

FRANK FARAGO

563-67-6013

	2023	2022	Diff
<b>INCOME</b>			
Interest income.....	2,307	1,031	1,276
Business income.....	43,146	57,840	-14,694
Capital gain or loss.....	0	-67	67
Total income.....	45,453	58,804	-13,351
<b>ADJUSTMENTS TO INCOME</b>			
Deductible part of self-employment tax...	3,049	4,086	-1,037
Total adjustments.....	3,049	4,086	-1,037
Adjusted gross income.....	42,404	54,718	-12,314
<b>ITEMIZED DEDUCTIONS</b>			
Taxes.....	2,790	2,067	723
Interest.....	2,145	2,146	-1
Total itemized deductions.....	4,935	4,213	722
<b>TAX COMPUTATION</b>			
Standard deduction.....	15,700	12,950	2,750
Larger of itemized or standard deduction.....	15,700	12,950	2,750
Qualified business income deduction.....	5,341	8,354	-3,013
Taxable income.....	21,363	33,414	-12,051
Excess advance premium tax cr. repayment.....	0	3,411	-3,411
Tax before credits.....	2,345	7,217	-4,872
<b>CREDITS</b>			
Residential energy credits.....	0	1,290	-1,290
Clean vehicle credit.....	2,345	0	2,345
Total credits.....	2,345	1,290	1,055
Tax after credits.....	0	5,927	-5,927
<b>OTHER TAXES</b>			
Self-employment tax.....	6,097	8,172	-2,075
Total tax.....	6,097	14,099	-8,002
<b>PAYMENTS &amp; REFUNDABLE CREDITS</b>			
Estimated tax payments.....	13,100	8,710	4,390
Net premium tax credit.....	474	0	474
Total payments.....	13,574	8,710	4,864
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	7,477	0	7,477
Amount refunded to you.....	7,477	0	7,477
Amount you owe.....	0	5,389	-5,389
<b>TAX RATES</b>			
Ordinary income tax bracket.....	12.0%	12.0%	0.0%
Effective tax rate.....	28.5%	42.2%	-13.7%

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

Your first name and middle initial  
**FRANK FARAGO**

Last name  
**FARAGO**

Your social security number  
**563-67-6013**

If joint return, spouse's first name and middle initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
**15096 OSCEOLA RD**

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.  
**APPLE VALLEY, CA 92307**

State ZIP code

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

☐ You ☐ Spouse

**Filing Status**  
☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)  
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

**Digital Assets**

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

**Standard Deduction**

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

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

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**Income**

**1a** Total amount from Form(s) W-2, box 1 (see instructions) **1a**

**1b** Household employee wages not reported on Form(s) W-2 **1b**

**1c** Tip income not reported on line 1a (see instructions) **1c**

**1d** Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**

**1e** Taxable dependent care benefits from Form 2441, line 26 **1e**

**1f** Employer-provided adoption benefits from Form 8839, line 29 **1f**

**1g** Wages from Form 8919, line 6 **1g**

**1h** Other earned income (see instructions) **1h**

**1i** Nontaxable combat pay election (see instructions) **1i**

**1z** Add lines 1a through 1h **1z**

**2a** Tax-exempt interest **2a**

**2b** Taxable interest **2b** 2,307.

**3a** Qualified dividends **3a**

**3b** Ordinary dividends **3b**

**4a** IRA distributions **4a**

**4b** Taxable amount **4b**

**5a** Pensions and annuities **5a**

**5b** Taxable amount **5b**

**6a** Social security benefits **6a**

**6b** Taxable amount **6b**

**c** If you elect to use the lump-sum election method, check here (see instructions) ☐



7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
8 Additional income from Schedule 1, line 10.....	8	43,146.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....	9	45,453.
10 Adjustments to income from Schedule 1, line 26.....	10	3,049.
<b>Standard Deduction</b> See <i>Standard Deduction Chart</i> on the last page of this form.	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....	11 42,404.
12 <b>Standard deduction or itemized deductions</b> (from Schedule A).....	12	15,700.
13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13	5,341.
14 Add lines 12 and 13.....	14	21,041.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....	15	21,363.
<b>Tax and Credits</b>	16 <b>Tax</b> (see instructions). Check if any from:	
1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/>	16	2,345.
17 Amount from Schedule 2, line 3.....	17	
18 Add lines 16 and 17.....	18	2,345.
19 Child tax credit or credit for other dependents from Schedule 8812.....	19	
20 Amount from Schedule 3, line 8.....	20	2,345.
21 Add lines 19 and 20.....	21	2,345.
22 Subtract line 21 from line 18. If zero or less, enter -0-.....	22	0.
23 Other taxes, including self-employment tax, from Schedule 2, line 21.....	23	6,097.
24 Add lines 22 and 23. This is your <b>total tax</b> .....	24	6,097.
<b>Payments</b>	25 Federal income tax withheld from:	
a Form(s) W-2.....	25a	
b Form(s) 1099.....	25b	
c Other forms (see instructions).....	25c	
d Add lines 25a through 25c.....	25d	
If you have a qualifying child, attach Sch. EIC.	26 2023 estimated tax payments and amount applied from 2022 return.....	26 13,100.
27 Earned income credit (EIC).....	27	
28 Additional child tax credit from Schedule 8812.....	28	
29 American opportunity credit from Form 8863, line 8.....	29	
30 Reserved for future use.....	30	
31 Amount from Schedule 3, line 15.....	31	474.
32 Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> .....	32	474.
33 Add lines 25d, 26, and 32. These are your <b>total payments</b> .....	33	13,574.

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form 1040-SR (2023)

**Refund** **34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**..... **34** 7,477.

**35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here..... ☐ **35a** 7,477.

Direct deposit? **b** Routing number XXXXXXXXXXXX **c** Type: ☐ Checking ☐ Savings  
See instructions. **d** Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**36** Amount of line 34 you want **applied to your 2024 estimated tax**..... **36**

**Amount You Owe** **37** Subtract line 33 from line 24. This is the **amount you owe**.  
For details on how to pay, go to [www.irs.gov/Payments](http://www.irs.gov/Payments) or see instructions. **37**

**38** Estimated tax penalty (see instructions)..... **38**

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

Designee's name Richard Ardito Phone no. 7609465032 Personal identification number (PIN) 12413

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

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

Your signature	Date	Your occupation <b>SELF-EMPLOYED</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (562) 746-9112 Email address

**Paid Preparer Use Only**

Preparer's name <u>Richard Ardito</u>	Preparer's signature <u>Richard Ardito</u>	Date	PTIN <u>P01488727</u>	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name <u>Rick Ardito, CPA</u>	Firm's address <u>15191 Miami Rd</u> <u>Apple Valley, CA 92307</u>			Phone no. <u>7609465032</u> Firm's EIN <u>820623864</u>

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form **1040-SR** (2023)



**Standard Deduction Chart\***Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1..... 1

<b>IF your filing status is...</b>	<b>AND the number of boxes checked is...</b>	<b>THEN your standard deduction is...</b>
Single	1	\$ 15,700
	2	17,550
Married filing jointly	1	\$ 29,200
	2	30,700
	3	32,200
	4	33,700
Qualifying surviving spouse	1	\$ 29,200
	2	30,700
Head of household	1	\$ 22,650
	2	24,500
Married filing separately**	1	\$ 15,350
	2	16,850
	3	18,350
	4	19,850

\*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

\*\*You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form **1040-SR** (2023)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

FRANK FARAGO

Your social security number

563-67-6013

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes.....	1	
2a	Alimony received.....	2a	
b	Date of original divorce or separation agreement (see instructions): .....		
3	Business income or (loss). Attach Schedule C.....	3	43,146.
4	Other gains or (losses). Attach Form 4797.....	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.....	5	
6	Farm income or (loss). Attach Schedule F.....	6	
7	Unemployment compensation.....	7	
8	Other income:		
a	Net operating loss.....	8a	( )
b	Gambling.....	8b	
c	Cancellation of debt.....	8c	
d	Foreign earned income exclusion from Form 2555.....	8d	( )
e	Income from Form 8853.....	8e	
f	Income from Form 8889.....	8f	
g	Alaska Permanent Fund dividends.....	8g	
h	Jury duty pay.....	8h	
i	Prizes and awards.....	8i	
j	Activity not engaged in for profit income.....	8j	
k	Stock options.....	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property.....	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions) ..	8m	
n	Section 951(a) inclusion (see instructions).....	8n	
o	Section 951A(a) inclusion (see instructions).....	8o	
p	Section 461(l) excess business loss adjustment.....	8p	
q	Taxable distributions from an ABLE account (see instructions).....	8q	
r	Scholarship and fellowship grants not reported on Form W-2.....	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d.....	8s	( )
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.....	8t	
u	Wages earned while incarcerated.....	8u	
z	Other income. List type and amount: .....	8z	
9	Total other income. Add lines 8a through 8z.....	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.....	10	43,146.



**Part II Adjustments to Income**

11	Educator expenses.		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.		12	
13	Health savings account deduction. Attach Form 8889.		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.		14	
15	Deductible part of self-employment tax. Attach Schedule SE.		15	3,049.
16	Self-employed SEP, SIMPLE, and qualified plans.		16	
17	Self-employed health insurance deduction.		17	
18	Penalty on early withdrawal of savings.		18	
19a	Alimony paid.		19a	
b	Recipient's SSN.			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction.		20	
21	Student loan interest deduction.		21	
22	Reserved for future use.		22	
23	Archer MSA deduction.		23	
24	Other adjustments:			
a	Jury duty pay (see instructions).	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses.	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.	24e		
f	Contributions to section 501(c)(18)(D) pension plans.	24f		
g	Contributions by certain chaplains to section 403(b) plans.	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.	24i		
j	Housing deduction from Form 2555.	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z.		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	3,049.

Schedule 1 (Form 1040) 2023

**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **02**

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

FRANK FARAGO

Your social security number

563-67-6013

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE.....	4	6,097.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
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. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	
12	Net investment income tax. Attach Form 8960.....	12	
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.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023



**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions.	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889.	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853.	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax.	<b>17j</b>	
<b>k</b>	Golden parachute payments.	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts.	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation.	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24.	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z.	<b>18</b>	
<b>19</b>	Reserved for future use.	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A.	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	<b>21</b>	6,097.

Schedule 2 (Form 1040) 2023

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **03**

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

**FRANK FARAGO**

Your social security number

**563-67-6013**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required. ....	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19. ....	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880. ....	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15. ....	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32. ....	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800. ....	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801. ....	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839. ....	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R. ....	<b>6d</b>	
<b>e</b>	Reserved for future use. ....	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936. ....	<b>6f</b>	2,345.
<b>g</b>	Mortgage interest credit. Attach Form 8396. ....	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859. ....	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834. ....	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911. ....	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912. ....	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions. ....	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936. ....	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z. ....	<b>7</b>	2,345.
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20. ....	<b>8</b>	2,345.

(continued on page 2)

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

**Schedule 3 (Form 1040) 2023**



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962.....	<b>9</b>	474.
<b>10</b>	Amount paid with request for extension to file (see instructions).....	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld.....	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136.....	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439.....	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years.....	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i).....	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions).....	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z.....	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	<b>15</b>	474.

Schedule 3 (Form 1040) 2023





**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
**(Sole Proprietorship)**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

Name of proprietor

**FRANK FARAGO**

Social security number (SSN)

**563-67-6013**

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

**REMOTES 4 LESS**

**B** Enter code from instructions

**449210**

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

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

**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

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

**H** If you started or acquired this business during 2023, check here ☐

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

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

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	286,589.
2	Returns and allowances. ....	2	
3	Subtract line 2 from line 1. ....	3	286,589.
4	Cost of goods sold (from line 42) ....	4	167,565.
5	<b>Gross profit.</b> Subtract line 4 from line 3. ....	5	119,024.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) ....	6	
7	<b>Gross income.</b> Add lines 5 and 6. ....	7	119,024.

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

8	Advertising. ....	8		18	Office expense (see instructions). ....	18	
9	Car and truck expenses (see instructions) ....	9		19	Pension and profit-sharing plans. ....	19	
10	Commissions and fees. ....	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions) ....	11		a	Vehicles, machinery, and equipment ....	20a	
12	Depletion. ....	12		b	Other business property. ....	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) ....	13		21	Repairs and maintenance. ....	21	1,733.
14	Employee benefit programs (other than on line 19) ....	14		22	Supplies (not included in Part III) ....	22	132.
15	Insurance (other than health) ...	15	300.	23	Taxes and licenses. ....	23	1,160.
16	Interest (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.) ....	16a		a	Travel. ....	24a	330.
b	Other. ....	16b		b	Deductible meals (see instructions) ....	24b	
17	Legal and professional services	17		25	Utilities. ....	25	1,768.
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b. ....	28		26	Wages (less employment credits) ....	26	
29	Tentative profit or (loss). Subtract line 28 from line 7. ....	29		27a	Other expenses (from line 48) ....	27a	69,745.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. ....	30	710.	b	Energy efficient commercial buildings deduction (attach Form 7205) ....	27b	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	43,146.				

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

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.  
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☐ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation. ....	35 45,468.
36	Purchases less cost of items withdrawn for personal use. ....	36 168,580.
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. ....	40 214,048.
41	Inventory at end of year. ....	41 46,483.
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4. ....	42 167,565.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) .....	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: a Business ..... b Commuting (see instructions) ..... c Other .....	
45	Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

See Statement 1

48	<b>Total other expenses.</b> Enter here and on line 27a. ....	48 69,745.
----	---	------------



**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.irs.gov/ScheduleSE](http://www.irs.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)

FRANK FARAGO

Social security number of person  
with self-employment income

563-67-6013

**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.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- |   |           |  |
|---|-----------|--|
| <b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A   | <b>1a</b> |  |
| <b>b</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 | <b>1b</b> |  |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- |  |          |         |
|--|----------|---------|
| <b>2</b> 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 | <b>2</b> | 43,146. |
| <b>3</b> Combine lines 1a, 1b, and 2   | <b>3</b> | 43,146. |

- |   |           |         |
|---|-----------|---------|
| <b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3  | <b>4a</b> | 39,845. |
| <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.   |           |         |
| <b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here  | <b>4b</b> |         |
| <b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax.<br><b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue | <b>4c</b> | 39,845. |

- |  |           |          |
|--|-----------|----------|
| <b>5a</b> Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income  | <b>5a</b> |          |
| <b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-  | <b>5b</b> | 0.       |
| <b>6</b> Add lines 4c and 5b   | <b>6</b>  | 39,845.  |
| <b>7</b> 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 | <b>7</b>  | 160,200. |

- |   |           |  |
|---|-----------|--|
| <b>8a</b> 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 8b through 10, and go to line 11 | <b>8a</b> |  |
| <b>b</b> Unreported tips subject to social security tax from Form 4137, line 10   | <b>8b</b> |  |
| <b>c</b> Wages subject to social security tax from Form 8919, line 10   | <b>8c</b> |  |
| <b>d</b> Add lines 8a, 8b, and 8c   | <b>8d</b> |  |

- |   |           |          |
|---|-----------|----------|
| <b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11   | <b>9</b>  | 160,200. |
| <b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)  | <b>10</b> | 4,941.   |
| <b>11</b> Multiply line 6 by 2.9% (0.029)   | <b>11</b> | 1,156.   |
| <b>12</b> <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b> , or <b>Form 1040-SS, Part I, line 3</b> | <b>12</b> | 6,097.   |

- |  |           |        |
|--|-----------|--------|
| <b>13</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b> | <b>13</b> | 3,049. |
|--|-----------|--------|

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

Schedule SE (Form 1040) 2023



**Qualified Business Income Deduction  
Simplified Computation**Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

OMB No. 1545-2294

**2023**Attachment  
Sequence No. **55**

Name(s) shown on return

**FRANK FARAGO**

Your taxpayer identification number

**563-67-6013**

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	FRANK FARAGO	563-67-6013	40,097.
ii			
iii			
iv			
v			

  

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	40,097.
3	Qualified business net (loss) carryforward from the prior year.	3	( 0.)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	40,097.
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	8,019.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	( 0.)
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.	8	0.
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	8,019.
11	Taxable income before qualified business income deduction (see instructions).	11	26,704.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-.	13	26,704.
14	Income limitation. Multiply line 13 by 20% (0.20).	14	5,341.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15	5,341.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.	16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.	17	( 0.)

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

Form **8995** (2023)

**Clean Vehicle Credits**

OMB No. 1545-2137

**2023**Department of the Treasury  
Internal Revenue ServiceAttach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.Attachment  
Sequence No. **69**

Name(s) shown on return

Identifying number

**FRANK FARAGO****563-67-6013**

- Notes:**
- Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.
  - Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

**Part I Modified Adjusted Gross Income Amount**

<b>1a</b>	Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	<b>1a</b>	42,404.	
<b>b</b>	Enter any income from Puerto Rico you excluded.	<b>1b</b>		
<b>c</b>	Enter any amount from Form 2555, line 45.	<b>1c</b>		
<b>d</b>	Enter any amount from Form 2555, line 50.	<b>1d</b>		
<b>e</b>	Enter any amount from Form 4563, line 15.	<b>1e</b>		
<b>2</b>	Add lines 1a through 1e.	<b>2</b>		42,404.
<b>3a</b>	Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	<b>3a</b>		
<b>b</b>	Enter any income from Puerto Rico you excluded.	<b>3b</b>		
<b>c</b>	Enter any amount from Form 2555, line 45.	<b>3c</b>		
<b>d</b>	Enter any amount from Form 2555, line 50.	<b>3d</b>		
<b>e</b>	Enter any amount from Form 4563, line 15.	<b>3e</b>		
<b>4</b>	Add lines 3a through 3e.	<b>4</b>		
<b>5</b>	Enter the <b>smaller</b> of line 2 or line 4.	<b>5</b>		0.

**Part II Credit for Business/Investment Use Part of New Clean Vehicles**

**Note:** Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

<b>6</b>	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)	<b>6</b>	
<b>7</b>	New clean vehicle credit from partnerships and S corporations (see instructions)	<b>7</b>	
<b>8</b>	<b>Business/investment use part of credit.</b> Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y.	<b>8</b>	

**Part III Credit for Personal Use Part of New Clean Vehicles**

**Note:** You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

<b>9</b>	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)	<b>9</b>	4,500.
<b>10</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18.	<b>10</b>	2,345.
<b>11</b>	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	<b>11</b>	
<b>12</b>	Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit	<b>12</b>	2,345.
<b>13</b>	<b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions	<b>13</b>	2,345.

**Part IV Credit for Previously Owned Clean Vehicles**

**Note:** You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

<b>14</b>	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)	<b>14</b>	
<b>15</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18.	<b>15</b>	
<b>16</b>	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	<b>16</b>	
<b>17</b>	Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit.	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions	<b>18</b>	

**Part V Credit for Qualified Commercial Clean Vehicles**

<b>19</b>	Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)	<b>19</b>	
<b>20</b>	Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)	<b>20</b>	
<b>21</b>	Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa	<b>21</b>	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **8936** (2023)



**SCHEDULE A**  
**(Form 8936)**

Department of the Treasury  
Internal Revenue Service

**Clean Vehicle Credit Amount**

Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.

OMB No. 1545-2137

**2023**

Attachment  
Sequence No. **69A**

Name(s) shown on return

**FRANK FARAGO**

Identifying number

**563-67-6013**

**Part I Vehicle Details**

- 1a Year ..... **2023**
- b Make ..... **HYUNDAI**
- c Model ..... **IONIC 5**
- 2 Vehicle identification number (VIN) (see instructions) ..... **KM8KRDAF5PU158020**
- 3 Enter date vehicle was placed in service (MM/DD/YYYY) ..... **02/20/2023**
- 4 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.  
☐ **Yes. Stop here.** You can't claim a credit amount for a vehicle used primarily outside the United States.  
☒ **No.**
- 5 Does the VIN entered on line 2 belong to a **new clean vehicle** placed in service during the tax year? See instructions for definitions.  
☒ **Yes.** Go to Part II.  
☐ **No.** Go to line 6.
- 6 Does the VIN entered on line 2 belong to a **previously owned clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.  
☐ **Yes.** Go to Part IV.  
☐ **No.** Go to line 7.
- 7 Does the VIN entered on line 2 belong to a **qualified commercial clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.  
☐ **Yes.** Go to Part V.  
☐ **No. Stop here.** You can't use this schedule to figure a credit amount for a vehicle not described on line 5, 6, or 7.

**Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle**

- 8 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.  
☒ **Yes.**  
☐ **No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- |    |  |    |               |
|----|--|----|---------------|
| 9  | Tentative credit amount (see instructions) .....   | 9  | <b>4,500.</b> |
| 10 | Business/investment use percentage (see instructions) .....  | 10 | <b>%</b>      |
| 11 | Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below ..... | 11 |               |

**Part III Credit Amount for Personal Use Part of New Clean Vehicle**

- |    |  |    |               |
|----|--|----|---------------|
| 12 | Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936. .... | 12 | <b>4,500.</b> |
|----|--|----|---------------|

**BAA For Paperwork Reduction Act Notice, see the Form 8936 instructions.**

**Schedule A (Form 8936) 2023**



**Part IV Credit Amount for Previously Owned Clean Vehicle**

- 13a** Is the sales price of the vehicle more than \$25,000?  
☐ **Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.  
☐ **No.**
- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.  
☐ **Yes.**  
☐ **No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.
- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?  
☐ **Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.  
☐ **No.**
- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.  
☐ **Yes.**  
☐ **No.**

<b>14</b>	Enter the sales price of the vehicle.....	<b>14</b>	
<b>15</b>	Multiply line 14 by 30% (0.30).....	<b>15</b>	
<b>16</b>	Maximum vehicle credit amount.....	<b>16</b>	
<b>17</b>	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936.....	<b>17</b>	

**Part V Credit Amount for Qualified Commercial Clean Vehicle**

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.  
☐ **Yes.**  
☐ **No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.
- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.  
☐ **Yes.**  
☐ **No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- c** Is the vehicle also powered by gas or diesel? See instructions.  
☐ **Yes.**  
☐ **No.**

<b>19</b>	Enter the cost or other basis of the vehicle. See instructions.....	<b>19</b>	
<b>20</b>	Section 179 expense deduction (see instructions).....	<b>20</b>	
<b>21</b>	Subtract line 20 from line 19.....	<b>21</b>	
<b>22</b>	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"].	<b>22</b>	
<b>23</b>	Enter the incremental cost of the vehicle. See instructions.....	<b>23</b>	
<b>24</b>	Enter the smaller of line 22 or line 23.....	<b>24</b>	
<b>25</b>	<b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more).....	<b>25</b>	
<b>26</b>	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936.....	<b>26</b>	

**Premium Tax Credit (PTC)**

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/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.****2023**Attachment  
Sequence No. **73**

Name shown on your return

Your social security number

**FRANK FARAGO****563-67-6013****A** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b> Tax family size. Enter your tax family size. See instructions	<b>1</b>	<b>1</b>
<b>2a</b> Modified AGI. Enter your modified AGI. See instructions	<b>2a</b>	<b>42,404.</b>
<b>b</b> Enter the total of your dependents' modified AGI. See instructions	<b>2b</b>	
<b>3</b> Household income. Add the amounts on lines 2a and 2b. See instructions	<b>3</b>	<b>42,404.</b>
<b>4</b> Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	<b>13,590.</b>
<b>5</b> Household income as a percentage of federal poverty line (see instructions)	<b>5</b>	<b>312 %</b>
<b>6</b> Reserved for future use		
<b>7</b> Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions.	<b>7</b>	<b>0.0630</b>
<b>8a</b> Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	<b>2,671.</b>
<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	<b>223.</b>

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLSP 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 tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January	856.	897.	223.	674.	674.	815.
<b>13</b> February	856.	897.	223.	674.	674.	815.
<b>14</b> March	856.	897.	223.	674.	674.	422.
<b>15</b> April	856.	897.	223.	674.	674.	422.
<b>16</b> May	856.	897.	223.	674.	674.	422.
<b>17</b> June						
<b>18</b> July						
<b>19</b> August						
<b>20</b> September						
<b>21</b> October						
<b>22</b> November						
<b>23</b> December						
<b>24</b> Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	<b>3,370.</b>
<b>25</b> Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	<b>2,896.</b>
<b>26</b> Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					<b>26</b>	<b>474.</b>

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b> Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	
<b>28</b> Repayment limitation (see instructions)	<b>28</b>	
<b>29</b> Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	<b>29</b>	

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

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Form **8962** (2023)



**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30 (a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31 (a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32 (a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33 (a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month



Name(s) of proprietor(s)

## 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](http://www.irs.gov/Form8829) for instructions and the latest information.

2023

Attachment  
Sequence No. 176

FRANK FARAGO

Your social security number

563-67-6013

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions).	1	222
2	Total area of home	2	1,514
3	Divide line 1 by line 2. Enter the result as a percentage	3	14.66 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	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	14.66 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home. See instructions.	8	43,856.
<b>See instructions for columns (a) and (b) before completing lines 9-22.</b>			
	(a) Direct expenses	(b) Indirect expenses	
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7.	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	43,856.
16	Excess mortgage interest (see instructions)	16	2,514.
17	Excess real estate taxes (see instructions)	17	1,512.
18	Insurance	18	820.
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	4,846.
24	Multiply line 23, column (b), by line 7.	24	710.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	710.
27	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 26	27	710.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	43,146.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	710.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to <b>Form 4684</b> . See instructions	35	
36	<b>Allowable expenses for business use of your home.</b> 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	710.

**Part III Depreciation of Your Home**

37	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

**Part IV Carryover of Unallowed Expenses to 2024**

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

2023

## Federal Statements

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FRANK FARAGO

563-67-6013

**Statement 1 - REMOTES 4 LESS**  
**Schedule C, Part V**  
**Other Expenses**

Accounting.....	\$	265.
Bank Charges.....		14.
Dues and Subscriptions.....		139.
EBAY SELLER FEES.....		35,349.
LICENSES.....		54.
LICENSES.....		710.
Postage.....		30,013.
Telephone.....		2,745.
Tools.....		186.
WEBSITE.....		270.
Total	\$	<u>69,745.</u>