

**SAMPLE
FORM 706**

Form **706**

United States Estate (and Generation-Skipping Transfer) Tax Return

OMB No. 1545-0015

(Rev. August 2019)

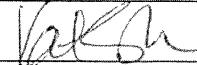
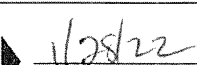
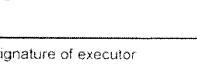

▶ Estate of a citizen or resident of the United States (see instructions). To be filed for decedents dying after December 31, 2018.
▶ Go to www.irs.gov/Form706 for instructions and the latest information.

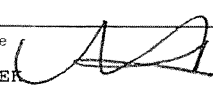
Department of the Treasury
Internal Revenue Service

Part 1—Decedent and Executor	1a Decedent's first name and middle initial (and maiden name, if any) MARY B	1b Decedent's last name [REDACTED]	2 Decedent's SSN [REDACTED]	
	3a City, town, or post office; county; state or province; country; and ZIP or foreign postal code ST PETERSBURG PINELLAS, FL 33711	3b Year domicile established 1972	4 Date of birth [REDACTED]	5 Date of death [REDACTED]/21
	6a Name of executor (see instructions) [REDACTED]	6b Executor's address (number and street including apartment or suite no., city, town, or post office, state or province, country, and ZIP or foreign postal code) and phone no. 5328 CENTRAL AVE ST PETERSBURG FL 33707 Phone no. _____		
	6c Executor's social security number (see instructions) [REDACTED]			
	6d If there are multiple executors, check here <input type="checkbox"/> and attach a list showing the names, addresses, telephone numbers, and SSNs of the additional executors.			
7a Name and location of court where will was probated or estate administered THERE ARE NO ASSETS FOR PROBATE; NO PROBATE INITIATED			7b Case number NONE	
8 If decedent died testate, check here <input checked="" type="checkbox"/> and attach a certified copy of the will.		9 If you extended the time to file this Form 706, check here <input checked="" type="checkbox"/>		
10 If Schedule R-1 is attached, check here <input type="checkbox"/>		11 If you are estimating the value of assets included in the gross estate on line 1 pursuant to the special rule of Reg. section 20.2010-2(a)(7)(ii), check here <input type="checkbox"/>		

Part 2—Tax Computation	1 Total gross estate less exclusion (from Part 5—Recapitulation, item 13)	1	12,922,019
	2 Tentative total allowable deductions (from Part 5—Recapitulation, item 24)	2	1,193,714
	3a Tentative taxable estate (subtract line 2 from line 1)	3a	11,728,305
	b State death tax deduction	3b	
	c Taxable estate (subtract line 3b from line 3a)	3c	11,728,305
	4 Adjusted taxable gifts (see instructions)	4	
	5 Add lines 3c and 4	5	11,728,305
	6 Tentative tax on the amount on line 5 from Table A in the instructions	6	4,637,122
	7 Total gift tax paid or payable (see instructions)	7	
	8 Gross estate tax (subtract line 7 from line 6)	8	4,637,122
	9a Basic exclusion amount	9a	11,700,000
	b Deceased spousal unused exclusion (DSUE) amount from predeceased spouse(s), if any (from Section D, Part 6—Portability of Deceased Spousal Unused Exclusion)	9b	
	c Restored exclusion amount (see instructions)	9c	
	d Applicable exclusion amount (add lines 9a, 9b, and 9c)	9d	11,700,000
	e Applicable credit amount (tentative tax on the amount in line 9d from Table A in the instructions)	9e	4,625,800
	10 Adjustment to applicable credit amount (May not exceed \$6,000. See instructions.)	10	0
	11 Allowable applicable credit amount (subtract line 10 from line 9e)	11	4,625,800
	12 Subtract line 11 from line 8 (but do not enter less than zero)	12	11,322
	13 Credit for foreign death taxes (from Schedule P). (Attach Form(s) 706-CE.)	13	
	14 Credit for tax on prior transfers (from Schedule Q)	14	
15 Total credits (add lines 13 and 14)	15		
16 Net estate tax (subtract line 15 from line 12)	16	11,322	
17 Generation-skipping transfer (GST) taxes payable (from Schedule R, Part 2, line 10)	17		
18 Total transfer taxes (add lines 16 and 17)	18	11,322	
19 Prior payments (explain in an attached statement)	19	11,322	
20 Balance due (or overpayment) (subtract line 19 from line 18)	20	0	

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

Sign Here		
	Signature of executor	Date
Sign Here		
	Signature of executor	Date

Paid Preparer Use Only	Print/Type preparer's name MICHAEL HAJEK	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name ▶ HAJEK & ASSOCIATES, LLC	Firm's EIN ▶ [REDACTED]			
	Firm's address ▶ 5308 CENTRAL AVE ST PETERSBURG, FL 33707	Phone no. 727-327-1239			

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

Form 706 (Rev. 8-2019)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

Part 3—Elections by the Executor

Note: For information on electing portability of the decedent's DSUE amount, including how to opt out of the election, see Part 6—Portability of Deceased Spousal Unused Exclusion.

Note: Some of the following elections may require the posting of bonds or liens.

Please check "Yes" or "No" for each question. See instructions.

	Yes	No
1 Do you elect alternate valuation?		X
2 Do you elect special-use valuation? If "Yes," you must complete and attach Schedule A-1		X
3 Do you elect to pay the taxes in installments as described in section 6166? If "Yes," you must attach the additional information described in the instructions. Note: By electing section 6166 installment payments, you may be required to provide security for estate tax deferred under section 6166 and interest in the form of a surety bond or a section 6324A lien.		X
4 Do you elect to postpone the part of the taxes due to a reversionary or remainder interest as described in section 6163?		X

Part 4—General Information

Note: Please attach the necessary supplemental documents. You must attach the death certificate. See instructions.

Authorization to receive confidential tax information under Reg. section 601.504(b)(2)(i); to act as the estate's representative before the IRS; and to make written or oral presentations on behalf of the estate:

Name of representative (print or type) **KAREN HAJEK** State **FL** Address (number, street, and room or suite no., city, state, and ZIP code) **5308 CENTRAL AVE ST PETERSBURG FL 33707**

I declare that I am the attorney/ certified public accountant/ enrolled agent (check the applicable box) for the executor. I am not under suspension or disbarment from practice before the Internal Revenue Service and am qualified to practice in the state shown above.

Signature _____ CAF number [REDACTED] Date _____ Telephone number **727-327-1239**

1 Death certificate number and issuing authority (attach a copy of the death certificate to this return) [REDACTED] **FLORIDA BUREAU OF VITAL STATISTICS**

2 Decedent's business or occupation. If retired, check here and state decedent's former business or occupation. **RETAIL SALES**

3a Marital status of the decedent at time of death: Married Widow/widower Single Legally separated Divorced

3b For all prior marriages, list the name and SSN of the former spouse, the date the marriage ended, and whether the marriage ended by annulment, divorce, or death. Attach additional statements of the same size if necessary. [REDACTED]

4a Surviving spouse's name **NONE** 4b Social security number _____ 4c Amount received (see instructions) _____

5 Individuals (other than surviving spouse), trusts, or other estates who receive benefits from the estate (do not include charitable beneficiaries shown in Schedule O) (see instructions).

Name of individual, trust, or estate receiving \$5,000 or more	Identifying number	Relationship to decedent	Amount (see instructions)
[REDACTED] RVOC TRUST	[REDACTED]	TRUST	12,910,697

All unascertainable beneficiaries and those who receive less than \$5,000 **Total** **12,910,697**

If you answer "Yes" to any of the following questions, you must attach additional information as described.

	Yes	No
6 Is the estate filing a protective claim for refund? If "Yes," complete and attach two copies of Schedule PC for each claim.		X
7 Does the gross estate contain any section 2044 property (qualified terminable interest property (QTIP) from a prior gift or estate)? See instructions		X
8a Have federal gift tax returns ever been filed? If "Yes," attach copies of the returns, if available, and furnish the following information.		X
b Period(s) covered		
c Internal Revenue office(s) where filed		
9a Was there any insurance on the decedent's life that is not included on the return as part of the gross estate?		X
b Did the decedent own any insurance on the life of another that is not included in the gross estate?		X

Estate of: [REDACTED] Decedent's social security number [REDACTED]

Part 4—General Information (continued)

If you answer "Yes" to any of the following questions, you must attach additional information as described.		Yes	No
10	Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? If "Yes," you must complete and attach Schedule E		X
11a	Did the decedent, at the time of death, own any interest in a partnership (for example, a family limited partnership), an unincorporated business, or a limited liability company; or own any stock in an inactive or closely held corporation?		X
b	If "Yes," was the value of any interest owned (from above) discounted on this estate tax return? If "Yes," see the instructions on reporting the total accumulated or effective discounts taken on Schedule F or G		X
12	Did the decedent make any transfer described in sections 2035, 2036, 2037, or 2038? See instructions. If "Yes," you must complete and attach Schedule G	X	
13a	Were there in existence at the time of the decedent's death any trusts created by the decedent during his or her lifetime?	X	
b	Were there in existence at the time of the decedent's death any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or trusteeship?		X
c	Was the decedent receiving income from a trust created after October 22, 1986, by a parent or grandparent?		X
	If "Yes," was there a GST taxable termination (under section 2612) on the death of the decedent?		X
d	If there was a GST taxable termination (under section 2612), attach a statement to explain. Provide a copy of the trust or will creating the trust, and give the name, address, and phone number of the current trustee(s).		
e	Did the decedent at any time during his or her lifetime transfer or sell an interest in a partnership, limited liability company, or closely held corporation to a trust described in lines 13a or 13b? If "Yes," provide the EIN for this transferred/sold item. ▶		X
14	Did the decedent ever possess, exercise, or release any general power of appointment? If "Yes," you must complete and attach Schedule H		X
15	Did the decedent have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?		X
16	Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the instructions for Schedule I or a private annuity? If "Yes," you must complete and attach Schedule I		X
17	Was the decedent ever the beneficiary of a trust for which a deduction was claimed by the estate of a predeceased spouse under section 2056(b)(7) and which is not reported on this return? If "Yes," attach an explanation		X

Part 5—Recapitulation. Note: If estimating the value of one or more assets pursuant to the special rule of Reg. section 20.2010-2(a)(7)(ii), enter on both lines 10 and 23 the amount noted in the instructions for the corresponding range of values. See instructions for details.

Item no.	Gross estate	Alternate value	Value at date of death
1	Schedule A—Real Estate	1	0
2	Schedule B—Stocks and Bonds	2	0
3	Schedule C—Mortgages, Notes, and Cash	3	0
4	Schedule D—Insurance on the Decedent's Life (attach Form(s) 712)	4	0
5	Schedule E—Jointly Owned Property (attach Form(s) 712 for life insurance)	5	0
6	Schedule F—Other Miscellaneous Property (attach Form(s) 712 for life insurance)	6	0
7	Schedule G—Transfers During Decedent's Life (att. Form(s) 712 for life insurance)	7	12,922,019
8	Schedule H—Powers of Appointment	8	0
9	Schedule I—Annuities	9	0
10	Estimated value of assets subject to the special rule of Reg. section 20.2010-2(a)(7)(ii)	10	0
11	Total gross estate (add items 1 through 10)	11	12,922,019
12	Schedule U—Qualified Conservation Easement Exclusion	12	0
13	Total gross estate less exclusion (subtract item 12 from item 11). Enter here and on line 1 of Part 2—Tax Computation	13	12,922,019

Item no.	Deductions	Amount
14	Schedule J—Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims	14 13,603
15	Schedule K—Debts of the Decedent	15 2,688
16	Schedule K—Mortgages and Liens	16
17	Total of items 14 through 16	17 16,291
18	Allowable amount of deductions from item 17 (see the instructions for item 18 of the Recapitulation)	18 16,291
19	Schedule L—Net Losses During Administration	19
20	Schedule L—Expenses Incurred in Administering Property Not Subject to Claims	20 130,825
21	Schedule M—Bequests, etc., to Surviving Spouse	21
22	Schedule O—Charitable, Public, and Similar Gifts and Bequests	22 1,046,598
23	Estimated value of deductible assets subject to the special rule of Reg. section 20.2010-2(a)(7)(ii)	23 0
24	Tentative total allowable deductions (add items 18 through 23). Enter here and on line 2 of the Tax Computation	24 1,193,714

Estate of: [REDACTED]

Decedent's social security number [REDACTED]

Part 6—Portability of Deceased Spousal Unused Exclusion (DSUE) Portability Election

A decedent with a surviving spouse elects portability of the DSUE amount, if any, by completing and timely filing this return. No further action is required to elect portability of the DSUE amount to allow the surviving spouse to use the decedent's DSUE amount.

Section A. Opting Out of Portability

The estate of a decedent with a surviving spouse may opt out of electing portability of the DSUE amount. Check here and do not complete Sections B and C of Part 6 only if the estate opts NOT to elect portability of the DSUE amount.

Section B. Qualified Domestic Trust (QDOT)

Are any assets of the estate being transferred to a QDOT?

Yes	No
	X

If "Yes," the DSUE amount portable to a surviving spouse (calculated in Section C, below) is preliminary and shall be redetermined at the time of the final distribution or other taxable event imposing estate tax under section 2056A. See instructions for more details.

Section C. DSUE Amount Portable to the Surviving Spouse (To be completed by the estate of a decedent making a portability election.)

Complete the following calculation to determine the DSUE amount that can be transferred to the surviving spouse.

1	Enter the amount from line 9d, Part 2—Tax Computation	1	
2	Reserved	2	
3	Enter the value of the cumulative lifetime gifts on which tax was paid or payable. See instructions	3	
4	Add lines 1 and 3	4	
5	Enter amount from line 10, Part 2—Tax Computation	5	
6	Divide amount on line 5 by 40% (0.40) (do not enter less than zero)	6	
7	Subtract line 6 from line 4	7	
8	Enter the amount from line 5, Part 2—Tax Computation	8	
9	Subtract line 8 from line 7 (do not enter less than zero)	9	
10	DSUE amount portable to surviving spouse (Enter lesser of line 9 or line 9a, Part 2—Tax Computation)	10	

Section D. DSUE Amount Received From Predeceased Spouse(s) (To be completed by the estate of a deceased surviving spouse with DSUE amount from predeceased spouse(s))

Provide the following information to determine the DSUE amount received from deceased spouses.

A Name of Deceased Spouse (dates of death after December 31, 2010, only)	B Date of Death (enter as mm/dd/yy)	C Portability Election Made?		D If "Yes," DSUE Amount Received From Spouse	E DSUE Amount Applied by Decedent to Lifetime Gifts	F Year of Form 709 Reporting Use of DSUE Amount Listed in col. E	G Remaining DSUE Amount, if any (subtract col. E from col. D)
		Yes	No				
Part 1 — DSUE RECEIVED FROM LAST DECEASED SPOUSE							
STEPHEN [REDACTED]	[REDACTED] / 14		X				
Part 2 — DSUE RECEIVED FROM OTHER PREDECEASED SPOUSE(S) AND USED BY DECEDENT							
Total (for all DSUE amounts from predeceased spouse(s) applied)							

Add the amount from Part 1, column D, and the total from Part 2, column E. Enter the result on line 9b, Part 2—Tax Computation

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE F — Other Miscellaneous Property Not Reportable Under Any Other Schedule

(For jointly owned property that must be disclosed on Schedule E, see instructions.)

(If you elect section 2032A valuation, you must complete Schedule F and Schedule A-1.)

Note: If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions for more information. If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

1	Did the decedent own any works of art, items, or any collections whose artistic or collectible value at date of death exceeded \$3,000?	Yes		No	X
	If "Yes," submit full details on this schedule and attach appraisals.				
2	Has the decedent's estate, spouse, or any other person received (or will receive) any bonus or award as a result of the decedent's employment or death?				X
	If "Yes," submit full details on this schedule.				
3	Did the decedent at the time of death have, or have access to, a safe deposit box?				X
	If "Yes," state location, and if held jointly by decedent and another, state name and relationship of joint depositor.				

If any of the contents of the safe deposit box are omitted from the schedules in this return, explain fully why omitted.

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	Alternate valuation date	Alternate value	Value at date of death
	CUSIP number or EIN, where applicable			
Total from continuation schedules (or additional statements) attached to this schedule				
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 6.)				0

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE G—Transfers During Decedent's Life
(If you elect section 2032A valuation, you must complete Schedule G and Schedule A-1.)

Note: If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and the Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions for more information. If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	Alternate valuation date	Alternate value	Value at date of death
A.	Gift tax paid or payable by the decedent or the estate for all gifts made by the decedent or his or her spouse within 3 years before the decedent's death (section 2035(b))	X X X X X		
B.	Transfers includible under sections 2035(a), 2036, 2037, or 2038:			
1	[REDACTED] REVOCABLE TRUST, DATED APRIL 14, 2014 (AS AMENDED BY FIRST AMENDMENT DATED MAY 25, 2016; BY SECOND AMENDMENT DATED AUGUST 5, 2016; AND AS REFORMED BY ORDER DATED JAN 18, 2022) (EIN 86-6649824) (COPY ATTACHED)			
2	ASSETS: RESIDENCE- [REDACTED] ST PETERSBURG, FL 33711 SEE APPRAISAL, EXHIBIT G-1			440,000
3	CHARLES SCHWAB ACCOUNT [REDACTED]			12,376,593
THERE IS 1 CONTINUATION SCHEDULE ATTACHED				
Total from continuation schedules (or additional statements) attached to this schedule				105,426
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 7.)				12,922,019

SCHEDULE H—Powers of Appointment

(Include "5 and 5 lapsing" powers (section 2041(b)(2)) held by the decedent.)
(If you elect section 2032A valuation, you must complete Schedule H and Schedule A-1.)

Note: If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and the Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions for more information. If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
THERE ARE NO CONTINUATION SCHEDULES ATTACHED				
Total from continuation schedules (or additional statements) attached to this schedule				
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 8.)				0

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE G CONTINUATION SCHEDULE

Continuation Schedule 1 of 1

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	Alternate valuation date	Alternate value	Value at date of death
4	[REDACTED] SEE ATTACHED-EXHIBIT G-2 CHECKING ACCOUNT - JP MORGAN CHASE BANK, N.A., [REDACTED] SEE EXHIBIT G-3			105,426

TOTAL. (Carry forward to main schedule.) 105,426

Estate of: [REDACTED]	Decedent's social security number: [REDACTED]
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SCHEDULE J — Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims

▶ Use Schedule PC to make a protective claim for refund due to an expense not currently deductible. For such a claim, report the expense on Schedule J but without a value in the last column.

Note: Do not list expenses of administering property not subject to claims on this schedule. To report those expenses, see instructions.

If executors' commissions, attorney fees, etc., are claimed and allowed as a deduction for estate tax purposes, they are not allowable as a deduction in computing the taxable income of the estate for federal income tax purposes. They are allowable as an income tax deduction on Form 1041, U.S. Income Tax Return for Estates and Trusts, if a waiver is filed to forgo the deduction on Form 706. See the Instructions for Form 1041.

Are you aware of any actual or potential reimbursement to the estate for any expense claimed as a deduction on this schedule?	Yes	No
		X

If "Yes," attach a statement describing the expense(s) subject to potential reimbursement. See instructions.

Item number	Description	Expense amount	Total amount
	A. Funeral expenses:		
1			
Total funeral expenses			0

B. Administration expenses:

1 Executors' commissions — (Strike out the words that do not apply.)	0
2 Attorney fees — (Strike out the words that do not apply.)	0
3 Accountant fees — (Strike out the words that do not apply.)	7,600

Item number	Description	Expense amount	Total amount
4	Miscellaneous expenses:		
	APPRAISAL FEES—RESIDENCE	450	
	ADMINISTRATIVE FEES	5,553	
Total miscellaneous expenses from continuation schedules (or additional statements) attached to this schedule			
Total miscellaneous expenses			6,003
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 14.)			13,603

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE K — Debts of the Decedent, and Mortgages and Liens

▶ Use Schedule PC to make a protective claim for refund due to a claim not currently deductible. For such a claim, report the expense on Schedule K but without a value in the last column.

Are you aware of any actual or potential reimbursement to the estate for any debt of the decedent, mortgage, or lien claimed as a deduction on this schedule? If "Yes," attach a statement describing the items subject to potential reimbursement. See instructions.	Yes	No
Are any of the items on this schedule deductible under Reg. section 20.2053-4(b) and Reg. section 20.2053-4(c)? If "Yes," attach a statement indicating the applicable provision and documenting the value of the claim.		X

Item number	Debts of the Decedent — Creditor and nature of debt, and allowable death taxes	Amount
1	DEBTS-BILLS PAYABLE AT DOD	2,688

THERE ARE NO CONTINUATION SCHEDULES ATTACHED

Total from continuation schedules (or additional statements) attached to this schedule

TOTAL (Also enter on Part 5 — Recapitulation, page 3, at item 15.) **2,688**

Item number	Mortgages and Liens — Description	Amount

THERE ARE NO CONTINUATION SCHEDULES ATTACHED

Total from continuation schedules (or additional statements) attached to this schedule

TOTAL (Also enter on Part 5 — Recapitulation, page 3, at item 16.) **0**

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE L—Net Losses During Administration and Expenses Incurred in Administering Property Not Subject to Claims

▶ Use Schedule PC to make a protective claim for refund due to an expense not currently deductible.
For such expenses, report the expense on Schedule L but without a value in the last column.

Item number	Net losses during administration (Note: Do not deduct losses claimed on a federal income tax return.)	Amount
THERE ARE NO CONTINUATION SCHEDULES ATTACHED		
Total from continuation schedules (or additional statements) attached to this schedule		
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 19.)		0
Item number	Expenses incurred in administering property not subject to claims. (Indicate whether estimated, agreed upon, or paid.)	Amount
1	TRUSTEE FEES	130,825
THERE ARE NO CONTINUATION SCHEDULES ATTACHED		
Total from continuation schedules (or additional statements) attached to this schedule		
TOTAL (Also enter on Part 5—Recapitulation, page 3, at item 20.)		130,825

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE O — Charitable, Public, and Similar Gifts and Bequests

Note: If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions for more information. If you are not required to report the value of an asset, identify the property but make no entry in the last column.

	Yes	No
1a If the transfer was made by will, has any action been instituted to contest or have interpreted any of its provisions affecting the charitable deductions claimed in this schedule? If "Yes," full details must be submitted with this schedule. SEE STATEMENT 1	X	
b According to the information and belief of the person or persons filing this return, is any such action planned? If "Yes," full details must be submitted with this schedule.		X
2 Did any property pass to charity as the result of a qualified disclaimer? If "Yes," attach a copy of the written disclaimer required by section 2518(b).		X

Item number	Name and address of beneficiary	Character of institution	Amount
1	[REDACTED] WASHINGTON DC 20036	501 (C) 3 PUBLIC CHAR	149,514
2	[REDACTED] WASHINGTON DC 20037	501 (C) 3 PUBLIC CHAR	149,514
3	[REDACTED] RESTON VA 20190	501 (C) 3 PUBLIC CHAR	149,514
4	[REDACTED] LAKELAND FL 33813	501 (C) 3 PUBLIC CHAR	149,514
5	[REDACTED] ARLINGTON VA 22203	501 (C) 3 PUBLIC CHAR	149,514
6	[REDACTED] WASHINGTON DC 20036	501 (C) 3 PUBLIC CHAR	149,514

Total from continuation schedules (or additional statements) attached to this schedule 149,514

3 Total		3	1,046,598
4a Federal estate tax payable out of property interests listed above	4a	0	
b Other death taxes payable out of property interests listed above	4b	0	
c Federal and state GST taxes payable out of property interests listed above	4c	0	
d Add items 4a, 4b, and 4c	4d		0
5 Net value of property interests listed above (subtract item 4d from item 3). Also enter on Part 5— Recapitulation, page 3, at item 22	5		1,046,598

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Estate of: [REDACTED] Decedent's social security number [REDACTED]

SCHEDULE O CONTINUATION SCHEDULE

Continuation Schedule 1 of 1

Item number	Name and address of beneficiary	Character of institution	Amount
7	[REDACTED] N TALLAHASSEE FL 32314	501 (C) 3 PUBLIC CHAR	149,514
TOTAL. (Carry forward to main schedule.)			149,514

[REDACTED]
[REDACTED]
Federal Statements

FYE: 3/21/2021

Statement 1 - Schedule O, Line 1a - Action Instituted Affecting Charitable Deduction

Description

THE TRANSFERS TO CHARITABLE ORGANIZATIONS WERE MADE PURSUANT TO THE TERMS OF THE [REDACTED] IRREVOCABLE TRUST DATED APRIL 24, 2014, AS REFORMED BY THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA, PROBATE DIVISION, ON JANUARY 18, 2022. A COPY OF THE TRUST AGREEMENT (INCLUDING THE REFORMATION ORDER) HAS BEEN ATTACHED HERETO.

**SAMPLE
FORM 1041**

A Check all that apply:

<input type="checkbox"/>	Decedent's estate
<input type="checkbox"/>	Simple trust
<input checked="" type="checkbox"/>	Complex trust
<input type="checkbox"/>	Qualified disability trust
<input type="checkbox"/>	ESBT (S portion only)
<input type="checkbox"/>	Grantor type trust
<input type="checkbox"/>	Bankruptcy estate—Ch. 7
<input type="checkbox"/>	Bankruptcy estate—Ch. 11
<input type="checkbox"/>	Pooled income fund

For calendar year 2022 or fiscal year beginning _____, and ending _____

Name of estate or trust (If a grantor type trust, see the instructions.)
[REDACTED] TRUST

Name and title of fiduciary
KATHRYN EVERLOVE-STONE, TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
5328 CENTRAL AVE

City or town, state or province, country, and ZIP or foreign postal code
ST. PETERSBURG FL 33707-6130

C Employer identification number
[REDACTED]

D Date entity created
12/11/2021

E Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.

Described in sec. 4947(a)(1). Check here if not a private foundation

Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) **2**

F Check applicable boxes:

<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Final return	<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Change in trust's name	<input type="checkbox"/>	Change in fiduciary	<input type="checkbox"/>	Change in fiduciary's name
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Net operating loss carryback
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election Trust TIN _____

Income	1 Interest income	1	737
	2a Total ordinary dividends	2a	18,000
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust		18,000
	3 Business income or (loss). Attach Schedule C (Form 1040)	3	
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4	-3,000
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7 Ordinary gain or (loss). Attach Form 4797	7	
	8 Other income. List type and amount	8	
9 Total income. Combine lines 1, 2a, and 3 through 8	9	15,737	

Deductions	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11 Taxes	11	2,638
	12 Fiduciary fees. If only a portion is deductible under section 67(e), see instructions	12	
	13 Charitable deduction (from Schedule A, line 7)	13	
	14 Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions	14	
	15a Other deductions (attach schedule). See instructions for deductions allowable under section 67(e) SEE STATEMENT 1	15a	8,090
	b Net operating loss deduction. See instructions	15b	
	16 Add lines 10 through 15b	16	10,728
	17 Adjusted total income or (loss). Subtract line 16 from line 9	17	5,009
	18 Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20 Qualified business income deduction. Attach Form 8995 or 8995-A	20	
21 Exemption	21	100	
22 Add lines 18 through 21	22	100	

Tax and Payments	23 Taxable income. Subtract line 22 from line 17. If a loss, see instructions	23	4,909
	24 Total tax (from Schedule G, Part I, line 9)	24	399
	25 Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)	25	
	26 Total payments (from Schedule G, Part II, line 19)	26	963
	27 Estimated tax penalty. See instructions	27	
	28 Tax due. If line 26 is smaller than the total of lines 24, 25, and 27, enter amount owed	28	
	29 Overpayment. If line 26 is larger than the total of lines 24, 25, and 27, enter amount overpaid	29	564
	30 Amount of line 29 to be: a Credited to 2023 b Refunded	30	564

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

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

Print/Type preparer's name **JOSEPH A MEYERS II, CPA** Preparer's signature _____ Date _____ Check if self-employed PTIN **[REDACTED]**

Preparer Use Only Firm's name **HURD, HAWKINS, MEYERS & RADOSEVICH, PA** Firm's EIN **[REDACTED]**

Firm's address **2299 TALL PINES DRIVE LARGO, FL 33771** Phone no. **727-501-1111**

CLIENT COPY

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name ████████████████████	Identifying number ████████████████
Number, street, and room or suite no. (If P.O. box, see instructions.) 5328 CENTRAL AVE	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) ST. PETERSBURG FL 33707-6130	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 05

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶
- 5a The application is for calendar year **2022**, or tax year beginning _____, and ending _____.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions—attach explanation.)

6 Tentative total tax	6	963
7 Total payments and credits. See instructions	7	
8 Balance due. Subtract line 7 from line 6. See instructions	8	963

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

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 3	7	

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	5,009
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	3,000
7	Distributable net income. Combine lines 1-6. If zero or less, enter -0-	7	8,009
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	0
9	Income required to be distributed currently	9	0
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	8,009
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

Schedule G Tax Computation and Payments (see instructions)

Part I — Tax Computation

1	Tax:		
a	Tax on taxable income. See instructions	1a	316
b	Tax on lump-sum distributions. Attach Form 4972	1b	
c	Alternative minimum tax (from Schedule I (Form 1041), line 54)	1c	0
d	Total. Add lines 1a through 1c	1d	316
2a	Foreign tax credit. Attach Form 1116	2a	
b	General business credit. Attach Form 3800	2b	
c	Credit for prior year minimum tax. Attach Form 8801	2c	
d	Bond credits. Attach Form 8912	2d	
e	Total credits. Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-	3	316
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions	4	
5	Net investment income tax from Form 8960, line 21	5	83
6	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	6	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Other taxes and amounts due	8	
9	Total tax. Add lines 3 through 8. Enter here and on page 1, line 24	9	399

Part II — Payments

10	2022 estimated tax payments and amount applied from 2021 return	10	
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11	
12	Subtract line 11 from line 10	12	
13	Tax paid with Form 7004. See instructions	13	963
14	Federal income tax withheld. If any is from Form(s) 1099, check here <input type="checkbox"/>	14	
15	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)	15	
16	Other payments: a Form 2439 ; b Form 4136 ; Total	16c	
17	Credit for qualified sick and family leave wages for leave taken before April 1, 2021	17	
18	Credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	18	
19	Total payments. Add lines 12 through 15 and 16c through 18. Enter here and on page 1, line 26	19	963

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends \$		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2022, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for the required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions <input type="checkbox"/>		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions <input type="checkbox"/>		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here <input type="checkbox"/>		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
11a	Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?		X
b	If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions		
12	Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an eligible 965(i) transferee for S corporation stock held on the last day of the tax year? See instructions		X
13	ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		
14	ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions		

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No. 1545-0092

Attach to Form 1041, Form 5227, or Form 990-T.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Go to www.irs.gov/F1041 for instructions and the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of estate or trust

Employer identification number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,828,863	3,588,295	1,759,432	0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	520,629	600,054	79,425	0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	2,349,492	3,311,770		-962,278
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				12
13 Capital gain distributions				13
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)				16 -962,278

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a	-962,278	-962,278
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a	19	-962,278	-962,278

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	20	3,000
a	The loss on line 19, column (3) or b \$3,000		

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21	4,909	
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23	18,000	
24	Add lines 22 and 23	24	18,000	
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25	0	
26	Subtract line 25 from line 24. If zero or less, enter -0-	26	18,000	
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	0	
28	Enter the smaller of the amount on line 21 or \$2,800	28	2,800	
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		2,800
31	Enter the smaller of line 21 or line 26	31	4,909	
32	Subtract line 30 from line 26	32	15,200	
33	Enter the smaller of line 21 or \$13,700	33	4,909	
34	Add lines 27 and 30	34	2,800	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	2,109	
36	Enter the smaller of line 32 or line 35	36	2,109	
37	Multiply line 36 by 15% (0.15)	37		316
38	Enter the amount from line 31	38	4,909	
39	Add lines 30 and 36	39	4,909	
40	Subtract line 39 from line 38. If zero or less, enter -0-	40	0	
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43	316	
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44	793	
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		316

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

Part I Investment Income

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) elector (see instructions)

1	Taxable interest (see instructions)		737
2	Ordinary dividends (see instructions)		18,000
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		
c	Combine lines 4a and 4b		
5a	Net gain or loss from disposition of property (see instructions)	-3,000	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions)		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		15,737

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		
b	State, local, and foreign income tax (see instructions)		
c	Miscellaneous investment expenses (see instructions)		
d	Add lines 9a, 9b, and 9c		
10	Additional modifications (see instructions)		2,709
11	Total deductions and modifications. Add lines 9d and 10		2,709

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		13,028
Individuals:			
13	Modified adjusted gross income (see instructions)		
14	Threshold based on filing status (see instructions)		
15	Subtract line 14 from line 13. If zero or less, enter -0-		
16	Enter the smaller of line 12 or line 15		
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		
Estates and Trusts:			
18a	Net investment income (line 12 above)	13,028	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	13,028	
19a	Adjusted gross income (see instructions)	15,637	
b	Highest tax bracket for estates and trusts for the year (see instructions)	13,450	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	2,187	
20	Enter the smaller of line 18c or line 19c		2,187
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		83

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

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	Yes	No
B	If "Yes," did you or will you file required Form(s) 1099?	Yes	No

1a Physical address of each property (street, city, state, ZIP code)

A	BAR HARBOR ME
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A 4					
B					
C					

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

	Properties:		
	A	B	C
Income:			
3 Rents received	55,437		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance	2,982		
8 Commissions	8,316		
9 Insurance	536		
10 Legal and other professional fees	4,500		
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	51,396		
13 Other interest			
14 Repairs	1,561		
15 Supplies			
16 Taxes	4,409		
17 Utilities	6,442		
18 Depreciation expense or depletion	15,846		
19 Other (list) SEE STATEMENT 2	1,846		
20 Total expenses. Add lines 5 through 19	97,834		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-42,397		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	0		
23a Total of all amounts reported on line 3 for all rental properties	55,437		
b Total of all amounts reported on line 4 for all royalty properties			
c Total of all amounts reported on line 12 for all properties	51,396		
d Total of all amounts reported on line 18 for all properties	15,846		
e Total of all amounts reported on line 20 for all properties	97,834		
24 Income. Add positive amounts shown on line 21. Do not include any losses			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			

For Paperwork Reduction Act Notice, see the separate instructions.

BENEFICIARY 1
Schedule K-1
(Form 1041)

Department of the Treasury
 Internal Revenue Service

2022

For calendar year 2022, or tax year

Final K-1

Amended K-1

661117
 OMB No. 1545-0092


NO TAXABLE INCOME


beginning ending

Beneficiary's Share of Income, Deductions, Credits, etc.

See back of form and instructions

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number


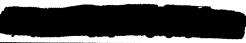
B Estate's or trust's name



C Fiduciary's name, address, city, state, and ZIP code
KATHRYN EVERLOVE-STONE
TRUSTEE
5328 CENTRAL AVE
ST. PETERSBURG FL 33707-6130

D Check if Form 1041-T was filed and enter the date it was filed

E Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number


G Beneficiary's name, address, city, state, and ZIP code


H Domestic beneficiary Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction		

*See attached statement for additional information.
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

BENEFICIARY 2
Schedule K-1
(Form 1041)

2022

Department of the Treasury
 Internal Revenue Service

For calendar year 2022, or tax year

NO TAXABLE INCOME

beginning ending

Beneficiary's Share of Income, Deductions, Credits, etc.

See back of form and instructions

Final K-1

Amended K-1

661117
 OMB No. 1545-0092

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

C Fiduciary's name, address, city, state, and ZIP code
 KATHRYN EVERLOVE-STONE
 TRUSTEE
 5328 CENTRAL AVE
 ST. PETERSBURG FL 33707-6130

D Check if Form 1041-T was filed and enter the date it was filed

E Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

 FL 33704-3515

H Domestic beneficiary Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction		

*See attached statement for additional information.
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Passive Activity Loss Limitations

See separate instructions.

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

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special*

Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))		
1b	Activities with net loss (enter the amount from Part IV, column (b))		
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))		
1d	Combine lines 1a, 1b, and 1c		

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))		
2b	Activities with net loss (enter the amount from Part V, column (b))	42,397	
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	1,184	
2d	Combine lines 2a, 2b, and 2c		-43,581

3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used		
3			-43,581

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3		4
5	Enter \$150,000. If married filing separately, see instructions	5	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8	9	0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
MAIN ST		42,397	1,184		43,581
Total. Enter on Part I, lines 2a, 2b, and 2c		42,397	1,184		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
MAIN ST	SCH E1	43,581	1.0000	43,581
Total		43,581	1.00	43,581

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
MAIN ST	SCH E1	43,581	43,581	
Total		43,581	43,581	

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

**AMT VERSION
Passive Activity Loss Limitations**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Identifying number

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))		
1b	Activities with net loss (enter the amount from Part IV, column (b))		
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))		
1d	Combine lines 1a, 1b, and 1c		

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))		
2b	Activities with net loss (enter the amount from Part V, column (b))	42,397	
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	1,184	
2d	Combine lines 2a, 2b, and 2c		-43,581

3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used		-43,581
---	---	--	---------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3		4	
5	Enter \$150,000. If married filing separately, see instructions	5		
6	Enter modified adjusted gross income, but not less than zero. See instructions	6		
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8		
9	Enter the smaller of line 4 or line 8	9		0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c ▶					

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
MAIN ST		42,397	1,184		43,581
Total. Enter on Part I, lines 2a, 2b, and 2c		42,397	1,184		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
			1.00		
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
MAIN ST	SCH E1	43,581	1.0000	43,581
Total		43,581	1.00	43,581

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
MAIN ST	SCH E1	43,581	43,581	
Total		43,581	43,581	

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.

2022

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1155.000 SH MICROSTRATEGY INC	11/30/21	01/28/22	381,782	944,707	O	562,925	
	1500.000 SH META PLATFORMS INC	11/25/21	08/10/22	268,059	556,800	O	288,741	
	2845.000 SH MICROSTRATEGY INC VARIOUS		04/22/22	1,179,022	2,086,788	O	907,766	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)				1,828,863	3,588,295		1,759,432	0

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

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

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

Social security number or taxpayer identification number

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

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

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

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	10000.000 SH ALTRIA GROUP INC	03/19/21	05/24/22	520,629	600,054	0	79,425	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								
				520,629	600,054		79,425	0

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

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

Social security number or taxpayer identification number

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(X) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds, (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes rows for MICROSTRATEGY INC and ALTRIA GROUP INC, and a Totals row at the bottom.

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

Federal Statements

Statement 1 - Form 1041, Page 1, Line 15a - Other Deductions

Description	Amount
PROPERTY MAINTENANCE	\$ 8,090
ALLOWABLE DEDUCTIONS	\$ 8,090

Federal Statements

7 Main St

Statement 2 - Schedule E, Page 1, Line 19 - Other Expenses

Description	Amount
LICENSES & PERMITS	\$ 250
INTERNET	<u>1,596</u>
TOTAL	<u>\$ 1,846</u>

Federal Asset Report

Main St

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	Building - Main St	12/11/21	618,000				618,000	39	MMS/L	660	15,846
			<u>618,000</u>				<u>618,000</u>			<u>660</u>	<u>15,846</u>
	Fiduciary's portion of depreciation expense (100.0000)										<u>15,846</u>
Other Depreciation:											
2	Land	12/11/21	572,000				572,000	0	--	Land	0
	Total Other Depreciation										<u>0</u>
	Fiduciary's portion of depreciation expense (100.0000)										<u>0</u>
	Total ACRS and Other Depreciation										<u>0</u>
	Grand Totals		1,190,000				1,190,000			660	15,846
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>1,190,000</u>				<u>1,190,000</u>			<u>660</u>	<u>15,846</u>

AMT Asset Report

Main St

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	Building Main St	12/11/21	618,000				618,000	39	MMS/L	660	15,846
			<u>618,000</u>				<u>618,000</u>			<u>660</u>	<u>15,846</u>
	Fiduciary's portion of depreciation expense (100.0000)										<u>15,846</u>
Other Depreciation:											
2	Land	12/11/21	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Fiduciary's portion of depreciation expense (100.0000)										<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		618,000				618,000			660	15,846
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>618,000</u>				<u>618,000</u>			<u>660</u>	<u>15,846</u>

Carryover Report

Form **1041**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

	Available to 2022	2022 Amounts	Carryover to 2023
Form 8801			
Minimum tax credit	_____	_____	_____
ESBT - Minimum tax credit	_____	_____	_____
Form 4952			
Investment interest	_____	_____	_____
Investment interest - AMT	_____	_____	_____
ESBT - Investment interest	_____	_____	_____
ESBT - Investment interest - AMT	_____	_____	_____
Schedule D			
Short-term capital loss	_____	_____	_____
Long-term capital loss	_____	<u>GENERATED</u>	<u>959,278</u>
ESBT - Short-term capital loss	_____	_____	_____
ESBT - Long-term capital loss	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____
Long-term capital loss - AMT	_____	<u>GENERATED</u>	<u>959,278</u>
Form 1041-A			
Income set aside	_____	_____	_____

Nonrecaptured Section 1231 Losses

Year	ESBT	Non-ESBT
2017	_____	_____
2018	_____	_____
2019	_____	_____
2020	_____	_____
2021	_____	_____
Available to 2022	_____	<u>0</u>
2022 Amounts		
2017 Unused amount	_____	_____
Carryover to 2023	_____	_____

Passive Activity Deduction and Credit Worksheet

2022

For calendar year 2022, or tax year beginning , and ending

Name Taxpayer Identification Number

Activity MAIN ST Form SCH E Unit 2

Type OTHER PASSIVE Entire disposition of activity

Regular Tax Loss Calculations

Table with 5 columns: Description, Prior Year Suspended Losses, Current Year Generated, Current Year Utilized, Suspended Losses To Next Year. Includes rows for Operating - Ordinary business, Rental real estate, etc.

Alternative Minimum Tax Loss Calculations

Table with 5 columns: Description, Prior Year Suspended Losses, Current Year Generated, Current Year Utilized, Suspended Losses To Next Year. Includes rows for Operating - Ordinary business, Rental real estate, etc.

Passive Activity Credits

Table with 5 columns: Description, Prior Year Suspended Credits, Current Year Generated, Current Year Utilized, Suspended Credits To Next Year.

**Accounting Income and Distributable Net Income
Detail Information Worksheet**

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

	Accounting Income	Distributable Net Income
Income		
Interest income	737	737
Dividend income	18,000	18,000
Business income / loss		
Capital gain / loss		-3,000
Rents, royalties, partnerships, other estates and trusts	-42,397	
Farm income / loss		
Ordinary gain / loss		
Other income		
Deductions		
Interest expense		
Less: Allocated to tax-exempt income	()	()
Taxes	2,638	2,638
Less: Allocated to tax-exempt income	()	()
Fiduciary fees		
Less: Allocated to tax-exempt income	()	()
Charitable deduction		
Attorney / Accountant fees		
Less: Allocated to tax-exempt income	()	()
Other deductions	8,090	8,090
Less: Allocated to tax-exempt income	()	()
Miscellaneous deductions		
Less: Allocated to tax-exempt income	()	
Taxable income	-34,388	5,009
Net gain shown on Schedule D, line 19, column (1)		
Enter amount from Schedule A, line 4		
Long-term capital gain included on Schedule A, line 1		
Short-term capital gain included on Schedule A, line 1		
Capital loss from Form 1041 page 1, line 4		3,000
Less capital gain from Form 1041 page 1, line 4		()
Net taxable income	-34,388	8,009

Tax-Exempt Income

Interest, dividends, and other nontaxable income		
Allocated direct expenses	()	
Allocated indirect expenses	()	
Net tax-exempt income		

Subtotal	-34,388	
Additions: Items not on the return affecting accounting income		
Subtractions: Items on the return not affecting accounting income	()	
Total. Net taxable income plus estate tax deduction and net tax-exempt income	-34,388	8,009

Summary

	Accounting Income		Distributable Net Income
Taxable income	-34,388		8,009
Tax-exempt income			
Net accounting income	-34,388		8,009
Taxable income			8,009
Tax-exempt interest and dividends			
Distributable net income			8,009

**Allocation of Expenses by Income Type
Tax Basis**

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

	Interest	U.S. Interest	Dividends	Qualified Dividends	U.S. Dividends
Income	737			18,000	
Less deductions:					
Interest					
Taxes	26			640	
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions	80			1,963	
Reserved					
Total deductions	106			2,603	
Subtotal	631			15,397	
Reclassified losses	-631			-7,388	
Net income (Calculated)				8,009	
Net income (Force)					

	Other	Ordinary Business	Rental Real Estate	Other Rental	ESBT / QSST
Income					
Less deductions:					
Interest					
Taxes			1,972		
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions			6,047		
Reserved					
Total deductions			8,019		
Subtotal			-8,019		
Reclassified losses			8,019		
Net income (Calculated)					
Net income (Force)					

	Short-Term Gains	Long-Term Gains	Section 1231 Gains	Other Nontaxable	Tax-Exempt
Income		-962,278			
Less deductions:					
Interest					
Taxes					
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions					
Reserved					
Total deductions					
Net income (Calculated)		-962,278			
Net income (Force)					

**Allocation of Expenses by Income Type
Accounting Income Basis**

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

	Interest	U.S. Interest	Dividends	Qualified Dividends	U.S. Dividends
Income	737			18,000	
Less deductions:					
Interest					
Taxes	26			640	
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions	80			1,963	
Miscellaneous deductions					
Total deductions	106			2,603	
Additions					
Subtractions					
Subtotal	631			15,397	
Reclassified losses	-631			-15,397	
Net income (Calculated)					

Net income (Force) _____

	Other	Ordinary Business	Rental Real Estate	Other Rental	ESBT / QSST
Income			-42,397		
Less deductions:					
Interest					
Taxes			1,972		
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions			6,047		
Miscellaneous deductions					
Total deductions			8,019		
Additions					
Subtractions					
Subtotal			-50,416		
Reclassified losses			50,416		
Net income (Calculated)					

Net income (Force) _____

	Short-Term Gains	Long-Term Gains	Section 1231 Gains	Other Nontaxable	Tax-Exempt
Income					
Less deductions:					
Interest					
Taxes					
Fiduciary fees					
Charitable deduction					
Attorney, accountant fees					
Other deductions					
Miscellaneous deductions					
Total deductions					
Additions					
Subtractions					
Net income (Calculated)					

Net income (Force) _____

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

Use this worksheet to figure your capital loss carryovers from 2022 to 2023 if Schedule D line 20, is a loss and (a) the loss on Schedule D, line 19, column (3), is more than \$3,000, OR (b) Form 1041, line 23 is a loss.

	Regular Tax	AMT
1. Enter taxable income or (loss) from Form 1041, line 23	4,909	7,647
2. Enter loss from line 20 of Schedule D as a positive amount	3,000	3,000
3. Enter amount from Form 1041, line 21	100	
4. Adjusted taxable income. Combine lines 1, 2, and 3. If zero or less, enter -0-	8,009	10,647
5. Enter the smaller of line 2 or line 4	3,000	3,000
Note: If line 7 of Schedule D is a loss, go to line 6; otherwise, enter -0- on line 6 and go to line 10.		
6. Enter loss from Schedule D, line 7, as a positive amount	0	0
7. Enter gain, if any, from Schedule D, line 16. If that line is blank or shows a loss, enter -0-	0	0
8. Add lines 5 and 7		
9. Short-term capital loss carryover to 2023. Subtract line 8 from line 6. If zero or less, enter -0-. If this is the final return of the estate or trust, also enter on Schedule K-1 (Form 1041), box 11, using code C	0	0
Note: If line 16 of Schedule D is a loss, go to line 10; otherwise, skip lines 10 through 14.		
10. Enter loss from Schedule D, line 16, as a positive amount	962,278	962,278
11. Enter gain, if any, from Schedule D, line 7. If that line is blank or shows a loss, enter -0-	0	0
12. Subtract line 6 from line 5. If zero or less, enter -0-	3,000	3,000
13. Add lines 11 and 12	3,000	3,000
14. Long-term capital loss carryover to 2023. Subtract line 13 from line 10. If zero or less, enter -0-. If this is the final return of the estate or trust, also enter on Schedule K-1 (Form 1041), box 11, using code D	959,278	959,278

Net Investment Income Distributions Worksheet

For calendar year 2022, or tax year beginning _____, and ending _____

Name _____ Taxpayer Identification Number _____

Income:	Interest	U.S. Interest	Dividends	Qualified Dividends	U.S. Dividends
Investment income	737			18,000	
Adjustments					
Total investment income	737			18,000	
Less deductions:					
Investment interest					
State taxes					
Charitable deduction					
Other deductions	106			2,603	
Total deductions	106			2,603	
Net investment income	631			15,397	
Distributed to beneficiaries					
Undistributed	631			15,397	

Income:	Other	Ordinary Business	Rental Real Estate	Other Rental	ESBT
Investment income					
Adjustments					
Total investment income					
Less deductions:					
Investment interest					
State taxes					
Charitable deduction					
Other deductions					
Total deductions					
Net investment income					
Distributed to beneficiaries					
Undistributed					

Income:	Short-Term Gains	Long-Term Gains	Section 1231 Gains	Total
Investment income		-962,278		
Adjustments				
Total investment income		-962,278		-943,541
Less deductions:				
Investment interest				
State taxes				
Charitable deduction				
Other deductions				2,709
Total deductions				2,709
Net investment income		-962,278		-946,250
Distributed to beneficiaries				
Undistributed		-962,278		-946,250

Federal Statements

Interest Income

Description	Amount
CHARLES SCHWAB - [REDACTED]	\$ 414
FIRST CITIZENS	41
FIRST CITIZENS	<u>282</u>
TOTAL	\$ <u><u>737</u></u>

Federal Statements

Dividend Income

Description

	Total Dividends	Qualified Dividends
CHARLES SCHWAB - [REDACTED]	\$ 18,000	\$ 18,000
TOTAL	\$ 18,000	\$ 18,000

Federal Statements

Form 1041, Page 1, Line 11 - Taxes

<u>Description</u>	<u>Amount</u>
REAL ESTATE TAX	\$ <u>2,638</u>
SUBTOTAL	\$ <u>2,638</u>
PAGE 1 - TAX EXPENSE	\$ <u><u>2,638</u></u>