**Taxpayer Name:** 

TAL RSLEY, BRANDON

Examin ...

Huddleston, Mary K

TIN:

259-51-7291

1040

Date:

6/22/17

Tax Form: Tax Year (s):

201212, 201412, 201512

Net	<b>Operating Loss</b>	(NOL) Carryfo	orward Deducti	ion
Tax Period	Per Return	Per Exam	Adjustment	Reference
201412	(17,924.00)	.00	17,924.00	See below
Conclusion: (Rei	flects the final determ	ination on the issue	) · · · · · · · · · · · · · · · · · · ·	
Issue is adjusted to the issue.	o disallow the NOL C	arryforward comple	tely; taxpayer did no	t substantiate
	niques are not intend nt should be used in a			
	cument audit steps ta			Workpaper Reference
	kbooks available unde web.irs.gov/exam/r			
	t the relevant facts.)		1-4-1-1-1-1	
2012, 2014, and 2	ion discovered during 015, the NOL Carryfo arryforward was prov	rward from 2013 is	disallowed. No doc	
Law: (Tax Law, Re	gulations, court cases,	and other authorities.	If Unagreed, include	Argument.)
IRC Section: § 172			· ·	
Specific citations:	****	1910.00	100	200000000000000000000000000000000000000
Taxpayer Position:	(If applicable)	11.11.11.11.11.11		A STATE
Unknown.	500 <b>1</b>			

<u> 1040</u>	<u>Ü.</u>	S. Individu	al Income	Tax		2013	ОМ	B No. 15		1		rite or staple in this sp	pace.	
For the year Jan. 1-Dec	c. 31, 2	013, or other tax yea	r beginning			, 20	13, endi	ng	, 20			rate instructions.		
Your first name and initi	ial		Last name	<b></b>						Your social security number				
Brandon			Tankers	stey	<i></i>					1	259-51-7291			
If a joint return, spouse	's first r	name and initial -	Last name						NO	Spou	se's so	cial security number	,	
Home address (number 848 Grov		10 K M 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1 K		ns.	No. 11				Apt. no.	A	and	sure the SSN(s) above on line 6c are correct.		
City, town or post office	_			s, also c	omplete spaces below	v (see instructions).					Che	sidential Election Can ck here if you, or your sp	pouse	
Clevelan	ıd	2-9-7	TN	37	311						if filit	ng jointly, want \$3 to go	to this	
Foreign country name			Foreign province/stat	e/county	1			Foreign post	al code		not	change your tax or refun	nd. ouse	
Filing Ctatus	4 13	ภ				▲ ☐ Head	of house	hold (with qua	lifying person). (\$	See instr	uctions.	) If	ouse	
Filing Status	1 2	The second second	U. favor if only one bo	d lassa	-)	4 L the qu	alifying p	person is a chi	d but not your de	pendent	, enter	this		
Chock anly and	3		tly (even if only one ha arately. Enter spouse's					ow(er) with dep	pendent child	W 545	747			
Check only one box.	3 L	and full name her		o oon a	,5ve	U ddain	yang ma	on(or) mar do						
	6a		someone can cl	aim vo	ou as a depende	nt. do not chec	k box	6a			1	Boxes checked	1	
Exemptions	b										∷ }	on 6a and 6b - No. of children	_	
- Admiptions		Dependents:				1		3011-3503		(4)	√ if d under	on 6c who:		
	670					(2) Depend			) Dependent's	for	17 qua child	<ul> <li>lived with you</li> <li>did not live with</li> </ul>		
		(1) First name	Last	name		social security	number	rela	tionship to you		credit e instr.)	you due to divorce		
If more than four			10 10 10 10 10 10 10 10 10 10 10 10 10 1			55.00	763221					or separation (see instructions)		
dependents, see									0.72			- Dependents on 6c		
instructions and check here									1117			not entered above.		
Clieck fiele P												- Add numbers on (		
	d	Total number of	of exemptions clai	imed								lines above	1	
	7	Wages, salaries, tip	s, etc. Attach Form(s)	W-2						7				
Income	8a	Taxable interes	st. Attach Schedu	ule B i	f required					88	1			
Attach Form(s)	b	Tax-exempt in	terest. Do not inc	clude	on line 8a		8b			_	*			
W-2 here. Also	9a	Ordinary divide	ends. Attach Sche	edule I	B if required					98	t			
attach Forms W-2G and	b	Qualified divide	ends				9b			_				
	10	Taxable refund	ls, credits, or offs	ets of	state and local i	ncome taxes					-	****		
was withheld.	11	Alimony receiv										17	024	
ir you did not	12		ne or (loss). Atta							12		-17,	924	
get a W-2,	13		s). Attach Schedule D if required. If not required, check here ►										- 5	
	14		(losses). Attach I				T			15	_			
	15a		18					ble amount		1.0	~	15-59-00-		
	15a	Pensions and	annuities ate, royalties, par	16a	ina S comporati						_			
	17										_			
	18		or (loss). Attach S t compensation								<del></del>	<del></del>		
	19 20a		enefits	20a	1	Тъ	Taxal	ble amount						
	21	The state of the s	List type and am	-						2	$\overline{}$			
	22	Combine the a	mounts in the far	right o	column for lines	7 through 21. T	his is	your total i	ncome D			-17,	924	
	23	Educator expe	neae			4	23							
	24		ss expenses of re	eservis	sts, performing a	rtists, and		7.5						
Gross		fee-basis gove	rnment officials.	Attach	Form 2106 or 2	106-EZ	24							
	25		account deducti				25			_				
	26	Moving expans	ses. Attach Form	3903			2.6		-9	_				
	27		t of self-employm				27	22-22		_				
	23	Salf-employed	SEP, SIMPLE, a	and qu	alified plans		28			_				
	29		health insurance				29			_				
	30		ly withdrawal of s				30							
	31a	Alimony paid	b Recipient's S	SSN D	•		31a	10-19400		-				
	3.2	IRA deduction					32							
	33	Student loan in	rterest deduction			******	33			-				
	34	Tuition and fee	es. Attach Form 8	917										
	35	Domestic prod	luction activities of	deduct	ion. Attach Form	1 8903	35							
	-									1 -				
	36	Add lines 23 th								3		-17,	024	

#### **SCHEDULE** A (Form 1040)

### **Itemized Deductions**

Department of the Treasury Internal Revenue Service

> Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. Attachment Sequence No. Attach to Form 1040.

Name(s) shown on Form 1		alsoma i ora		259-51-72	
Brandon '	aı		1000000	200 02 72	
Medica!	2	Caution. Do not include expenses reimbursed or paid by others.			
and		Medical and dental expenses (see instructions)	1		
Dental		Enter amount from Form 1040, line 38 2	-		
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3		
Expenses	1	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You		State and local (check only one box):	<del>T                                    </del>		<del>da zaza</del>
Paid	5		5		
raiu					
	2		6	820	
		Real estate taxes (see instructions)			
	7	Personal property taxes			
	8	Other taxes. List type and amount ▶	N		
			8		820
		Add lines 5 through 8		0.013	820
Interest		Home mortgage interest and points reported to you on Form 1098	10	8,013	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the			
Note.		person from whom you bought the home, see instructions and show that person's name, identifying no., and address			
Your mongage					
interest					
deduction may		$\epsilon = \ldots = $	11		
be limited (see instructions).	49	Points not reported to you on Form 1098. See instructions for	<del>  '                                    </del>		
mondononoj.	12	special rules	12		9
	13	Mortgage insurance premiums (see instructions)	13	814	
	14	Investment interest. Attach Form 4952 if required. (See			
		instructions.)	14		
	15	Add lines 10 through 14	<u> </u>	15	8,827
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see			
gift and got a		instructions. You must attach Form 8283 if over \$500	17		
benefit for it,	18	Carryover from prior year	18		
see instructions.	19	Add lines 16 through 18			
Casualty and					
Theft Losses	20	Casualty or their loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous		(See instructions.) ▶			
Deductions					
Deductions	22	Tax preparation fees Other expenses—investment, safe deposit box, etc. List type	2.2		
	23	Other expenses—investment, safe deposit box, etc. List type			
		and amount 9	1		
			2:3		
	24	Add lines 21 through 23 Enter amount from Form 1040, line 38   25	24		
	26	Multiply line 25 by 2% (.02)	26		
		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0			
Other Miscellaneous Deductions	28	Other—irom list in instructions. List type and amount ▶			
	29	Is Form 1040, line 38, over \$150,000?			
Total		No Your deduction is not limited. Add the amounts in the far rig	ght column -	1	
Itemized		for lines 4 through 28. Also, enter this amount on Form 1040, lin	29	9,647	
Deductions		Yes. Your deduction may be limited. See the Itemized Deduction Worksheet in the instructions to figure the amount to enter.		,	
	30	If you elect to itemize deductions even though they are less than yo	our standard	_	
		deduction, check here	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>D</b>	

### , TANKERSLEYB 06/11/2014 5:40 PM

#### SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

# **Profit or Loss From Business**

OMB No. 1545-0074

(Sole Proprietorship) ▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

	randon Tankersley					259	-51	-7291
A	Principal business or profession, inc	luding	product or service (see ins	tructio		B En	ter code	from instructions
	Moving Service							4110
С	Business name. If no separate business				`	D En	ployer II	D number (EIN), (see instr.)
	Cleveland Moving	son	Southeast Mot	71	Girala Baransa			
E	Business address (including suite of City, lown or post office, state, and	room	no.) ▶ 848 Gro de Clavela	ve nd	TN 37311			
F				T	Other (specify) ▶		11 30 - 75	
G					? If "No," see instructions for limit on	osses		X Yes No
Н								
ľ					099? (see instructions)			
J								Yes No
******	irt! Income					22.000		CON-4011 - 5-5537 - C-5-550
1	Gross receipts or sales. See instruc	tions fo	or line 1 and check the box	if this	income was reported to you on			
	Form W-2 and the "Statutory emplo					· 📋	1	174,885
2				0.000.000			2	
3	Subtract line 2 from line 1	******		******			3	174,885
4	Cost of goods sold (from line 42)				**************		4	5,781
5	Gross profit. Subtract line 4 from it	าย 3					5	169,104
6	Other income, including federal and state	gasolin	e or fuel tax credit or refund (se	e instru	octions)		6	
7					******	₽	7	169,104
Pa	art II Expenses		Enter expenses for	busir	ess use of your home only	on lin	e 30.	
8	Advertising	8	38,355	18	Office expense (see instructions)		18	680
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19	
	instructions)	9	59,921	20	Rent or lease (see instructions):			
10	Commissions and fees	10	3,750	а	Vehicles, machinery, and equipmen	t	20a	1,162
11	Contract labor (see instructions)	11	3,500	b	Other business property		20b	
12	Depletion	12		21	Repairs and maintenance		21	7,774
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	
	expense deduction (not	1		23	Taxes and licenses		23	560
	included in Part III) (see instructions)	13		24	Travel, meals, and entertainment:			
14	Employee benefit programs	1		а	Travel		24a	3,905
	(other than ca line 19)	14	84	b	Deductible meals and			
15	Insurance (other than health)	15	9,872		entertainment (see instructions)		265	3,675
16	Interest:			25	Utilities		25	2,627
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26	
b	Other	185						
	******************************	,		27a	Other expenses (from line 48)		27a	51,247
17	Legal and professional services	17		b	Reserved for future use		27b	
28	Total expenses before expenses for			s 8 thr	ough 27a	. ▶	28	187,028
29	Tentative profit or (loss). Subtract li	ne 28 f	rom line 7		· · · · · · · · · · · · · · · · · · ·		2.9	-17,924
30	Expenses for business use of your	home.	Do not report these expens	ses els	ewhere. Attach Form 8829			
	unless using the simplified method						1	
	Simplified method filers only: ent	er the	total square footage of: (a)	your h	iome:			
	and (b) the part of your home used				implified			•
	Method Worksheet in the instruction			n line 3	30		30	0
31	Net profit or (loss). Subtract line 3				W			
	o If a profit, enter on both Form 10					٦		4.004
	(If you checked the box on line 1, s	ee insti	ructions). Estates and trust	s, ente	er on Form 1041, line 3.	1	31	-17,924
	• If a loss, you must go to line 32.							
32	If you have a loss, check the box th	at des	cribes your investment in th	nis acti	vity (see instructions).	٦		==
	<ul> <li>If you checked 32a, enter the los</li> </ul>						3?4	All investment is at risk.
1.5	on Schedule SE, line 2. (if you che	ecked t	he box on line 1 see the lin	ne 31 i	nstructions). Estates and	Þ	325	Some investment is not
	trusts, enter on Form 1041. Hine 3.				10 A			at risk.
	# If you checked 32b, you must all	ach Fo	ent 6198. Your loss may be	e limite	ed.			

1		
1	259-51	-729

	edule C (Form 1040) 2013 MOVING SELVICE			Page 2
-	art III Cost of Goods Sold (see instructions)			
<b>3</b> 3	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)	on)	er e	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?			
04	If "Yes," attach explanation		Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		0
	minutely acceptance of point in an order north acceptance of order of points of the po	-		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any emounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs See Statement 1	39		5,781
40	Add lines 35 through 39	40		5,781
0				
41	Inventory at end of year	41		0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		5,781
-	Information on Your Vehicle. Complete this part only if you are claiming car or truck e		e on line	
*	and are not required to file Form 4562 for this business. See the instructions for line 13 to file Form 4562.			
;a 45 4€	Business b Commuting (see instructions) c Other  Wes your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?		Yes	∏ No
чо. 47а	Do you have evidence to support your deduction?		Yes	HNO
			Yes	H No
Pi	If "Yes," is the evidence written?  Other Expenses. List below business expenses not included on lines 8-26 or line 30.	·····	1.00	1110
T	elephone Expense	L		7,626
	abor			8,000
	amages	<u> </u> -		730
	erchant Fees able	···· }		1,920
	niform	├-		1,401
	redit Card fees	·····		2,352
	owing Expense	····-  -		2,425
	uel on Sterling	···· [		21,994
	ires on Sterling	···· [		1,532
T	ags on Sterling	···· [		940
Α	portization	F		1,667
		···· }		
	***** ********************************	···· <u>L</u>		
		····		
		··· [		
		··· T		
		[		
48	Total other expendes. Enter here and on line 27a	48		51,247

# Enunses for Business Use of Your

Department of the Treasury Internal Revenue Service

DAA

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

Information about Form 8829 and its separate instructions is at www.irs.gov/form8829. (99) Name(s) of proprietor(s) Your social security number

	Brandon Tankersley					2	59-51-7	291
100000	Part I Part of Your Home Used for Bus	ness						
-	Area used regularly and exclusively for business, regular			re, or for storage of				
	inventory or product samples (see instructions)				*		4	225
2	Total area of home						2	1500
3	Divide line 1 by line 2. Enter the result as a percentage		• • • • • •				3	15.00%
	For da care facilities not used exclusively for busin	950. <b>C</b> C	o to ii	ne 4. All others go t	c line	7.		
4	Multiply usiys used for daycare during year by hours use						hr.	
5	Total hours available for use during the year (365 days	24 ho	urs) (	see instructions)	5	8,760	000000000000000000000000000000000000000	
6	Divide line 4 by line 5. Enter the result as a decimal am	punt			6			
	Business percentage. For daycare facilities not used ex				e 6 by			
	line 3 (enter the result as a percentage). All others, enter	r the a	moun	t from line 3	,		> 7	15.00%
	Part I Figure Your Allowable Deduction							
-	Enter the amount from Schodule C, line 29, plus any ga		ved fr	om the business use	of you	r		
	home and shown on Schedule D or Form 4797, minus a	any loss	s from	the trade or busines	s not d	lerived		47 004
	from the business use of your home and shown on Sch See instructions for columns (a) and (b) before	edule D	or F	orm 4797. See instru	ctions		. 8	-17,924
A	completing lines 9-21.			(a) Direct expenses		(b) Indirect expenses	_	
	Casualty losses (see instructions)	9						
	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-			No. of Contract			15	0
16	Excess mortgage interest (see instructions)	16						
17	Insurance	17						
18	Rent	18						
19	Repairs and maintenance	19					1	
20	Utilities	20						
21	Other expenses (see Instructions)	21						100
22	Add lines 16 through 21	22						
23	Multiply line 22, column (b) by line 7	100000	(10)		23			
24	Carryovar of operating expenses from 2012 Form 8329,	line 42			24			
25	Add line 22, column (a), line 23, and line 24			***************************************			25	
26	Allowable operating expenses. Finter the smaller of line	15 or I	ine 2	5			26	0
27	Limit on excess cases by looses and depreciation. Subtr	aci line	26 fr	om line 15			. 27	0
	Excess casualty losses (see instructions)							
	Department of your home for a line 44 holey.				29	63	L9	
30	Carryover of excess casualty losses and depreciation from	om 201	2 For	m 8829, line 43	30			
31	Add lines 28 through 30			The Mark Control of the Control of t			31	619
32	Allowable excess casualty losses and depreciation. Enti-	er the s	malle	er of line 27 or line 31	1		32	0
	Add lines 14, 26, and 32						33	
34	Casualty loss portion if any, from lines 14 and 32. Carry	arnou	nt to i	Form 4684 (see instr	uctions	3)	34	
	Allowable expenses for business use of your home. Subtra	ct line 3	4 from	line 33. Enter here				_
	and on Schedule C, line 30. If your home was used for more than	one bu	siness	, see instructions			▶ 35	0
	Part III Depreciation of Your Home							
<b>3</b> 6	Enter the smaller of your home's adjusted basis or its fa	air marl	cel va	lue (see instructions)			36	161,000
	Value of land included on line 36						37	
38	Basis of building. Subtract line 37 from line 36						38	161,000
39	Business basis of building, Multiply line 38 by line 7						39	24,150
40	Decreciation percentage (see instructions)						1 40	2.5640%
41	Depreciation allowable (see instructions). Multiply line 39 by line	40. Ente	r here	and on line 29 above			41	619
	Part N Carryover of Unallowed Expense	8 to 2	014					
42	Operating expenses. Subtract line 26 from line 25. If les	s than :	zero,	enter -0-		*******	1 42	0
43	Excess casualty losses and depreciation. Subtract line 3	32 from	line 3	31. If less than zero, e	enter -C	)-	43	619
For	r Paperwork Reduction Act Notice, see your tax return	instru	iction	ns.				Form 8829 (2013)

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return

Identifying number Name(s) shown on return 259-51-7291 Brandon Tankerslev Business or activity to which this form relates Moving Service Election To Expense Certain Property Under Section 179 Part ! Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 6,707 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-500,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions . (b) Cost (business use only) (a) Description of property 6 6,707 6,707 Sterling Engine Listed property. Enter the amount from line 29 6,707 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 6,707 Tentative deduction. Enter the smaller of line 5 or line 8 9 Q 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 0 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .... 12 707 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 ...... If you are elercing to group any assets placed in earlice during the tax year into one or more general esset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (f) Method (e) Convention (a) Classification of property (business/investment use cide-see instructions) service 3-year property 5-year property 7-year property 10-year property e 15-year property 20-year property SIL 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental SIL MM property 27.5 yrs. MM S/L 39 yrs. Nonresidential real S/L MM Section C--Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L 12-year MAM S/L 40 yrs. Symmary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

-		/2014 5:40 PM	n T .e.e.e							1-	1	259	-51-	7291		
	<b>ranc</b> or 1562 (2013)	Tankers	зтей							(	j.	ردم				Page 2
	IF(: 1/2	listed Prons	erty (Include a	utomobil	es. cer	ain ot	her veh	icles.	certain	compu	ters, a	and pro	perty	used fo	r	
		an'artainmer	t recreation o	r amilise	ment)											
		Note: For any v	ehicle for which you	u are usin	g the sta	ndard m	nileage ra	ate or de	ducting	ease exp	oense,	complet	e only 2	4a,		
_		240, columns (a	-Depreciation a	nd Other	nformat	ion (Ca	ution: S	ee the ir	struction	s for lim	its for r	passeng	er auton	nobiles.)		
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24a			he business/investment			<del></del>		_[140	(f)	T	(g)	T	(h)		(i)	
Type	(a)   of property	(b) Date placed	Business/	(d)	•	Bas	(e) is for depre	ciation	Recovery	114	thod/		Depreciati	on.	Elected se	ection 179
	ehicles first)	in service	investment use percentage	Cost or other	ei Dasis	(bu	siness/inves		period	Con	vention		deductio	n	ÇO	st
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25			rance for quainled re than 50% in a q								2!					
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26		atament 1	50% in a qualified	business t	150.	1				T		1				
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77	Desperation	unal EON or las	s in a qualified bus	incer use												
27	Property	used but or les	s in a ogained bus	mess use.		ī				1	175-					
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29	Add amo	nuts in colatuu (i	), line 26. Enter he		tion B									.   20	- 10	
_											noreo	n If you	provide	d vehicle	46	
			es used by a sole												.5	
to yo	ur employe	es, iirst answer	the questions in S	ection C to		a)		)	COMPIEC		(	d)		e)	(	f)
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34		vehicle available	Committee Committee		Yes	No	Yes	NO_	1.05	X	162	NO	169	110	103	140
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35		7.	marily by a more		į					x			i	1		
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36	is anothe	r vehicle availab	le fer personal us		<u></u>	1		_ \								
			Section CQue	stions for	Employe	ers who	Provid	e venic	les for L	se by 11	mplovo	npioyee	era not			
Ansı	wer these o	juestions to deta	ermine if you meet	an excepti	on to cor	mpleting	Section	B for ve	inicies u	sed by el	прюуе	es wilo a	are not			
a Appara			d persons (see ins		ita all na		00 06 10	hiolog in	oludina	nommuti	na hy				Yes	No
37			policy statement	that pronic	as an pe	isonai u	ise or ver	nicies, in	iciualing (	COMMUNIC	ig, by				103	X
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39			hicles by employe of the vehicles to y						emnlo		ut the					
40						SHI IIIO	madon	ioni you	cripio	ccs abo	ut the				i	х
44			etain the informati nents concerning			domo	etration	use2 /9.	en inetro	ctions \						X
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	art W	<u> Amortizatio</u>	11									(e)				
7		(a)	1		b)		41.100-00.04	(c)		(d)		Amortiz	ation	A second	(f)	
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												portell	90		-	
42	Amortiza	tion of costs tha	t begins during yo	ur 2013 tax	year (so	e instru	ictions):			T	- 1					
											- 1		1			
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43			t began before yor										43			,667
44	Total A	id amounts in co	lumn (f) See the	instruction	s for whe	re to re	port	******		**********			44			
440															Form 45	NA (2013

# Moving Service Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs

Description	/	Amount			
Boxes Tools	\$	4,420 1,361			
Total	\$	5,781			

# Moving Service Statement 2 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

		Property Type						
	Date	Bus %	Cost	Dep Basis	Per	Method	Deduct	Sec 179
Truci	Ł				BATTER CONTRACT	UAX	A	
	1/01/10	100.00 \$		\$			\$	\$
2000	Chevy							
	5/01/07	100.00						
1999	Ford					1,60		
	1.0/01/07	100.00						
2000	Fraighliner							
	2/01/07	100.00						
2007	Tacoma							
	3/31/08	100.00						
1999	Ford Truck							
	1/01/11	100.00						
2004	Internationa							
	1/01/09	100.00						
2002	Internationa	1						
	6/01/12	100.00						
	Total	\$	0	\$ 0			\$ 0	\$ 0

1

Brandon Tankersley 848 Grove Circle Avenue Cleveland, TN 37311

## **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to the regular tax and AMT net operating losses incurred during the current tax year.