COPY - DO NOT MAIL

AUSTIN, TX 73301

In reply refer to: 0631275261 Aug. 23, 2023 LTR 474C 1 100-66-7480 201912 30 000

00001

BODC: SB

TROY BRITTON-HARR & S ACEVEDO 412 64TH STREET CT NW BRADENTON FL 34209-1629

Social Security number: 100-66-7480

Tax periods: Dec. 31, 2019

Form: 1040X

Dear Taxpayer:

Thank you for your inquiry dated Oct. 15, 2021.

Our records do not indicate we have received a timely filed election to waive the net operating loss (NOL) carryback period. The election you filed was received on Oct. 18, 2021. The last day to file the election for tax year 2017 was Oct. 15, 2018.

If you disagree with any of the changes we made, you can call us at the number provided below. If you prefer, you can write us at the return address at the top of this letter. If you write us, include a copy of this notice.

Therefore, we adjusted your account to reflect the changes to Schedule C and not the carryforward of the NOL from 2017. We are enclosing a corrected Form 1040X to review and keep for your records.

Find tax forms or publications by visiting IRS.gov/forms or calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-0922.

If you prefer, you can write to the address at the top of the first page of this letter.  $\$ 

Whenever you write, include a copy of this letter and your telephone numbers along with the hours we can reach you.

Department of the Treasury -- Internal Rovenue Service
Amended U.S. Individual Income Tax Return

(Rev. Ja	nuary 2020)	▶ Ga to www.irs.gov	/Form1040X fo	r instru	ictions and the li	itest info	ormation.		ONID NO. 1545-00/4	
This reti	urn is for calendar year		2017   201	***************************************	,					
	er. Enter one: calendar		year (month ar		ended):					
Your first	name and middle initial		Lastr	***************************************			1			<del>-</del> 2.
TROY	and the second s		1		-HARR				curity number	
	lurn, spouse's first name	and midgle initial	Last n		mann		100-6			***
STEP	HANIE		ACE	JEDO			593-6		el security number 832	
Current h	nome address (number a	nd street). If you have a	P.O. box, see i	nstructio	ons.	Apt. na				•
3607	S HESPERIDE	SST					410-2	12-	8651	
City, towi	n or post office, state, an	d ZIP code. II you havo i	a foreign addre	ss, also	complete spaces	below. S	ee instruction	S.		
TAMP?	A FL 33629									
Foreign c	ountry name			Fareign	province/state/co	unty	Foi	eign p	osial code	•
Amende not chan status in	ed return filing status. Organg your filing status. Com a joint return to sepa	fou must check one bor aution: In general, you c rate returns after the due	ceven il you ar an't change yo date.	e ur filing	Full-year returns only,	health o	are coverage	e (or, f	or amended 2018 urn, leave plank. See lastr.	
	ite 🛛 Married filing joi		separately (MFS	3)	Qualitying wido	w(er) (C)	W) Head	of ho	isehald (HOH)	•
If you ch	ecked the MFS bax, ent	er Ine name of spouse, I	you checked	he HOF	or OW box, ente	the chil	d's name if th	e quali	tvina	
person is	s a child but not your de	pendent, ▶								
	Jsø Pan III on page 2 io	······································		***************************************	A. Original am	ount	8. Net change	B		•
Income	and Deductions				reported or as prevadusted	nously	amount of incre Of (decreese) explain in Part	asc	C. Correct amount	
1 Adj	usted gross income. If a	net operating loss (NOL)	carryback is	1 1					00 00-	44457
		dard deduction			-4,		27,	28 /	23,531	.3
		. (			24,		,M. M.	, ,	24,400	
4a Exe	imptions (amended 2017	or earlier returns only).  nd enter the amount from	If changing,		-28,	456	27,	587	-869	8719
		leduction (amended 201		10						
	irns only)		a or rator	10		lan	966			1096
5 Tax	able income. Subtract fir	e 4a or 4b from line 3. If	the result is							
zero	orless, enter -0	,		5		76	5227			7622
Tax Lla	17 3 2 2 4 4 4 4									
		o ligure tax (see instructi	ons):					-		
TA	BLE			6			759			875
7 Cra	dits. If a general busines	s credit carryback is Inci	ided, check _							
here	9	*************	<b>&gt;</b> [	7				- 1		
8 Sub	tract line 7 from line 6, If	the result is zero or less	, enter -O-	8		- 8	759	"		8759
300	neprenaue	lity (amenged 2016 or earlier	returns only).	59		100	104/4000			
10 Oth	er laxes	A Supplemental	والإنجاب والإنجاز	10			8.	336	8,336	
11 Tota	il tax. Add lines 8, 9, and	110		11		17		336	0,336	17095
Paymer	its								7,300	
		and excess social securiting, see instructions.)				., ., ,				
		uding amount applied fro		12	1,	736			4,736	
				1	POSTMARI	e nich i	DEPENDEN			
	od income and reserve			-	POSTMANA	TRE	INCOLINEO			
				14		пли	2000			
H4	136 🔲 8863	Schedule 8812 Form 8885	8962 or		OCT 15202		CT 182021			
16 Tota	I amount paid with requi	est for extension of time t	o file, tax paid	with orig	anal relinu Fuch	ddiional I <b>arlotte</b> ,	, NC	16		
		through 15, column C.						16	4,736	
	or Amount You O							1,	4, 136	
		vn on original return or a	s nravinuolu ad	includ h	o the IRC				4 77.	
19 Subi	tract line 18 from line +7	(If less than zero, see in	elatellane i	Jasizu I	y nie ir to access	* * * * * * * *	81173733337	18	4,736	
20 Amo	unt vou owe Il Inc 11	column C, is more than	ion 10 nature	a d 66	TAPA			19		م المالية المالية
21    line	B 11 column C is less it	an line 19, enter the diffe	roses This is	ha	TOTAL STATE OF THE	dele e e		20	8,336	17095
m a A	policities 21 pour mont	efunded to you	erenca. Imais i	i et itilik)	on oxerbaid ou	uus feluf	n	21		
						******		22		
	unt of line 24	martined by sec I						24.00		
	uni of line 21 you want a	pplied to your (enter y	9BT);	estima	eted tax 23				nis(ferm on Page 2.	

### 2019 EXPLANATION ATTACHMENT

TROY M BRITTON-HARR AND STEPHANIE ACEVEDO 100-66-7480

## FORM 1040X EXPLANATION OF CHANGES

FILING TO CORRECT AN INCORRECT CARRY FORWARD ENTRY ON SCHEDULE C FIRST REPORTED ON 2017: CORRECTED 2017 GENERATES A NOL BEING USED TO CARRYFORWARD THE LOSS. ADDITIONALLY, SCHEDULE C OTHER EXPENSES OF SECTION 465 (D) CARRYOVER IN THE AMOUNT OF \$125,176 IS REMOVED. ADDITIONAL REPORTING: IN 2019 TAX PAYER BOUGHT A BUSINESS USE WITHIN 5 MONTHS THE TRUCK WAS TOTALED. USING STANDARD TRUCK. MILAGE RATE FOR THE ADDITIONAL MILES NOT ORIGINALLY REPORTED, INCREASES SCHEDULE C EXPENSES \$4,234 LINE 1 ADJUSTED GROSS INCOME. ORIGINAL REPORTING OF -4,056 IS INCREASED BY \$27,587. NET PROFIT ON THE SCHEDULE C IS NOW \$58,999 INSTEAD OF -60,818. NOL OF \$88,062 ALLOWS SCHEDULE 1 OTHER INCOME TO BE -29,063. ADJUSTMENTS INCLUDE \$4,168 FOR DEDUCTABLE PORTION OF SE TAX, PLUS STUDENT LOAN INTERST OF \$384.. COMBINING WITH THE W-2 INCOME OF \$57,146 YIELDS A NEW AGI OF 869. SE TAX OF \$8,336 IS ADDED TO LINE 10 AND 11 DUE TO THE NOW PROFITABLE SCHEDULE C. ORIGINAL WITHHOLDING OF \$4,736 WAS RECEIVED BY THE TAX PAYER: AS THERE ARE NO ADDITIONAL PAYMENTS, THE BALANCE DUE IS THE SE TAX CREATED BY THIS FILING, OF \$8,336.

Form 1040 (	2019) BRITTON-HAD	RR 100-66-7480				Page 2
	123 13X (see inst.) Check if any fi	em Form(s): 1 8814 2 4972	3	23		-30
	o Add Schedule 2, line 3, a	nd line 12a and enter the total			120	
	13a Child tax credit or credit f		11	38		
	b Add Schedule 3, line 7, a	nd line 13a and enter the total .	<b></b> 		13b	
	14 Subtract line 13b from line	o 12b. If zero or less, enter -0-			14	0
	15 Other taxes, including sel	l-employment tax, from Schedu	le v, line nu	and a contract great copy	15	8,336
	16 Add lines H and 15. This	is your total tax			16	8,336
	17 Federal income tax withh	eld from Forms W-2 and 1099.	***************	and the second of the second o	17	4,736
e If you have a	18 Other payments and refur	ndable credits:				-,7.50
qualifying child, attach	a Earned income credit (EIC	3		8a		
Sch. EIC.	b Additional child tax credit.	Attach Schedule 8812		8b	7	
*If you have nontaxable	6 American opportunity cred	lit from Form 8863, line 8	10	3c	1 1	
combai pay, seo instra.	d Schedule 3, line 14	**********		36	1 1	
h	e Add lines 18a through 18d	I. These are your total other pa	yments and refundable of	redits	18e	
**************************************	19 Add lines 17 and 18e. The	se are your total payments			19	4,736
Refund	20 If line 19 is more than line	15, subtract line 16 from line 19	. This is the amount you or	veroald	20	-1
	21a Amount of line 20 you war	nt refunded to you. If Form 888	8 is attached, check here .		21a	
Direct deposit?	▶ b Routing number		▶ ¢ Type: ☐ Che	cking Savings		
wee manufaction	d Account number	****				
Amount	22 Amount of line 20 you war	t applied to your 2020 estima	ed tax ▶ 2			
	23 Amount you owe, Subtract	t line 19 from line 16. For detail	s on how to pay, see instru	ctions	23	3,600
You Owe Third Part	24 Estimated tax penalty (see	instructions)				
Designee	y Do you want to allow anothe IRS? See instructions.	r person (other than your paid p	preparer) to discuss this re-	lurn with the	Yes. C	omplete below.
	Designee's		See Control		⊠ No	
f(liber than paid prepare)	name ≱		Phone		identification	iii .
Sign			no. >	number (		
Here	Under penalists of perjury, I declare a correct, and complete. Declaration of	net I have examined this return and eccom on state of (repector control and other	panying schedules and statements	, and to the best of my knowle	dge and bekef,	they are true,
	Your signature	Date	1	If the IRS sent y		
Josef Interno Sag instruments	45	10/15/21	Your occupation	Protection Pttl, a	epter .	
Квер в сору ю	Spouse's squature. If a joint raturn, bi		Spouse's occupation	H here (see inst.	1	4000
your records.	234	10/15/21	PROJECT COOR		mier ,	Contracty
	PIGNE III 410-212-8		FIGURES LAND	DINA it have (see insu:	<u> </u>	
	Preparer's name	Purification sate particular	T Date	PTIN	150	
Pald	ROBERT ADAMS	7 3	and the second	2021 2003339	O & Day	ik it. I Party Hesignee
Preparer	Film's name ►HRB T	XX GROUP INC	Phone on	813-832-33		i employed
Use Only	Firm's arbhon \$3802 (				A OI LISE	owening had
	TAMPA	FL 33611	March Commission Commission Co. 1	S. C.	m's FIN 4	31871840
So to www.irs	gaviformanta for instructions a	ned the latest informations		1.		1040 (2019)

# SCHEDULE 2

(Form 1040 or 1040-SR)

## **Additional Taxes**

OMB No. 1545-0074

2019

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 02

Name	(s) shown on Form 1040 or 1040-3R		Ocquerice No. 02
	Y M BRITTON-HARR AND STEPHANIE ACEVEDO		security number
Pa	Tax	100-	-66-7480
1	Alternative minimum tax. Attach Form 6251		
2	Excess advance premium tax credit repayment. Attach Form 8962		
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	2	
Pai	Other Taxes	ila l	
A	Self-employment tax. Attach Schedule SE	141	8.336
5	Unreported social security and Medicare tax from Form: a 4137 b 8919	. 5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form		
	5329 if roquirod	6	
78	Household employment taxes. Attach Schedule H		
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a	8	
9	Section 965 net tax liability installment from Form 955-A	-	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR.	-	
	line 15	. 10	8,336

ork Reduction Act Notice, see your tex return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

#### SCHEDULE SE (Form 1040 or 1040-SR) Department of the Treasury

Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

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

2019 Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) TROY M BRITTON-HARR

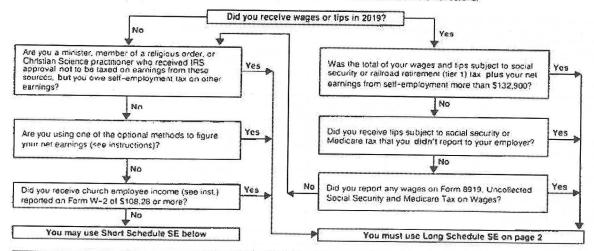
 Social security number of person with self-employment income

**▶**100-66-7480

Before you begin: To determine if you must life Schedule SE, see the instructions.

## May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. It unsure, see Who Must File Schedule SE in the instructions.



### Section A - Short Schedule SE. Caution: Road above to see it you can use Short Schedule SE.

18	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),		1
	box 14, code A	ta	
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 AH	16	( )
2	Net profit or (loss) from Schodulo C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this		60.000
2	line. See instructions for other income to report	2	50,999
3	Combine lines 1a, 1b, and 2 Multiply line 3 by 92.35% (0.9235): If less than \$400, you don't owe self-employment tax; don't file this	3	58,999
	schedule unloss you have an amount on line 1b		
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,	4	54,486
	see instructions.		
5	Self-employment tax. If the amount on line 4 is:		
	S132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form		
	1040 or 1040-SR), line 4, or Form 1040-NR, line 55.		
	<ul> <li>More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter</li> </ul>		
	the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	8,336
6	Deduction for one-half of self-employment tax.		1 0,550
	Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27		

For Peperwork Reduction Act Notice, see your tex return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

FDA 19 SE1 8WF 1940 Form Software Copyright 1996 - 2020 HAB Tax Group, Inc.

## Form 8889

# Health Savings Accounts (HSAs)

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

OMR No. 1545-0074

2019

Department of the Treasury Internal Revunue Survices

19 88891 BWF 1040

▶ Go to www.irs.gov/Form8889 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attachment Sequence No. 52

TR	ne(s) shown on Form 1040, 1040-SR, or 1040-NR OY M BRITTON HARR	Social security number of HSA beneficiary. If both appuses have HSAs, age instructions > 100-	66-7480	)
Befo	are you begin: Complete Form 8853, Archer MSAs and Long-T	erm Care Insurance Contracts, if required.		
Pa	HSA Contributions and Deduction, See th	e instructions before completing this part if you	are filina injuli	
	and both you and your spouse each have separate H	SAs, complete a separate Part I for each source	are and Minn	y
1	Check the box to indicate your coverage under a high-deduc	ctible health plan (HDHP) dunno		
	2019 (see instructions)		Self-only	Family
2	HSA contributions you marte for 2019 for those made on you	r behalf), including those made	1 000	y y definity
	from January 1, 2020, through April 15, 2020, that were for 20	119. Do not include employer		
	contributions, contributions through a catelena plan, or rollow	ers (see instructions)	2	
3	If you were under age 55 at the end of 2019 and, on the first	day of every month during 2019,		
	you were, or were considered, an eligible individual with the	same coverage, enter \$3,500		
	(\$7,000 for family coverage). All others, see the instructions to	or the amount to enter	3	7,000
4	Enter the amount you and your employer contributed to your	Archer MSAs for 2019 from Form		4 7 7
	8853, lines 1 and 2. If you or your spouse had family coverage	e under an HDHP at any time		
	during 2019, also include any amount contributed to your spo	ouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	*********************	5	7,000
6	Enter the amount from line 5. But if you and your spouse each	h have separate HSAs and had		
	family coverage under an HDHP at any time during 2019, see	the instructions for the amount to		
	enter conservations of the conservation of the	************************	6	7,000
7	If you were age 55 or older at the end of 2019, married, and y	ou or your spouse had family		
	coverage under an HDHP at any time during 2019, enter your	additional contribution amount		
	(see instructions)	Parkers of the North Contract of the North C	7	
8	Add lines 6 and 7	4.70° 5.4° 6.4° 7.8° 5.8° 6.8° 6.8° 6.8° 6.8° 6.8° 6.8° 6.8° 6	8	7,000
9	Employer contributions made to your HSAs for 2019	· · · · · · · · · · · · · · · · · · ·		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	*************************	11	
12	Subtract line 11 from line 8. If zero or less, enter -0	*****************************	12	7,000
13	HSA deduction. Enter the smaller of line 2 or line 12 here and	d on Schedule 1 (Form 1040 or 1040-SR), line		
	12. or Form 1040NR, line 25		13	
200	Caution: If line 2 is more than line 13, you may have to pay ar	n additional tax (see instructions).		***************************************
Par	HSA Distributions. If you are filing jointly and bot a separate Part II for each spouse.	ih you and your spouse each have separate HSA	s, complete	
14a	Total distributions you received in 2019 from all HSAs (see inst	(votions)	1da	1,272
b	Distributions included on line 14a that you rolled over to anoth	er HSA. Also include any excess		L, 212
	contributions (and the earnings on those excess contributions)	included on line 14a that were		
	withdrawn by the due date of your return (see instructions)		14b	
C	Subtract line 14b from line 14a	· · · · · · · · · · · · · · · · · · ·	14c	1,272
15	Qualified medical expenses paid using HSA distributions (see )	instructions)	15	1,272
16	Taxable HSA distributions. Subtract line 15 from line 14c, II a	tore or less, enter 0 . Also, include this		2/2/2
	amount in the total on Schedule 1 (Form 1040 or 1040-SR), an	ie 8, or Form 1040-NR, line 21, Enter		
	"HSA" and the amount on the line next to the box	**************************************	16	
78	If any of the distributions included on line 16 meet any of the E	exceptions to the Additional		
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the	distributions included on line 16		
	that are subject to the additional 20% tax. Also include this amo	ount in the total on Schedule 2		
	(Form 1040 or 1040-SR), line 8, or Form 1040NR, line 60. Cher	ck box c on Schedule 2 (Form 1040 or 1040-		
	SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" ar	nd the amount on the line next to the box	170	
or Pa	perwork Reduction Act Notice, see your tax return instruct	ons.		m 8889 (2019)

Form Soffware Copyright 1998 - 2020 HRB Tax Group, Inc.

Form 8889 (2019)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) FOR SCHEDULE C #1

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

<del>248</del>	Section A — Do you have evider	ice to support t	he business/i	nvesime	ini use cl	aimed?	? Ye	s X No	24b I	Yes.	is the	evidenc	e writte	7	Yes X N
Ty (lis	(a) pe of property t vehicles (irst)	(b) Date placed in service	(c) Bush./ investment use percentage		(d) Cost or ner basis	(1	(e) Basis for bush /inve use or	stment	(f) Recover period	Me	(g) Ihod/ vention	Dep	(h) preciation	on en	(i) Elected ection 179
25	Special depreciali	on allowance fo	r qualified list	ed prop	erty placi	ed in s	ervice dui	ing the I	ax year		T			_	cost
*********	and used more th	an 50% in a qua	alified busines	s use. S	See instru	ctions		*****			. 25				
26	Property used mo				58:	Table Table									
	ND ROVEROI	-01-201	695.00%							1	***************************************	1	***************************************		
GM	<u> 2350 01</u>	-01-201	9100.0%	<u> </u>											
			%		335										
27	Property used 509	or less in a qu	····	*************	***************************************		~g		***************************************	·,	***************************************				
***************************************			%							S/L-		<u> </u>	······		
			%	12.	2 10 2	1 10				S/L-				_	
28	Add appoints in so	tumn the lines		. Faine		- 1				S/L-	7	-		_	
29	Add amounts in co						e 21, paqı	3 7			28				
	Mean variation of the Co	manns (n), and zi				***************************************	1		***************************************	***********************		* * * * * * *	7 X X	29	
`∩m ⁄our	plese ibis section for employees, first ans	vehicles used wer the questio	by a sole prop	onetor, c	artner, o	r other	ion on Tmore the exception	an 5% a	wner" or	related	person on for t	i. If you hose ve	provida hicles	id vehick	ca to
10	Total business/inve				A)		(b)	{c		(0	***************************************	T	(e)		(1)
	during the year (de	on't include cor	nmuting	Veh	icle 1	Vet	hicle 2	Veni	cle 3	Vehi	cie 4	Vo	hicle 5	Ve	thicle 6
	miles).		75 45 144	2	6969	7	7300				Alfraga and a				
17	Total commuting in														
12	Total other person.														
	miles driven				1419	ATTEN		11. n number 10.							
13	Total miles driven of											040101111111111111111111111111111111111			
	lines 30 through 32			***************************************	8388		7300				·····				·····
4	Was the vehicle aviduring off-duty hou		or round was about	Yes	No X	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
15	Was the vehicle us		3			<u>M</u>				11	Щ		μЦ.	$\perp$ L	44
•	than 5% owner or i		1			Ø	0		01	01			ΙП	ΙП	1 П
6	Is another vehicle a			77	M	М	+m	-r	77-1-		77	-	$+\pi$	+==	$+\overline{-}$
		2 — Questi		nolov			ovide V	chicle	s for H	co hi	Thei	r Emr	<u> </u>	ᆣᄔ	
เกรพ	er these questions t	o delermine if v	ou meet an e	xception	to como	letica :	Section 8	for vehi	des used	ac Nj	ninvoca	i min	noyee	ora than	E0/
	rs or related person									· , c.,	viojoss	**** 11.7 Ex	.6:1 . :::	Die men	37a
7	Do you maintain a			rohibits	all perso	nal us	e of vehic	les inch	dina con	mution	huun	176		Yes	No
	employees?					9 4	****					T.	21 27	Hi	ΤÏ
9	Do you maintain a							, except	commutir	o, by	our em	plovees	7		
	See the instructions	lor vehicles us	ed by corpor	ate office	ers, direc	luis, ui	1% Ut 111	ore awa	ers						L
9	Do you treat all use	of vehicles by	employees as	person	al use?										TIT
Đ	Do you provide mo	re than five veh	icles to your e	mploye	es, obtair	inform	nation fro	m your e	mployees	about	the use	e of the		П	Ιп
	vehicles, and retain	the information	received?								* * * * *			U	l U
7	Do you meet the re	quirements con	cerning qualif	ed auto	mobile d	emons	dration us	e? See i	nstruction	S					
7000	Note: If your answ		1, 40, or 41 is	"Yes," d	lon't com	plete S	ection 8	or the co	overed ve	hicles.					
Z-18	VI Amortizal	ion			-										
	(a) Description of	costs	(b) Date amo begi	nization	Am		c) le amoun	t I	(d) Code sect	ion	(e) Amortiz perioc percen	ation /	imoniza	(f) ation for I	Ihis year
2	Amonization of cost	s that begins di	uring your 201	9 tax ye	ear (see ii	1Structi	ions):	······	***************************************	1	p-01-0-011	- I	***************************************		
1000	- execution 3×5×1×				T	1000000									25
3	Amonization of cost	s that began be	fore your 201	9 tax ye	ar				12222			43	***************************************	***************************************	***********
	Total Add amounts	in column (f), S	See the instru	ctions to	or where	о гера	an					44		5	
1															
)A			rm Software Ce						***************************************	***************************************	······································		For	8 4562 8	2 (2010)

# 2019 FEDERAL TAX WITHHOLDINGS ATTACHMENT

TROY M BRITTON-HARR AND STEPHANIE ACEVEDO 100-66-7180

W-2 MANKIEWICZ COATINGS LLC TOTAL TO FORM 1040/1040-SR LINE 17

4,/36 4,736

09C.0051

19\_TXFEOWH

# . ₤ 1040X

Department of the Treasury -- Internal Revenue Service
Amended I.I.S. Individual Income Toy Bu

This return is for celendar year:   201	(Rev. January 2018) ▶ Go to www.irs.gov/Form10	HUIVE 340X for	auai instru	INCOM	le lax i	letur	n		OMB No. 1545-0074
Other year. Enter one: calendar year  or fiscall year (morth and year ended):  Your social security number  TROY M SRITTON—HARR 100-66-7480  If a joint return, spouse's first name and initial  Last name Spouse's social security number  SEPEHANIE  ACCEPTED ST  Curront home address (number and street): If you have a P.O. box, see instructions.  393-60-9832  Your phone number  SSOUSE'S social security social security number  SSO	This return is for calendar year X 2017   2016   2015						JA1571,		
Vour social security number   TROY M   BRITTON-HARR   100-66-7480			l vear e	nded):					
BRITTON-HARR	Marin Construction and Carlot and	Marian Indiana					·		
If a joint return, spouses first name and initial   Last name   Spouse's social security number STEPHANIE   ACEVED   S9.3 – 60 – 9.832	Laurente Mariana, Carlos Company Compa	A 32 2 2 2 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		HARR					
STEPHANIE  ACEVEDO  S93-60-9832  Apt. no. Your phone number  Foreign province/state/county  Forei				11521717	~~~~				
Current home address (number and street), if you have a P.O. box, see instructions.   Apt. no.   Your phone number   36.07 S. HESPERIDES ST							507	6 O 1	nei security number
Second   S	Current home address (number and street). If you have a P.O. box	x, see in	structio	ns.	Ant				
TAMPA PL 33629   Foreign province/state/county   Foreign postal code					i c speci	TIME	. 001	buone m	Jiinue:
TAMPA PL 33629   Foreign province/state/county   Foreign postal code	City, town or post office, state, and ZIP code. If you have a foreign	address	s. also o	omolete s	naces belo	u (spe ir	retruct	ionel	
Amended return filing status. You must check one box even it you are not changing your filing status. You must check one box even it you are not changing your filing status. Geatfort in general, you can't change you filing status from 3 joint return 10 separate returns after the dux date.    Married filing jointy	TAMPA FL 33629				proce and	r (occ n	,50,000	ona,	
Amended return filling status. You must check one box even if you are not changing your filling status. Coal form in general, you can't change your filling status from a joint return to sequete returns det for the due date.    Strigle		F	oreian c	rovince/si	ate/county		T	Fareign	nostal code
Single   Head of household (if the qualifying person is a child but not your dependent, see instructions.)   New Year Married filing jointly Married filing separately   Qualifying widow(er)   Qualifying widow(er)   Qualifying widow(er)   No   No   No   No   No   No   No   N								, o.c.ga	position ocae
Married filing pointly   Challifying widow(er)   See instructions.   Vest   Vest   No				If all year	members o minimal ess	your ho	ealth c	are cove	fu∥- rage,
Use Part III on page 2 to explain any changes		1 1 1 1 1 1					check	"No."	
Use Part III on page 2 to explain any changes  A. Original amount Income and Deductions  1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here   1				0.00	pund.			Пм	
Income and Deductions  1 Adjusted gross income, if a net operating loss (NOL) carryback is included, check here  1 Adjusted gross income, if a net operating loss (NOL) carryback is included, check here  2 Itemized deductions or standard deduction  3 Subtract line 2 from line 1  4 Exemptions, If changing, complete Part I on page 2 and enter the amount from line 29  5 Taxable income, Subtract line 4 from line 3  5 Tax Liability  6 Tax. Enter method(s) used to figure tax (see instructions):  TABLE  7 Credits, If a general business credit carryback is included, check here.  8 Subtract line 7 from line 6. If the result is zero or less, enter -0-  9 Health care: individual responsibility (see instructions)  10 Other taxes.  10 Other taxes.  11 Total tax. Add lines 8, 9, and 10  11 Total tax. Add lines 8, 9, and 10  11 Total tax withheld (If changing, see instructions).  12 Federal income tax withheld and excess social security and lier 1  13 Estimated tax payments, including amount applied from prior year's return.  14 Earned income credit (EIC)  15 Refundable credits from:  16 Schedule 8812 Form(s)  17 Total amount paid with request for extension of time to file, tax paid with experiments of the result request for extension of time to file, tax paid with experiments applied with request for extension of time to file, tax paid with experiments applied with request for extension of time to file, tax paid with experiments of the payments, including amount applied from prior year's return.  16 Total amount paid with request for extension of time to file, tax paid with experiments applied with request for extension of time to file, tax paid with experiments of the payments, including a payments, including a payments, including a payments of the payments				A. Origin		B. N	et cha		1
Indicate gross income. If a net operating loss (NOL) carryback is included, check here	at m on page 2 to explain any changes			07.85.0	reviously	ато	unt of ir	creaso	
Included, check here						ехр	itain in f	art III	amount
2 Itemized deductions or standard deduction 2 12,700 12,700 3 Subtract line 2 from line 1 2 12,700 3 Subtract line 2 from line 1 3 -122,354 -122,354 -122,354 -122,355 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							A	selenger eretike	V-1.50
3 Subtract line 2 from line 1 4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29 5 Taxable income. Subtract line 4 from line 3 5 Tax Liability 6 Tax. Enter method(s) used to figure tax (see instructions): TABLE 7 Credits. If a general business credit carryback is included, check here. 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 9 Health care: individual responsibility (see instructions) 9 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 11 Total tax. Add lines 8, 9, and 10  Payments 12 Federal income tax withheld and excess social security and tier 1 Hiff TA tax withheld, (If changing, see instructions). 13 Estimated tax payments, including amount applied from prior year's return. 14 Earned income credit (EIC) 15 Total amount paid with request for extension of time to file, tax paid without file (specify): 16 Total amount paid with request for extension of time to file, tax paid without file file (specify): 17 Total payments, fart, as shown on original return or as previously adjusted by the IRS 16 Overpayment, if ary, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17 (If less than zero, see instructions). 19 Amount you over. If the 11 distribution is per time to the difference This is the amount payment and the person original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17 (If less than zero, see instructions). 19 Amount you over. If the 11 distribution is per time to difference This is the amount payment payment. If ary, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17 (If less than zero, see instructions). 20 Amount you over. If the 11 distribution is per time the difference This is the amount tax payments.		1 1	1						-109,654
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 28 5 Taxable income. Subtract line 4 from line 3 5 Tax Liability 6 Tax. Enter method(s) used to figure tax (see instructions):  TABLE 7 Credits. If a general business credit carryback is included, check here.									12,700
the amount from line 29  5 Taxable income. Subtract line 4 from line 3  5 Tax Enter method(s) used to figure tax (see instructions):  TABLE  7 Credits. If a general business credit carryback is included, check here.  8 Subtract line 7 from line 6. If the result is zero or less, enter -0-  9 Health care: individual responsibility (see instructions)  10 Other taxes.  11 Total tax. Add lines 8, 9, and 10  11 Total tax. Add lines 8, 9, and 10  12 Federal income tax withheld and excess social security and tier 1  RRTA tax withheld (If changing, see instructions)  13 Estimated tax payments, including amount applied from prior year's return.  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2439  16 Total amount paid with request for extension of time to file, tax paid efter return was filed.  17 Total payments, detailines 2 try custoff a glumn C, and line 16  17 Total payments, detailines 2 try custoff a glumn C, and line 16  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  19 Subtract line 18 from line 17 (If less than zero, see instructions.)  19 Amount you owe. If the 10 Total 20, series than line 19, enter the difference C Chandotte, NC  20 Amount you owe. If the 11 Total 20, control 19, series than line 19, enter the difference C Chandotte, NC  21 If line 11, column C, is less than line 19, enter the difference C Chandotte, NC  21 If line 11, column C, is less than line 19, enter the difference C Chandotte, NC  21 If line 11, column C, is less than line 19, enter the difference C Chandotte, NC  22 If line 11, column C, is less than line 19, enter the difference C Chandotte, NC			3	-1	<u>22,354</u>				-122,354
5 Tax Liability  TABLE  7 Credits. If a general business credit carryback is included, check here  8 Subtract line 7 from line 8. If the result is zero or less, enter -0-  9 Health care: individual responsibility (see instructions)  10 Other taxes  11 Total tax. Add lines 8, 9, and 10  11 Total tax. Add lines 8, 9, and 10  12 Federal income tax withheld and excess social security and tier 1  RRTA tax withheld (If changing, see instructions)  13 Estimated tax payments, including amount applied from prior year's return  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2438  16 John (specify):  17 Total payments, deslines 1 shreugh 35 regiums C, and line 16  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  18 Subtract line 18 from line 17 (If less than zero, see instructions.)  19 Amount you owe. If the 10 distable 2, is more than line 19, enter the difference P. Insi in the amount payments in the line in the first difference P. Insi in the amount posterior care the content of the period of the period of the period of the line in the first difference P. Insi in the amount posterior care the prior period of the period o									
Tax. Liability  6 Tax. Enter method(s) used to figure tax (see instructions):  TABILE  7 Credits. If a general business credit carryback is included, check here.  8 Subtract line 7 from line 6. If the result is zero or less, enter -0-  8 Health care: individual responsibility (see instructions)  9 Health care: individual responsibility (see instructions)  10 Other taxes  11 Total tax. Add lines 8, 9, and 10  11 Payments  12 Federal income tax withheld and excess social security and liter 1  RRTA tax withheld. (If changing, see instructions.)  13 Estimated tax payments, including amount applied from prior year's return  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2439  14136 8883 8885 8962 or  15 Total amount paid with request for extension of time to file, tax paid with control of the specify:  16 Total amount paid with request for extension of time to file, tax paid with control of the specify:  17 Total payments, describes a subtractions.)  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  19 Subtract line 18 from line 17 (If less than zero, see instructions.)  19 Amount you owe, if the 10 double 2. is more than line 19, enter the difference Schandte NC  20 If line 11, column C, is less than line 19, enter the difference Reports overside at the servers.	5 Tayahla incomo Custiment fine d from fine a	****	-		8,100				8,100
TABLE  Credits. If a general business credit carryback is included, check here.  Subtract line 7 from line 6. If the result is zero or less, enter -0-  Health care: individual responsibility (see instructions)  Health care: individual responsibility (see instructions)  Health care: individual responsibility (see instructions)  Total tax. Add lines 8, 9, and 10  Total tax. Add lines 8, 9, and 10  Total tax withheld (If changing, see instructions).  Estimated tax payments, including amount applied from prior year's return  RETA tax withheld (If changing, see instructions).  Refundable credits from: Schedule 8812 Form(s) 2439  Hilling the return was filled  Total amount paid with request for extension of time to file, tax paid with responsibility.  Refundable credits from: Schedule 8812 Form(s) 2439  Hilling the return was filled  Refund or Amount You wow or fill any, as shown on original return or as previously adjusted by the IRS  Hilling the return was filled  Refund or Amount You wow if the 10 Total 2022, is more than line 19, enter the differences Changes Changes to the return was 189  Hilling 11, column C, is less than line 19, enter the differences Changes to the return was 199  Hilling 11, column C, is less than line 19, enter the differences Changes to the return was 199  Hilling 11, column C, is less than line 19, enter the differences Changes to the return was 199  Hilling 11, column C, is less than line 19, enter the differences Changes to the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is less than line 19, enter the difference of the return was 199  Hilling 11, column C, is	Tay Liability	*****	5			-		10.000	
Subtract line 7 from line 6. If the result is zero or less, enter -0-  8 Subtract line 7 from line 6. If the result is zero or less, enter -0-  9 Health care: individual responsibility (see instructions)  9 8022  10 Other taxes  11 Total tax. Add lines 8, 9, and 10  Payments  12 Federal income tax withheld and excess social security and tier 1  RRTA tax withheld. (If changing, see instructions.)  13 Estimated tax payments, including amount applied from prior year's return  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2439  4136 8863 8863 8885 8962 or  16 Total amount paid with request for extension of time to file, tax paid with responsibility (specify):  16 Total amount paid with request for extension of time to file, tax paid with responsibility (specify):  16 Total amount paid with request for extension of time to file, tax paid with responsibility (specify):  17 Total amount paid with request for extension of time to file, tax paid with responsibility (specify):  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  18 2, 671  19 Subtract line 18 from line 17 (It less than zero, see instructions.)  19 Amount you owe. If It lies 11, column C, is less than line 19, enter the difference B Charlotte, NO  20 If line 11, column C, is less than line 19, enter the difference This is the amount quarantit on this payment.	6 Tax. Enter method(s) used to figure tax (see instructions):		5	ICT-K	C-RECE	IVED			
Subtract line 7 from line 6. If the result is zero or less, enter -0	7 Credits. If a general business credit carryback is included, che	eck				100			
9 8022  10 Other taxes			7	JU	IN 29 21	122			
10 Other taxes			8	-					
Total tax. Add lines 8, 9, and 10  Payments  12 Federal income tax withheld and excess social security and tier 1 RBTA tax withheld. (If changing, see instructions.)  13 Estimated tax payments, including amount applied from prior year's return  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2439  16 Total amount paid with request for extension of time to file, tax paid with extension of time to file, tax paid with extension of time to file, tax paid with extension of time to file apyments. Add lines 12 total payments. Add lines 15 payments. Add lines 15 payments. Add lines 16 lines 17 total payments. Add lines 18 from lines 17 tiles than zero, see instructions.)  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS lines 18 from lines 17 tiles than zero, see instructions.)  19 Amount you owe. In 18 10 doi: 2020. Is more than line 19, enter the difference B Charlotte, NC lines 19 lines 11 total lines 18 from lines 19, enter the difference. This is the amount oversaid on the lines.	9 Health care: individual responsibility (see instructions)		9	- /	8022		***************************************	***************************************	***************************************
Payments  12 Federal income tax withheld and excess social security and tier 1  RETA tax withheld.(If changing, see instructions.)  13 Estimated tax payments, including amount applied from prior year's return  14 Earned income credit (EIC)  15 Refundable credits from: Schedule 8812 Form(s) 2439  4136 8863 8885 8962 or other (specify):  16 Total amount paid with request for extension of time to file, tax paid with extension of time to file, tax paid with extension of time to file, tax paid of the file of t			10						
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld.(If changing, see instructions.) 12 2, 671  2, 67:  13 Estimated tax payments, including amount applied from prior year's return 13  14 Earned income credit (EIC) 14  15 Refundable credits from: Schedule 8812 Form(s) 2439 8962 or other (specify): 15  16 Total amount paid with request for extension of time to file, tax paid with ediginate with tax paid after return was filed 17 Total payments Addings 12-through 15-popular of time to file tax paid after return was filed 17 Total payments Addings 12-through 15-popular of time to file tax paid after return was filed 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 2, 671  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 2, 671  20 Amount you owe. In 8 10 Job/2022, is more than line 19, enter the difference B Charlotte, NC 20  19 If line 11, column C, is less than line 19, enter the difference This is the amount overward on the tax of tax of the tax of tax			11						
BRTA tax withheld.(If changing, see instructions.) 12 2, 671  Estimated tax payments, including amount applied from prior year's return 13  14 Earned income credit (EIC) 14  15 Refundable credits from: Schedule 8812 Form(s) 2439 8962 or other (specify): 15  16 Total amount paid with request for extension of time to file, tax paid with ediginate with the file of th									
Estimated tax payments, including amount applied from prior year's return			1 .						
return			12	,	2,671		n)		2,671
14 Earned income credit (EIC)									
15 Refundable credits from: Schedule 8812 Form(s) 2439 8962 or other (specify): 15 Total amount paid with request for extension of time to file, tax paid with editional files and affidicities 17 Total payments. Add liges 12 tryings 15 popular of the 18 Total payments. Add liges 12 tryings 15 popular of the 18 Total payment, if any, as shown on original return or as previously adjusted by the IRS 18 2, 671 Subtract line 18 from line 17 (If less than zero, see instructions.) 20 Amount you owe. In 8 10 Joint 22, is more than line 19, enter the difference B Charlotte, NC 20 If line 11, column C, is less than line 19, enter the difference B Charlotte, NC 20	14 Farned income credit /FIC1		-	<u> </u>					
4136	15 Refundable credits from \$\Pi\$ Schedule 8812 Form(s) \$\Pi_2\$	ovab Dvab	14			***************************************	************	······································	~~
16 Total amount paid with request for extension of time to file, tax paid with entire to file and with entire the difference of the amount of the file and the	☐ 4136 ☐ 8863 ☐ 8885 ☐ 8		15						
Total payments. Add liges 12 through 16 poliumn C, and line 16 17 2, 671  Refund or Amount You Cow V L 18 10 20 18 19 2, 671  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 2, 671  19 Subtract line 18 from line 17 (If less than zero, see instructions.)  20 Amount you owe. Fin8 10 301/2022, is more than line 19, enter the difference B Charlotte, NC 20  21 If line 11, column C, is less than line 19, enter the difference This is the amount overward on this cause.	16 Total amount paid with request for extension of time to file, tax	x paid w		กละคือใช้เก็ก	666 aBBG	MIVEL	,	7	
17 Total payments. Add liges 12-through 15 potiumn C, and line 16 17 2, 671  Refund or Amount Your Owe V 18 15 2021 18 18 2, 671  18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 18 2, 671  29 Subtract line 18 from line 17 (If less than zero, see instructions.) 19  20 Amount you owe. If IR 10 2012/02 2, is more than line 19, enter the difference B Charlotte, NC 20  21 If line 11, column C, is less than line 19, enter the difference. This is the amount oversall on this cause.	tax paid after return was filed ,		POG		irs			16	
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS  18 2, 671  Subtract line 18 from line 17 (If less than zero, see instructions.)  19 Amount you owe. Find 10 20/2022, is more than line 19, enter the difference Character NC  20 If line 11, column C, is less than line 19, enter the difference This is the amount oversaid on this cause.	17 Total payments Add liges 12 through 15 regiumn C, and line to	16	× 2. 2 2 4 3					17	2 671
19 Subtract line 18 from line 17 (If less than zero, see instructions.)  20 Amount you owe. Fin8 10 Join/12 2, is more than line 19, enter the difference Charlotte, NC  20  21 If line 11, column C, is less than line 19, enter the difference. This is the amount overself on this return.	Refund or Amount You owe V C	***************************************	OFT	5 2021	UCT	1870	1		e y V I I
19 Subtract line 18 from line 17 (If less than zero, see instructions.)  20 Amount you owe. Fin8 10 Join/12 2, is more than line 19, enter the difference Charlotte, NC  20  21 If line 11, column C, is less than line 19, enter the difference. This is the amount overself on this return.	18 Overpayment, if any, as shown on original return or as previous	usly adju	isted by	the IRS	777		net. Conservations	18	2.671
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overneid on this return	19 Subtract line 18 from line 17 (If less than zero, see instructions	s.)		TRAC	Marantan			3	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
21 aline 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	20 Amount you owe. If the 11 dollard C, is more than line 19, e	enter the	differe	iqer Cire	motte, NC	à		-	
22 AmounDading ant you want refunded to you 22 23 AmounDading ant you want refunded to you estimated tax 23	21 If line 11, column C, is less than line 19, enter the difference. T	This is th	e amou	nt overpa	id on this re	iturn , ,	**	21	_
20 Annumerous repute wanterpois or your fenter year): estimated tax 23	22 Amount of time 21 you want refunded to you		N. 4 . 6 . 4 . 4 . 9	******	*******	*****		22	***************************************
	23 DINUMERACINE WIND WENT ROY OUT (enter year):		estima	ed tax	23				

For Paperwork Reduction Act Notice, see Instructions.

Complete and sign this form on Page 2. Form 1040X (Rev. 1-2018)

FDA 17 1040X1 BWF 1040

Form Saltware Copyright 1998 - 2018 HRB Tax Group, Inc.

### 2017 EXPLANATION ATTACHMENT

TROY M BRITTON-HARR AND STEPHANIE ACEVEDO 100-66-7480

### FORM 1040X EXPLANATION OF CHANGES

FIILING AMENDED RETURN FOR A \$0 AMOUNT CHANGE ON THE ACTUAL RETURN. IN 2017 THE TAXPAYER WAS ADVISED BY THE IRS THAT THEY COULD COUNT AS ORDINARY BUSINESS EXPENSES \$147,000 THAT WAS INVESTED IN A BUSINESS NAMED PROHEALTH DENTAL WHICH THE TAXPAYER TROY WAS AN ACTIVE PARTICPANT. THE BUSINESS FAILED TO FILE WITH RESPECT TO SHARING OF THE PROFITS AND LOSSES OF THE BUSINESS, AND THE MONEY WAS USED TO OPERATE THE BUSINESS. EIN OF THE BUSINESS IS 47-3349970, PROHEALTH DENTAL. ON THE ORIGINAL RETURN, TAX PAYER DID NOT ATTRIBUTE THE AT RISK CHARACTER OF THE EXPENSE CORRECTLY. IN SUBSEQUENT TAX YEARS, THIS ERROR CREATED AN UNDERSTATEMENT OF INCOME, AND OF TAXES. IN CONSULTATION WITH THE BUSINESS TEAM AT THE IRS, THEY INDICATED RECONSTRUCTING THE TAX DOCUMENT K-1 AS IF IT WAS RECEIVED WOULD BE A PROPER TREATMENT OF THE INVESTEMENT THAT IS ALLOWED AS BUSINESS EXPENSE. GENERATES THE LOSS ON SCHEDULE E, WITH A NOL CREATED ON THIS YEAR'S RETURN. TAXPAYER ELECTS TO NOT CARRY BACK THE NOL. NO CHANGES ON LINES 1-23 OF THE AMENDED RETURN. REQUEST REVIEW AND ACCEPTANCE OF FORM 1045. TAX PAYER ELECTS TO FOREGO CARRYBACK PROVISIONS, AND WILL PROVIDE AMENDED RETURNS FOR FUTURE YEARS THAT INCLUDE FORM 1045. CARRY FORWARD AMOUNT CREATED ON FORM 1045 IS -109,654

FDA Form Software Copyright 1998 - 2018 HRB Tax Group, Inc. J0523E

17\_LSATCH

## 2017 NOL CARRYBACK STATEMENT

# TROY M BRITTON-HARR AND STEPHANIE ACEVEDO 100-66-7480

#### **NOL Statement**

Election to Relinquish Net Operating Loss Carryback Period

The taxpayer(s) incurred a net operating loss in the taxable year ending December 31, 2017 and is entitled to a two-year carryback period with respect to that loss under Code Section 172(b) (1) of the Internal Revenue Code.

Pursuant to Code Section 172(b) (3), the taxpayer hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred in the taxable year ending December 31, 2017.

This election applies for both regular and alternative minimum tax as applicable.

Spouse Signature

10/15/21 -10/15/21

### #1 SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sale Proprietorship)

Department of the Treasury

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

OMB No. 1545-0074

2017

Attachment Internal Revenue Service (99) Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09 Name of proprietor Social security number (SSN) TROY M BRITTON-HARR 100-66-7480 A Principal business or profession, including product or service (see instructions) B Enter code from instructions DENTAL CARE ▶ 454390 Business name. If no separate business name, leave blank. D Employer ID no. (EIN) (see instr.) Business address (including suite or room no.) ▶3607 S HESPERIDES ST E City, fown or post office, state, and ZIP code TAMPA FL 33629 Accounting method: (1) Cash (2) Accrual (3) Other (specify) 🕨 G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ...... If you started or acquired this business during 2017, check here ..... Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) No If "Yes," did you or will you file required Forms 1099? Yes Part I Income 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 ...... 27,666 2 3 666 4 Gross profit. Subtract line 4 from line 3 5 27,666 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 8 27,666 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Office expense (see instructions) 18 Car and truck expenses (see 19 Pension & prolit-sharing plans . 19 instructions)..... 9 8,848 20 Rent or lease (see instructions): 10 Commissions and fees . . . . . . 10 A Vehicles, machinery, and equipment 20a Contract labor (see instructions) 11 b Other business property ..... 20b Depletion..... 12 21 Repairs and maintenance .... 21 Depreciation and section 179 22 Supplies (not included in Part III) . . . 22 expense deduction (not 23 Taxes and licenses ...... 23 included in Part III) (see instr.) . . 13 15, 237 24 Travel, meals, and entenainment: Employee benefit programs a Travel ..... 248 6,925 (other than on line 19) . . . . . . 14 b Deductible meals and Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: 25 Utilities ...... 25 2,064 a Mortgage (paid to banks, etc.) 26 Wages dess employment credits)... 26 16b 27 a Other expenses (from line 48) . . 278 17 Legal and professional services 17 b Reserved for future use ..... 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ...... 28 33,074 Tentative profit or (loss). Subtract line 28 from line 7 29 408 Expenses for business use of your home, Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 ..... 30 31 Net profit or (loss). Subtract line 30 from line 29, If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -5,408 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk.

### Form 8889

# Health Savings Accounts (HSAs)

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 2017

Form 8889 (2017)

Department of the Treasury Internal Revenue Service

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

17 88891 BWF 1040 Form Software Copyright 1996 - 2018 HR8 Tax Group, Inc.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information. Name(s) shown on Form 1040 or Form 1040NR

Attachment Sequence No. 52

	OY M RRITTON-UNDD I bana	al socurity number of HSA ifficiary. If both spouses have s, see instructions	-66-748	Λ
Befr	ore you begin: Complete Form 8853, Archer MSAs and Long-Term Care In	nsurance Contracts, if required	00-740	9.
	HSA Contributions and Deduction. See the instruction and both you and your spouse each have separate HSAs, complete.	ns before completing this part. If you	are filing joint	ly
1	Check the box to indicate your coverage under a high-deductible health	lete a separate Part I for each spouse	ÇI I	
•	2017 (see instructions)	i plan (HUHP) during		-
2	2017 (see instructions)		▶ Self-on	ly X Family
L	HSA contributions you made for 2017 (or those made on your behalf), in	cluding those made		
	from January 1, 2018, through April 17, 2018, that were for 2017. Do not	include employer		
	contributions, contributions through a caleteria plan, or rollovers (see ins	tructions)	2	
3	If you were under age 55 at the end of 2017, and on the first day of eve	ry month during 2017,		
	you were, or were considered, an eligible individual with the same cover	age, enter \$3,400		
	(\$6,750 for family coverage). All others, see the instructions for the amount	unt to enter	. 3	6,750
4	Enter the amount you and your employer contributed to your Archer MSA	As for 2017 from Form		
	8853, lines 1 and 2. If you or your spouse had family coverage under an	HOHP at any time		
_	during 2017, also include any amount contributed to your spouse's Arche	er MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	• • • • • • • • • • • • • • • • • • • •	. 5	6,750
6	Enter the amount from line 5. But if you and your spouse each have sepa	srate HSAs and had		
	family coverage under an HDHP at any time during 2017, see the instruct	tions for the amount to		
7	enter	***********************	. 6	6,750
*	If you were age 55 or older at the end of 2017, married, and you or your	spouse had family		
	coverage under an HDHP at any time during 2017, enter your additional (	contribution amount		
8	(see instructions)	orther construction of the	7	
9	Add lines 6 and 7	***********************	8	6,750
10	Employer contributions made to your HSAs for 2017	9 9		
11	Qualified HSA funding distributions Add lines 9 and 10	10	- 0.3	
12	Subtract line 11 from line 3. If zero or less, enter -0	*************	11	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form	********************	12	6,750
	1040NR, line 25	1040, line 25, or Form		
	Caution: If line 2 is more than line 13, you may have to pay an additional	*****************	13	
Par	HSA Distributions. If you are fling jointly and both you and j	tax (see instructions).		
. SSELECTION .	a separate Part II for each spouse,	your spouse each have separate HSA	s, complete	
14a	Total distributions you received in 2017 from all HSAs (see instructions) .	and the same of th	7-2-7	
b	Distributions included on line 14a that you rolled over to another HSA. Als	o include any evenen	14a	1,352
	contributions (and the earnings on those excess contributions) included o	n line 142 that were		
	withdrawn by the due date of your return (see instructions)	THE THE WEST WEST		
C	Subtract line 14b from line 14a	********	14b	
15	Qualified medical expenses paid using HSA distributions (see instructions	\	14c	1,352
6	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less,	ontor O. Alex	15	1,352
	include this amount in the total on Form 1040, line 21, or Form 1040NR, line	se 21. On the dotted		
	line next to line 21, enter "HSA" and the amount	is E.t. Off the dolled		
7a	If any of the distributions included on line 16 meet any of the Exceptions	to the Additional	16	
	20% Tax (see instructions), check here	L. T.		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions	sinch ded on line as		
	that are subject to the additional 20% tax. Also include this amount in the t	intal on Force 1040		
	line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or b	ox b on Form 1040NP		
	line 60. Enter "HSA" and the amount on the line sext to the box		1	

### Form 8829

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 2017 Attachment Sequence No. 176

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

TROY M BRITTON-HARR

Your social security no.

Pa	rt I Part of Your Home Used for Busine					1100	<u>U-66-7480</u>
**********	Area used regularly and exclusively for business, regular	tu for					
	inventory or product samples (see instructions)	y or c	aycare, or for stora	age of			
2	Total area of home	4,4.4.4.5	*********	***	*************	1	120
3	Total area of home		************			2	260
-	Divide line 1 by line 2. Enter the result as a percentage			****		3	46.15
4	For daycare facilities not used exclusively for busine	ess, go	to line 4. All othe	rs, g	o to line 7.		
	Multiply days used for daycare during year by hours use	d per o	day	4	hr		
5	Total hours available for use during the year (365 days x 2	4 hours	(see instructions)	5	8,760 hr		
6	Divide line 4 by line 5. Enter the result as a decimal amount	unt .	**********	6			
7	Business percentage. For daycare facilities not used excl	usively	for business, multi	ply lin	le 6 by		
	line 3 (enter the result as a percentage). All others, enter	the ar	mount from line 3			7	46.15
	Figure Your Allowable Deduction						
8	Enter the amount from Schedule C, line 29, plus any gai minus any loss from the trade or business not derived in	n deriv	ed from the busine	ss us	a of your home,		
	See instructions for columns (a) and (b) before					8	-5408
0	completing lines 9-21.		(a) Direct expens	ses	(b) indirect expenses		
9	Casualty losses (see instructions)	9					
	Deductible mortgage interest (see instructions)	10					
11	Real estate taxes (see instructions)	11					
13	Add lines 9, 10, and 11	12			,	]	
	Multiply line 12, column (b) by line 7			13		]	
15	Add line 12, column (a) and line 13					14	e de la companya de l
	Subtract line 14 from line 8. If zero or less, enter -0-					15	
17	Excess mortgage interest (see instructions)	16					***************************************
	Insurance	17			578		
19	Rent	18			21550		
	Repairs and maintenance	19					
21	Utilities	20			3300		
22	Other expenses (see instructions)	21					
	Add lines 16 through 21	22	7		25428	- I	
24	Multiply line 22, column (b) by line 7	****		23	11735	. I	
25	Carryover of prior year operating expenses (see instruction	ns)		24	9917	-	
26	Add line 22, column (a), line 23, and line 24		• • • • • • • • • • • • • • • • • • • •			25	21652
27	Allowable operating expenses. Enter the smaller of line 1	5 or lin	e 25	• • • • •		26	
28	Limit on excess casualty losses and depreciation, Subtrac	t line 2	6 from line 15	1		27	
29	Excess casualty losses (see instructions)		* * * * * * * * * * * * * * * * *	28			
0	Carryover of prior year excess casually losses and deprec			29			
-	instructions)	ation	see				
11	Add lines 28 through 30			30	<u> </u>	-	
2 /	Allowable excess casualty losses and depreciation. Enter t	ha mea	alles at the extent		*************	31	
3 /	Add lines 14, 26, and 32	ne sin	aneroi iine 27 orii	ae 31		32	
4 1	Casualty loss portion, if any, from lines 14 and 32. Carry as	. 1.4 4.4	In Case 2004	****	Material Angelous	33	0
5 /	Allowable expenses for business use of your home. So	HOUSER	to rorm sees (see	Instit	actions)	34	
	and on Schedule C, line 30. If your home was used for mo	ucrac	tine 34 from line 3;	s. en	er here		
art	Depreciation of Your Home	ne ma	n one business, sec	a instr	uctions ·····	35	
	inter the smaller of your home's adjusted basis or its fair						
7 1	alue of land included on line 36	marke	I value (see instruct	ions)	***************	36	
8 E	locis of building Substantian 37 familians				*************	37	
9 E	lasis of building. Subtract line 37 from line 36		************		************	38	
0 1	lusiness basis of building. Multiply line 38 by line 7		************			39	The state of the s
1 0	epreciation percentage (see instructions)			7554		40	%
ııt	repreciation allowable (see instructions). Multiply line 39 by Carryover of Unallowed Expenses to	y ine 4	w. Enter here and o	on line	29 above	41	
	perating expenses. Subtract line 26 from line 25. If less the	2018		.2.80000	B2 35		
	xcess casualty losses and depreciation. Subtract line 32 fi	an zer	o, enter -0		********	42	21652
3 6					nter -0-	43	

Form 4562 (2017) BRITTON-HARR 100-66-7480 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (c) Susn./ (e) (b) Type of property (list vehicles first) nvestment (h) Basis for depr Date placed Cost or Elected Recoven Method/ use (busn./investment Depreciation in service other basis Convention section 179 percentage use only) deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . 26 Property used more than 50% in a qualified business use: LAND ROVER 01-01-2016 93.00% 51,197 47,616 05 DB200HY 15,237 % 27 Property used 50% or less in a qualified business use: S/L-S/L-9% S/L-Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 237 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, pattner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Total business/investment miles driven (a) (b) (d) (e) (f) during the year (don't include commuting Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 miles)..... 16607 31 Total commuting miles driven during the year Total other personal (noncommuting) 1249 Total miles driven during the year, Add lines 30 through 32 ...... 17856 34 Was the vehicle available for personal use No Yes No Yes Ves No during off-duty hours?..... M Was the vehicle used primarily by a more 35 X П 11 П П than 5% owner or related person? . . . . . . . . is another vehicle available for personal use? 36 X Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? ..... 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 Do you treat all use of vehicles by employees as personal use? 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? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Past VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percemage	Amortization for this year
42 Amortization of costs that begin	s during your 2017 tax year	(see instructions):		[ Poreemage	
		The state of the s			
				170	
49 Amortization of costs that began	n before your 2017 tax year		<u> </u>	43	

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Form 4562 (2017)