c) Alternative start m	onth (d) Alternative stop month		
55	for your SSN	The first state of the first sta	The state of the s	and the said of the said of	nstructions)	of annal to	9 Excess ossuelly in		
36	Alternative entries for your spouse's	(a) Alternative fami	ly size (b) Alternative contribution amo		(c) Alternative start m	247 - 288 - 24 - 2	Alternative stop month		
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For Paperwork Reduction Not head up, see your tax return instructions.

Department of the Treasury Internal Revenue Service

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment Sequence No. 176

Name(s) of proprietor(s) Your social security number Karen H Casteel 416-21-0891 Part I Part of Your Home Used for Business sporting events Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory 100 2 1,300 2 3 Divide line 1 by line 2. Enter the result as a percentage 7.69 % 3 For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 4 Multiply days used for daycare during year by hours used per day . . . 5 If you started or stopped using your home for daycare during the year, 5 8,760 hr. 6 Divide line 4 by line 5. Enter the result as a decimal amount Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 7.69 % 7 Part II Figure Your Allowable Deduction Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions. 24,750. See instructions for columns (a) and (b) before completing lines 9-22. (a) Direct expenses (b) Indirect expenses 9 Casualty losses (see instructions) 10 Deductible mortgage interest (see instructions) . 10 11 Real estate taxes (see instructions) 11 595. 12 Add lines 9, 10, and 11 0. 595. 13 Multiply line 12, column (b), by line 7 46. 14 Add line 12, column (a), and line 13 14 46. 15 Subtract line 14 from line 8. If zero or less, enter -0-15 24,704. 16 Excess mortgage interest (see instructions) . . 16 0. 0. 17 Excess real estate taxes (see instructions) . . . 17 0 18 18 2,400. 19 19 20 20 8,813. 21 21 9.360. 22 Other expenses (see instructions) 22 167. 23 20,740. 24 1,595. 25 Carryover of prior year operating expenses (see instructions) 25 26 1,595. 26 27 Allowable operating expenses. Enter the smaller of line 15 or line 26 . . . 27 1,595. Limit on excess casualty losses and depreciation. Subtract line 27 from line 15. 28 28 23,109. 29 30 79. 31 Carryover of prior year excess casualty losses and depreciation (see instructions) 31 32 32 79. Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32 33 33 79. 34 1,720. 34 35 Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions . 35 0. Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions 36 1,720. Part III Depreciation of Your Home 37 Enter the smaller of your home's adjusted basis or its fair market value. See instructions . . . 37 40,000. 38 38 39 39 40,000. 40 40 3,076. 41 41 2.5641 % 42 Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above 42 79. Part IV Carryover of Unallowed Expenses to 2024 Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0- 43 0. Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-0.

Department of the Treasury

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

Attachment Sequence No. 179

Internal Revenue Service Name(s) shown on return Rusiness or activity to which this form relates Identifying number Karen H & Jeffery P Casteel 416-21-0891 Sch C sporting events 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. 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . 2 4,483. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,890,000. 4 0. Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-, If married filing 1.160.000. 6 (b) Cost (business use only) (a) Description of property TABLETS 4,483. 4.483. 7 Listed property. Enter the amount from line 29 4,483. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 4,483. 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 11 57,692 11 Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions 12 4,483. 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. See instructions.) Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS) . . . Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 79. 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (f) Method (e) Convention placed in (business/investment use (a) Classification of property period only—see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property SIL 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental MM SIL 27.5 yrs. property 5/1 MM 39 vrs. i Nonresidential real SIL MM property Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System SIL 20a Class life S/L 12 yrs. b 12-year SIL MM 30 yrs. c 30-year S/L MM 40 yrs. d 40-year Part IV Summary (See instructions.) 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 4,562. 23 For assets shown above and placed in service during the current year, enter the 23 Form 4562 (2023)

For Paperwork Reduction Act Notice, see separate instructions.

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.															
24	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)		support the t	usiness/in	vestmer	t use cla	med? [2	Yes	10000	24b	24 100	is the e		written /		□ No
Тур	Type of property (list Date placed Business/				d) other bas		for depreness/inve	stment	(f) Recove period		(g) Method/ onvention	1	(h) epreciation deduction	n E	(i) Elected section 179 cost	
25	Special dep	reciation a	llowance f	or qualifi	ed liste	d prop	erty pla	aced in	servic	e durir	ng					1 4
26	Property use	and used	more than	50% in a	qualifi	ed busi	ness us	se. See	instruc	tions	. 25	<u> </u>				
	C SIERRA	02,23,2023			u busir	less use);					T		T		
		02/25/2025	9	-												
%																
27	Property use	ed 50% or l			usiness	use:										
			9/							S/L						
			9/	-						S/L	and the second	-				
28	Add amount	e in column	% (h) lines		L 07 I				04	S/L		-				
29	Add amount Add amount	s in column	n (n), lines	25 throug	in 27, E	nter he	re and	on line	21, pag	ge 1	. 28		T	29	STATE OF THE STATE	
		e iii e didiiii	1 (1), 11110 20			-Infor						• •	• • •	20		
Соп	nplete this sect	ion for vehic	cles used b	y a sole pr	roprieto	r. partne	er, or oth	her "mo	re than	5% ow	ner." or	related	person.	If you p	rovided	vehicles
to yo	our employees,	first answe	r the quest	ions in Sec	ction C	to see if	you me	et an e	xception	n to cor	mpleting	this se	ction for	those v	ehicles.	
				-		(a)		(b)		(c)		(d)		(e)		(f)
30	30 Total business/investment miles driven during the year (don't include commuting miles)			en during	Veh	icle 1		icle 2		icle 3	Vel	hicle 4	Veh	ehicle 5 Vehicle 6		ICIE 6
21						0	12	2,782					-			
32	Total communication	ting miles di	rven during	the year							-				-	
U.	miles driven		(noncon	-		700		0					1			
33	33 Total miles driven during the year. Add lines 30 through 32 6,789 12,782								ar-							
34	Was the veh	icle availab	le for pers	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during o	ff-duty hou	irs?		×			×								
35	Was the veh	icle used p	rimarily by	a more		×	×	1								
26	than 5% own															
	Is another veh				F1-	×	×		<u> </u>		<u></u>		<u> </u>	<u></u>	1	
Ans	wer these que	stions to d	C-Ques	you mee	t an ex	ception	to com	npleting	enicies g Sectio	n B for	vehicle	neir Em es used	by emp	s oloyees	who ar	en't
	e than 5% ow									<u> </u>						
	Do you main your employe	ees?													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														100	
	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 Note: If your	the require answer to	ements co 37, 38, 39	ncerning of 40, or 4	qualifie 1 is "Y	d auton	nobile d	demons plete S	stration section I	use? S	See inst	ructions	s			
Par	t VI Amort	ization														
	(a) Description		Di	(b) ate amortiza begins	tion	Amort	(c) tizable an	nount	C	(d) ode sect	ion	(e) Amortiz period	ation or	Amortiza	(f)	is year
42	Amortization	of costs the	at begins	during you	ur 2023	tax yea	ar (see	instruc	tions):			percen	tage			
2000		0										45	$\overline{}$			
					\Box											
43	Amortization	of costs the	at began b	efore you	ır 2023	tax yea	r						43			
44	Total. Add a	nounts in (column (f).	See the i	nstruct	ions for	where	to rep	ort			٠.	44			

Self-Employed Health Insurance Deduction

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 206

Name(s) shown on return

Your taxpayer identification number

Kar	en H Casteel	116-21	-0891
Note:	Use a separate Form 7206 for each trade or business under which an insurance plan is established.	110 21	0071
1	Enter the total amount paid in 2023 for health insurance coverage established under your busine (or the S corporation in which you were a more-than-2% shareholder) for 2023 for you, your spous and your dependents. But don't include the following. See instructions	38	926.
	 Amounts for any month you were eligible to participate in a health plan subsidized by you employer or your spouse's employer or the employer of either your dependent or your child who wounder the age of 27 at the end of 2023. 		
	 Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxab because you are a retired public safety officer. See instructions. 	le	
_	 Any payments for qualified long-term care insurance (see line 2). 		
2	For coverage under a qualified long-term care insurance contract, enter for each person covered to smaller of (a) or (b).	е	
	(a) Total payments made for that person during the year.		
	(b) The amount shown below. Use the person's age at the end of the tax year.		
	\$480— if that person is age 40 or younger		
	\$890— if age 41 to 50	1	
	\$1,790— if age 51 to 60		
	\$4,770— if age 61 to 70		
	\$5,960— if age 71 or older		
	Note: The amount of long-term care premiums that can be included as a medical expense		
	limited by the person's age. Don't include payments for any month you were eligible	. 1	
	participate in a long-term care insurance plan subsidized by your employer or your spouse employer, or the employer of either your dependent or your child who was under the age of 2		
	at the end of 2023. If more than one person is covered, figure separately the amount to enti-		
	for each person. Then enter the total of those amounts	2	
3	Add lines 1 and 2	3	926.
4	Enter your net profit* and any other earned income** from the trade or business under which the	е	
	insurance plan is established. Don't include Conservation Reserve Program payments exempt from		
	self-employment tax. If the business is an S corporation, skip to line 11	4	23,030.
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitab		
	businesses. Don't include Conservation Reserve Program payments exempt from self-employment		
	tax. See the Instructions for Schedule SE (Form 1040). Don't include any net losses shown on thes		
	schedules	5	53,209.
6	Divide line 4 by line 5	6	0.4328
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage		
	on line 6	7	1,627.
8		. 8	21,403.
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, ar qualified plans, attributable to the same trade or business in which the insurance plan is established		
10	Subtract line 9 from line 8	10	21 402
	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more		21,403.
11	than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	21,403.
14	Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and of		
	Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expens	se	
	deduction on Schedule A (Form 1040)	14	926.
H WOU	used either entional method to figure your net earnings from self-employment from any business, don't enter us		£1. £ 11 1 1

[&]quot;If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

^{**}Earned income includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Special Depreciation Allowance Elections under IRC Section 168(k)(7)

Attach to your income tax return

Name(s) Shown on Return
Karen H & Jeffery P Casteel

Identification Number 416-21-0891

Tax Year:

2023

3,2,3

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending:

12/31/2023

2		
/ Year	r Property	
		:
		The second secon

fdiv2801.SCR 07/03/23

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and the state of the second field of the secon

Section 1.263(a)-1(f)

► Aftach fo your income tax return

Name(s) Shown on Return

Karen H & Jeffery P Casteel

Identification Number

416-21-0891

Tax Year:

2023

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

Karen H & Jeffery P Casteel

Address:

12135 Alabama Highway 169, Salem AL 36874

Identification Number:

416-21-0891

fdiv9801.SCR 02/27/24

Additional Information From 2023 Federal Tax Return

Schedule C (sporting events): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	
maintenance fees	502,910
STAFFING	78,725
BUSINESS MARKETING GIFTS	5,396
HATS	3,320
PLATES	7,781
Total	598,132