

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

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

Your first name and middle initial ICE	Last name BERG	Your social security number 400-00-6006
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1224 GLACIER LOOP		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ABERDEEN, SD 57402		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

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

Age/Blindness **You:** Were born before January 2, 1955 Are blind
Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends.	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	73,626
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	73,626
8a	Adjustments to income from Schedule 1, line 22	8a	5,202
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	68,424
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	11,245
11a	Add lines 9 and 10	11a	23,445
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	44,979

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 5,753

b Add Schedule 2, line 3, and line 12a and enter the total 12b 5,753

13a Child tax credit or credit for other dependents 13a

b Add Schedule 3, line 7, and line 13a and enter the total 13b 0

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 5,753

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15 10,403

16 Add lines 14 and 15. This is your total tax 16 16,156

17 Federal income tax withheld from Forms W-2 and 1099 17

18 Other payments and refundable credits:

a Earned income credit (EIC) 18a

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d 17,400

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e 17,400

19 Add lines 17 and 18e. These are your total payments 19 17,400

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 1,244

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 1,244

Direct deposit? See instructions. b Routing number X X X X X X X X X X c Type: Checking Savings

d Account number X X X X X X X X X X X X X X X X X X

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes/No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records. Spouse's signature, date, occupation, and PIN.

Phone no. Email address BERG@1040.COM

Paid Preparer Use Only

Preparer's signature Ed Ewcation Date 12-10-2019 PTIN P01234567 Check if: 3rd Party Designee Self-employed

Preparer's name Ed Ewcation Phone no. 828-524-8020 Firm's name Smith CPA Firm's address 235 East Palmer Street Franklin, NC 28734 Firm's EIN

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

Attachment
Sequence No. **01**

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

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

Your social security number

ICE BERG

400-00-6006

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	73,626
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	73,626
Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	5,202
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Reserved for future use	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	5,202

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

ICE BERG

400-00-6006

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	10,403
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	10,403

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

Your social security number

ICE BERG

400-00-6006

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	0
Part II Other Payments and Refundable Credits			
8	2019 estimated tax payments and amount applied from 2018 return	8	17,400
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add line 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	17,400

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor ICE BERG		Social security number (SSN) 400-00-6006
A Principal business or profession, including product or service (see instructions) FISHING SUPPLY SALES		B Enter code from instructions ▶ 453990
C Business name. If no separate business name, leave blank. BERGS BAIT AND TACKLE		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 855 TACKLE LN City, town or post office, state, and ZIP code ABERDEEN, SD 57402		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	180,000
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	180,000
4 Cost of goods sold (from line 42)		4	65,900
5 Gross profit. Subtract line 4 from line 3.		5	114,100
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	114,100

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		3,100
9 Car and truck expenses (see instructions)	9		
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		11,774
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		2,000
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		5,000
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		12,000
21 Repairs and maintenance	21		500
22 Supplies (not included in Part III)	22		2,400
23 Taxes and licenses	23		500
24 Travel and meals:			
a Travel	24a		
b Deductible meals (see instructions)	24b		
25 Utilities	25		3,200
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.		28	40,474
29 Tentative profit or (loss). Subtract line 28 from line 7		29	73,626
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.		31	73,626
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 , (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a <input type="checkbox"/> 32b <input type="checkbox"/>	All investment is at risk. Some investment is not at risk.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return ICE BERG	Business or activity to which this form relates BERG'S BAIT AND TACKLE	Identifying number 400-00-6006
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1,020,000
2	Total cost of section 179 property placed in service (see instructions).		10,500
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Statement #1	7,500	7,500
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		7,500
9	Tentative deduction. Enter the smaller of line 5 or line 8		7,500
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		81,126
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		7,500
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		3,000
15	Property subject to section 168(f)(1) election		
16	Other depreciation (including ACRS)		

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019.		1,274
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		11,774
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

PG01

ICE BERG

400-00-6006

FORM 4562 - LINE 6

Statement #1

DESCRIPTION OF PROPERTY	COST	ELECTED COST
TABLE	1,500	1,500
DESK	3,500	3,500
CHAIR	<u>2,500</u>	<u>2,500</u>
TOTAL	<u><u>7,500</u></u>	<u><u>7,500</u></u>

1040

Overflow Statement

2019
Page 1

Name(s) as shown on return

ICE BERG

Your Social Security Number

400-00-6006

SCHEDULE C, LINE 8 - ADVERTISING

DESCRIPTION	AMOUNT
MAGAZINE	\$ 1,000
INTERNET	900
RADIO	1,200
TOTAL:	\$ 3,100

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

BERG'S BAIT AND TACKLE

For your records only

2019

PAGE 1

Name(s) as shown on return

Social security number/EIN

ICE BERG

400-00-6006

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	DISPLAY CASE	01022018	1,800*		100.00		PY 900	900	7	200 DB HY	24.49	900	220	1,120	220
2	COMPUTER	01022018	1,500*		100.00		PY 750	750	5	200 DB HY	32	750	240	990	240
3	PRINTER	01032018	500*		100.00		PY 250	250	5	200 DB HY	32	250	80	330	80
4	SHELVING	01022018	3,000*		100.00		PY 1,500	1,500	7	200 DB HY	24.49	1,500	367	1,867	367
5	COPIER	01032018	3,000*		100.00		PY 1,500	1,500	7	200 DB HY	24.49	1,500	367	1,867	367
6	TABLE	01012019	1,500*		100.00	CY 1,500			5	EXP	0			1,500	1,500
7	DESK	01012019	3,500*		100.00	CY 3,500			7	EXP	0			3,500	3,500
8	CHAIR	01012019	2,500*		100.00	CY 2,500			7	EXP	0			2,500	2,500
9	WOOD SHELF	01012019	3,000*		100.00		CY 3,000		7	200 DB HY	14.29			3,000	
Totals			20,300			CY 7,500	CY 3,000	4,900				4,900	1,274	16,674	8,774

Land Amount
Net Depreciable Cost

20,300

PY 4,900

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

10,500
11,774

ST ADJ:
UBIA: 20,300

Section 179 Business Income Limit

Form 1040

(Do not file. Keep for your records.)

2019

Name(s) as shown on return

Tax ID Number

ICE BERG

400-00-6006

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5	1,020,000
2	Wages, salaries, tips, etc. (Line 1 of 1040)	
3	Non-passive Section 1231 Gains (losses)	
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	81,126
5	Income (loss) from Schedule C-EZ line 3 (Unless Materially Participated = "NO")	
6	Income (loss) from Schedule E line 26 (If Non-Passive)	
7	Income (loss) from Form 4835, line 32 (If Non-Passive)	
8	Income (loss) from Schedule F line 36 (If Non-Passive)	
9	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10	
10	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11	
11	Total business income (loss). Combine lines 2 through 10	81,126
12	Business income limitation. Lesser of line 1 or line 11, but not less than zero. Enter here and on Form 4562, line 11	81,126

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2019	Remaining carryover
C CHAIR	2019	2,500		2,500	
C DESK	2019	3,500		3,500	
C TABLE	2019	1,500		<u>1,500</u>	
TOTAL ALLOWABLE (4562 LN 12)				<u><u>7,500</u></u>	
TOTAL 2019 ELEC. COST (4562 LN 8)			7,500		