

**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 <b>CAESAR</b>	Last name <b>SALAD</b>	Your social security number <b>400-00-6009</b>
If joint return, spouse's first name and middle initial <b>COBB</b>	Last name <b>SALAD</b>	Spouse's social security number <b>400-00-9006</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>144 ROMAINE ST</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>ALBERT, OK 73001</b>		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
<b>TABBOULEH</b>	<b>SALAD</b>	<b>400-11-3210</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TACO</b>	<b>SALAD</b>	<b>400-77-7777</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>2b</b>	Taxable interest . . . . .	<b>2b</b>	
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>3b</b>	Ordinary dividends. . . . .	<b>3b</b>	
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
<b>4b</b>	Taxable amount . . . . .	<b>4b</b>	
<b>c</b>	Pensions and annuities . . . . .	<b>4c</b>	
<b>4d</b>	Taxable amount . . . . .	<b>4d</b>	
<b>5a</b>	Social security benefits. . . . .	<b>5a</b>	
<b>5b</b>	Taxable amount . . . . .	<b>5b</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	<b>6</b>	
<b>7a</b>	Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	<b>69,705</b>
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	<b>7b</b>	<b>69,705</b>
<b>8a</b>	Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	<b>21,925</b>
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	<b>8b</b>	<b>47,780</b>
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>9</b>	<b>24,400</b>
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A. . . . .	<b>10</b>	<b>4,676</b>
<b>11a</b>	Add lines 9 and 10 . . . . .	<b>11a</b>	<b>29,076</b>
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	<b>18,704</b>

**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.

<b>12a</b>	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	<b>12a</b>	1,873
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>	1,873
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	1,873
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>	1,873
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .	<b>14</b>	0
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	9,849
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>	9,849
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	627
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14. . . . .	<b>18d</b>	9,200
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . ▶	<b>18e</b>	9,827
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>	9,827

● If you have a qualifying child, attach Sch. EIC.  
● If you have nontaxable combat pay, see instructions.

<b>Refund</b>	<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	
	<b>21 a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>21a</b>	
Direct deposit? ▶ See instructions.	<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <input type="text"/>		
	<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . ▶	<b>22</b>	

<b>Amount You Owe</b>	<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . ▶	<b>23</b>	22
	<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>	

**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. Complete below.  No

(Other than paid preparer) 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	22006 Spouse's signature. If a joint return, both must sign.	06-12-2020	FARMER	
	07662	06-12-2020	STAY-AT-HOME MOTHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. 828-524-8020	Email address CAESAR@1040.COM		

**Paid Preparer Use Only**

Preparer's signature	Date	PTIN	Check if:
Ed Ewcation	12-10-2019	P01234567	<input checked="" type="checkbox"/> 3rd Party Designee
Preparer's name Ed Ewcation	Phone no. 828-524-8020		<input type="checkbox"/> Self-employed
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](http://www.irs.gov/Form1040) for instructions and the latest information.**

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

Your social security number

**CAESAR & COBB SALAD**

**400-00-6009**

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

<b>Part I Additional Income</b>			
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	<b>69,705</b>
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	<b>9</b>	<b>69,705</b>

<b>Part II Adjustments to Income</b>			
<b>10</b>	Educator expenses	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>14</b>	<b>4,925</b>
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction	<b>16</b>	<b>17,000</b>
<b>17</b>	Penalty on early withdrawal of savings	<b>17</b>	
<b>18a</b>	Alimony paid	<b>18a</b>	
<b>b</b>	Recipient's SSN. ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction	<b>19</b>	
<b>20</b>	Student loan interest deduction	<b>20</b>	
<b>21</b>	Reserved for future use	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a	<b>22</b>	<b>21,925</b>

**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](http://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

**CAESAR & COBB SALAD**

**400-00-6009**

<b>Part I Tax</b>			
<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	<b>0</b>
<b>Part II Other Taxes</b>			
<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	<b>9,849</b>
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	<b>9,849</b>

**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](http://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

**CAESAR & COBB SALAD**

**400-00-6009**

<b>Part I Nonrefundable Credits</b>			
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
<b>Part II Other Payments and Refundable Credits</b>			
8	2019 estimated tax payments and amount applied from 2018 return . . . . .	8	9,200
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	9,200

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

Schedule 3 (Form 1040 or 1040-SR) 2019

**SCHEDULE F**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Farming**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.**  
▶ **Go to [www.irs.gov/ScheduleF](http://www.irs.gov/ScheduleF) for instructions and the latest information.**

Attachment  
Sequence No. **14**

Name of proprietor <b>CAESAR SALAD</b>			Social security number (SSN) <b>400-00-6009</b>
A Principal crop or activity <b>DAIRY FARM</b>	B Enter code from Part IV ▶ <b>112120</b>	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	D Employer ID number (EIN), (see instr) <b>51-0000000</b>
E Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on passive losses			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G If "Yes," did you or will you file required Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part I Farm Income - Cash Method.</b> Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)			
1 a	Sales of livestock and other resale items (see instructions)	1a	5,900
b	Cost or other basis of livestock or other items reported on line 1a	1b	2,900
c	Subtract line 1b from line 1a	1c	3,000
2	Sales of livestock, produce, grains, and other products you raised	2	125,000
3 a	Cooperative distributions (Form(s) 1099-PATR)	3a	
3 b	Taxable amount	3b	
4 a	Agricultural program payments (see instructions)	4a	
4 b	Taxable amount	4b	2,800
5 a	Commodity Credit Corporation (CCC) loans reported under election	5a	
b	CCC loans forfeited	5b	
5 c	Taxable amount	5c	
6	Crop insurance proceeds and federal crop disaster payments (see instructions):		
a	Amount received in 2019	6a	
b	Taxable amount	6b	
c	If election to defer to 2020 is attached, check here <input type="checkbox"/>	6c	
6 d	Amount deferred from 2018	6d	
7	Custom hire (machine work) income	7	
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	8	
9	<b>Gross income.</b> Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	9	130,800

<b>Part II Farm Expenses - Cash and Accrual Method.</b> Do not include personal or living expenses. See instructions.			
10	Car and truck expenses (see instructions). Also attach Form 4562	10	7,250
11	Chemicals	11	1,900
12	Conservation expenses (see instructions)	12	
13	Custom hire (machine work)	13	
14	Depreciation and section 179 expense (see instructions)	14	13,095
15	Employee benefit programs other than on line 23	15	
16	Feed	16	6,750
17	Fertilizers and lime	17	1,100
18	Freight and trucking	18	1,900
19	Gasoline, fuel, and oil	19	2,300
20	Insurance (other than health)	20	2,500
21	Interest (see instructions):		
a	Mortgage (paid to banks, etc.)	21a	
b	Other	21b	
22	Labor hired (less employment credits)	22	
23	Pension and profit-sharing plans	23	
24	Rent or lease (see instructions):		
a	Vehicles, machinery, equipment	24a	
b	Other (land, animals, etc.)	24b	
25	Repairs and maintenance	25	800
26	Seeds and plants	26	1,000
27	Storage and warehousing	27	6,500
28	Supplies	28	3,500
29	Taxes	29	
30	Utilities	30	4,100
31	Veterinary, breeding, and medicine	31	8,400
32	Other expenses (specify):		(less employment credits)
a		32a	
b		32b	
c		32c	
d		32d	
e		32e	
f		32f	

33	<b>Total expenses.</b> Add lines 10 through 32f. If line 32f is negative, see instructions	33	61,095
34	<b>Net farm profit or (loss).</b> Subtract line 33 from line 9	34	69,705
If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.			
35	Reserved for future use.		
36	Check the box that describes your investment in this activity and see instructions for where to report your loss.		
a	<input type="checkbox"/> All investment is at risk.	b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Schedule F (Form 1040 or 1040-SR) 2019

**SCHEDULE 8812**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Additional Child Tax Credit**

▶ Attach to Form 1040, 1040-SR, or Form 1040-NR.  
▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **47**

Your social security number

400-00-6009

**CAESAR & COBB SALAD**

**Part I All Filers**

**Caution:** If you file Form 2555; **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: <b>1040 and 1040-SR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). <b>1040-NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).			
		<b>1</b>		2,500
<b>2</b>	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . .	<b>2</b>		1,873
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>		627
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>1</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . . <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>		1,400
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>		627
<b>6a</b>	Earned income (see instructions) . . . . .	<b>6a</b>		64,780
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>		
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>		62,280
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>		9,342

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . .	<b>9</b>		
<b>10</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. <b>1040-NR filers:</b> Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. <b>1040-NR filers:</b> Enter the amount from Form 1040-NR, line 67.	<b>12</b>		
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>		
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>		

**Part III Additional Child Tax Credit**

<b>15</b>	<b>This is your additional child tax credit . . . . .</b>	<b>15</b>		627
-----------	---	-----------	--	-----

Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.

**Qualified Business Income Deduction  
Simplified Computation**

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

**CAESAR & COBB SALAD**

**400-00-6009**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
<b>i</b>	<b>Schedule F: DAIRY FARM</b>	<b>51-0000000</b>	<b>47,780</b>
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	<b>2</b> <b>47,780</b>	
<b>3</b>	Qualified business net (loss) carryforward from the prior year . . . . .	<b>3</b> (            )	
<b>4</b>	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0- . . . . .	<b>4</b> <b>47,780</b>	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .		<b>5</b> <b>9,556</b>
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	<b>6</b> <b>0</b>	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	<b>7</b> (            )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	<b>8</b> <b>0</b>	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .		<b>9</b> <b>0</b>
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .		<b>10</b> <b>9,556</b>
<b>11</b>	Taxable income before qualified business income deduction . . . . .	<b>11</b> <b>23,380</b>	
<b>12</b>	Net capital gain (see instructions) . . . . .	<b>12</b> <b>0</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b> <b>23,380</b>	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20) . . . . .		<b>14</b> <b>4,676</b>
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return . . . . . ▶		<b>15</b> <b>4,676</b>
<b>16</b>	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0- . . . . .		<b>16</b> (            0 )
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .		<b>17</b> (            0 )

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

Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... 47,780  
Amount from Form 1040, line 9..... 24,400

Line 11 above is the difference between these amounts 23,380

**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](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>CAESAR &amp; COBB SALAD</b>	Business or activity to which this form relates <b>FARM - DAIRY FARM</b>	Identifying number <b>400-00-6009</b>
---	---	--

**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)		44,312
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
	<b>FILTRATION SYS</b>	1,812	1,812
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		1,812
9	Tentative deduction. Enter the smaller of line 5 or line 8		1,812
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		71,517
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		1,812
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		
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		5,210
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	#1					
b 5-year property						
c 7-year property <b>Statement</b>						6,073
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	
i Nonresidential real property			39 yrs.	MM	S/L	

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

20a	Class life					
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	<b>Total.</b> 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		13,095
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.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
<b>TRUCK</b>	<b>01-01-2012</b>	<b>100.0%</b>	<b>35,000</b>					
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .	12,500											
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	12,500											
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b>	<b>No</b>										
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	<b>X</b>											
<b>36</b> Is another vehicle available for personal use? . . . . .	<b>X</b>											

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report. . . . .					<b>44</b>

PG01

CAESAR & COBB SALAD

400-00-6009

FORM 4562 - LINE 19C

Statement #1

BASIS	RP	CV	METHOD	DEDUCTION
31,500	7	HY	200 DB	4,501
11,000	7	HY	200 DB	<u>1,572</u>
<b>TOTAL</b>				<u><u>6,073</u></u>

**Special Depreciation Elections**

**2019** PG01

Name(s) as shown on return

**CAESAR & COBB SALAD**

Tax ID Number

**400-00-6009**

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS RELATED TO  
BONUS DEPRECIATION FOR THE 2019 TAX YEAR.

I ELECT OUT OF ALL BONUS DEPRECIATION FOR ALL CLASSES OF PROPERTY.

Name(s) as shown on return

Tax ID Number

CAESAR SALAD

400-00-6009

**Schedule F # 001**

1. Enter the total amount paid in 2019 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2019 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2019, even if the child was not your dependent. But <b>don't</b> include the following.	
<ul style="list-style-type: none"> <li>• Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2019.</li> <li>• Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.</li> <li>• Any qualified health insurance coverage payments that you included on Form 8885, line 4, to claim the HCTC or on Form 14095 to receive a reimbursement of the HCTC during the year.</li> <li>• Any advance monthly payments of the HCTC that your health plan administrator received from the IRS, as shown on Form 1099-H.</li> <li>• Any qualified health insurance coverage payments you paid for eligible coverage months for which you received the benefit of the HCTC monthly advance payment program.</li> <li>• Any payments for qualified long-term care insurance (see line 2)</li> </ul>	1. <u>17,000</u>
2. For coverage under a qualified long-term care insurance contract, enter for each person covered the <b>smaller</b> of the following amounts.	
<ul style="list-style-type: none"> <li>a) Total payments made for that person during the year.</li> <li>b) The amount shown below. Use the person's age at the end of the tax year. <ul style="list-style-type: none"> <li>\$420 - if that person is age 40 or younger</li> <li>\$790 - if age 41 to 50</li> <li>\$1,580 - if age 51 to 60</li> <li>\$4,220 - if age 61 to 70</li> <li>\$5,270 - if age 71 or older</li> </ul> </li> </ul> <p><b>Don't</b> include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2019. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts</p>	2. _____
3. Add lines 1 and 2	3. <u>17,000</u>
4. Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4. <u>69,705</u>
5. Enter the total of all net profits* from: Schedule C (Form 1040), line 31; Schedule C-EZ (Form 1040), line 3; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A; plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). <b>Don't</b> include any net losses shown on these schedules	5. <u>69,705</u>
6. Divide line 4 by line 5	6. <u>1.000000</u>
7. Multiply Schedule 1 (Form 1040), (or Form 1040NR), line 27, by the percentage on line 6	7. <u>4,925</u>
8. Subtract line 7 from line 4	8. <u>64,780</u>
9. Enter the amount, if any, from Schedule 1 (Form 1040), (or Form 1040NR), line 28, attributable to the same trade or business in which the insurance plan is established	9. _____
10. Subtract line 9 from line 8	10. <u>64,780</u>
11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11. _____
12. Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above	12. _____
13. Subtract line 12 from line 10 or 11, whichever applies	13. <u>64,780</u>
14. Enter the <b>smaller</b> of line 3 or line 13 here and on Schedule 1 (Form 1040), (or Form 1040NR), line 29. <b>Don't</b> include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14. <u>17,000</u>

\* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Section B, line 4b.

\*\* **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

# Auto Expense Worksheet

(Keep for your records)

**2019**

Name(s) as shown on return

Tax ID Number

**CAESAR & COBB SALAD**

**400-00-6009**

Profession/Business  
**FARM - DAIRY FARM**

Description TRUCK

Date placed in service 2012-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year . . . . . 12,500

Total Commuting miles driven during the year . . . . . \_\_\_\_\_

Total Other miles driven during the year . . . . . \_\_\_\_\_

Total Miles driven during the year . . . . . 12,500

Business Use percentage . . . . . 100.00

**Expenses:**

**Total**

**Business  
Percentage**

Section 179 . . . . .	_____	_____	_____
Bonus Depreciation . . . . .	_____	_____	_____
Depreciation . . . . .	_____	_____	_____
Garage Rent . . . . .	_____	_____	_____
Gas . . . . .	<u>1,500</u>	<u>100.00</u>	<u>1,500</u>
Insurance . . . . .	<u>850</u>	<u>100.00</u>	<u>850</u>
Licenses . . . . .	_____	_____	_____
Oil . . . . .	_____	_____	_____
Parking Fees . . . . .	_____	_____	_____
Rental Fees . . . . .	_____	_____	_____
Interest . . . . .	_____	_____	_____
Personal Property Tax . . . . .	_____	_____	_____
Repairs . . . . .	_____	_____	_____
Tires . . . . .	<u>1,000</u>	<u>100.00</u>	<u>1,000</u>
Tolls . . . . .	_____	_____	_____
Lease Add Back . . . . .	_____	_____	_____
Other Expenses:			
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Expenses . . . . .</b>			<u><b>3,350</b></u>

**Standard Mileage Rate Calculation**

Business miles . . . . .	<u>12,500</u>	X 0.58	<u>7,250</u>	_____	<u>7,250</u>
Parking fees . . . . .	_____	_____	_____	_____	_____
Tolls . . . . .	_____	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____	_____
Personal Property Tax . . . . .	_____	_____	_____	_____	_____
<b>Total Standard Mile Rate deduction</b>					<u><b>7,250</b></u>

**How it is reported:**

Depreciation deduction . . . . .	_____	_____	_____
Auto Expense . . . . .	_____	_____	<u>7,250</u>
Personal Property Taxes, Schedule A, Line 5c . . . . .	_____	_____	_____

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

## Depreciation Detail Listing

FARM - DAIRY FARM  
For your records only

**2019**

PAGE 1

Name(s) as shown on return

Social security number/EIN

CAESAR & COBB SALAD

400-00-6009

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	BAILER	01232019	31,500*		100.00			31,500	7	200 DB HY	14.29		4,501	4,501	4,501
2	SPREADER	04122019	11,000*		100.00			11,000	7	200 DB HY	14.29		1,572	1,572	1,572
3	FILTRATION SYS	03092019	1,812*		100.00	CY 1,812		0	7	EXP	0			1,812	1,812
4	STRORAGE BLDG	02222017	62,500*		100.00			62,500	20	150 DB HY	6.677	6,856	4,173	11,029	4,173
5	PLATE COOLERS	05152018	1,500*		100.00	PY 1,500		0	7	EXP	0	1,500		1,500	
6	MILK METERS	02222017	6,900*		100.00			6,900	7	150 DB HY	15.03	757	1,037	1,794	1,037
7	DOUBLE SINK	01012018	800*		100.00	PY 800		0	7	EXP	0	800		800	
Vehicles using Standard Mileage															
8	TRUCK	01012012	35,000*		100.00			35,000	5	150 DB HY	0	35,000		35,000	
<b>Totals</b>			<b>116,012</b>			<b>CY 1,812</b>		<b>111,900</b>				<b>9,913</b>	<b>11,283</b>	<b>23,008</b>	<b>13,095</b>

Land Amount  
Net Depreciable Cost

116,012

PY 2,300

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

1,812  
13,095

ST ADJ:  
UBIA: 151,012