Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

| Taxpayer's name | Social security number |
|---|---|
| NANCY J DUMONT | 030-64-0942 |
| Spouse's name | Spouse's social security number |

## Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income | 1 | 279,427 |
| 2 | Total tax | 2 | 88,544 |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 27,465 |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

[X] I authorize MARCKRES NORDER AND COMPANY, INC. (ERO firm name) to enter or generate my PIN 40942 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Nancy DuMont Date ▶ 2/5/24

**Spouse's PIN: check one box only**

[ ] I authorize ____________ (ERO firm name) to enter or generate my PIN ______ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

[ ] I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

**Practitioner PIN Method Returns Only—continue below**

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. ______ **Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

**ERO Must Retain This Form — See Instructions**
**Don't Submit This Form to the IRS Unless Requested To Do So**

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

**Taxpayer Name** NANCY J DUMONT

**Spouse Name** ______

**DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO**

**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

**I am signing this Tax Return by entering my PIN below.**

ERO's PIN 03018287781

**Taxpayer Declarations**

**Perjury Statement**

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

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

**Electronic Funds Withdrawal Consent**

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

**I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.**

Date (all numerics) ______

| | Taxpayer | Spouse |
|---|---|---|
| PIN (enter five numbers, other than all zeroes) | 40942 | |
| Prior Year Adjusted Gross Income | 116,600 | |
| Date of Birth | 03/05/1973 | |
| Prior Year PIN | 40942 | |

**Form 1310 Signature and Verification**

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund ______ Date ______

# Form 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2022

OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

**Filing Status** Check only one box.

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| NANCY J | DUMONT | 030-64-0942 |
| 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. | | Apt. no. |
|---|---|---|
| 1241 TABER HILL RD | | |
| City, town or post office. If you have a foreign address, also complete spaces below. | State | ZIP code |
| STOWE | VT | 05672 |
| Foreign country name | Foreign province/state/county | Foreign postal code |
| | | |

**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. ☐ You ☐ Spouse

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

**Dependents** (see instructions): If more than four dependents, see instr. and check here ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Child tax credit | Credit for other dependents |
|---|---|---|---|---|---|
| LEILA J. | FLANAGAN | 009-92-3653 | DAUGHTER | X | |
| | | | | | |
| | | | | | |
| | | | | | |

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | |
| b | Household employee wages not reported on Form(s) W-2 | 1b | |
| c | Tip income not reported on line 1a (see instructions) | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) | 1h | |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | |

Attach Sch. B if required.

| | | | | | |
|---|---|---|---|---|---|
| 2a | Tax-exempt interest | | b | Taxable interest | 2b |
| 3a | Qualified dividends | | b | Ordinary dividends | 3b |
| 4a | IRA distributions | | b | Taxable amount | 4b |
| 5a | Pensions and annuities | | b | Taxable amount | 5b |
| 6a | Soc. sec. ben. | | b | Taxable amount | 6b |

Standard Deduction for –
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

| | | | |
|---|---|---|---|
| c | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ | 7 | |
| 8 | Other income from Schedule 1, line 10 | 8 | 291,362 |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 291,362 |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | 11,935 |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 279,427 |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 19,400 |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 4,591 |
| 14 | Add lines 12 and 13 | 14 | 23,991 |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 255,436 |

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



DAA

Form 1040 (2022) NANCY J DUMONT 030-64-0942 Page 2

| | | | | |
|---|---|---|---|---|
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | 16 | 61,656 |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 61,656 |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 61,656 |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 26,888 |
| | 24 | Add lines 22 and 23. This is your **total tax** | 24 | 88,544 |
| **Payments** | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 — 25a | | |
| | b | Form(s) 1099 — 25b | | |
| | c | Other forms (see instructions) — 25c | | |
| | d | Add lines 25a through 25c | 25d | |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | 65,016 |
| | 27 | Earned income credit (EIC) — 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 — 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 — 29 | | |
| | 30 | Reserved for future use — 30 | | |
| | 31 | Amount from Schedule 3, line 15 — 31 | | |
| | 32 | Add lines 27, 28, 29 and 31. These are your **total other payments and refundable credits** | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | 33 | 65,016 |
| **Refund** | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | 34 | |
| | 35a | Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐ | 35a | |
| Direct deposit? See instructions. | b | Routing number — c Type: ☐ Checking ☐ Savings | | |
| | d | Account number | | |
| | 36 | Amount of line 34 you want **applied to your 2023 estimated tax** — 36 | | |
| **Amount You Owe** | 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | 37 | 23,528 |
| | 38 | Estimated tax penalty (see instructions) — 38 | | |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name DEBORAH L. VERZILLI, CPA Phone no. 802-888-7781 Personal identification number (PIN) 87781

**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 Nancy J Dumont Date 2/5/24 Your occupation REALTOR/PROJECT MANAGER If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no. 802-793-1430 Email address NANCYJDUMONT@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name DEBORAH L. VERZILLI, CPA Preparer's signature DEBORAH L. VERZILLI, CPA Deborah Verzilli, CPA Date 02/05/24 PTIN P00295703 Check if: ☐ Self-employed

Firm's name MARCKRES NORDER AND COMPANY, INC. Phone no. 802-888-7781

Firm's address PO BOX 732 MORRISVILLE VT 05661 Firm's EIN 03-0322133

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2022)

2/02 INT 408 FTF 3,176 FTP 353 TOT 27,465

**SCHEDULE 1 (Form 1040)**

Department of the Treasury Internal Revenue Service

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

**2022**

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: NANCY J DUMONT

**Your social security number:** 030-64-0942

## 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 | 210,660 |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | 80,702 |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | ( ) | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | ( ) | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | | |
| p | Section 461(l) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | ( ) | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | 291,362 |

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

## Part II Adjustments to Income

| | | | |
|---|---|---|---|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | 11,935 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | Alimony paid | 19a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | 11,935 |

DUMONT0942

**SCHEDULE 2 (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Taxes

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

OMB No. 1545-0074

**2022**

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: NANCY J DUMONT

**Your social security number:** 030-64-0942

## 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 on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

## Part II Other Taxes

| | | | | | |
|---|---|---|---|---|---|
| 4 | Self-employment tax. Attach Schedule SE | | | 4 | 23,870 |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | | | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | | | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | | | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐ | | | 8 | |
| 9 | Household employment taxes. Attach Schedule H | | | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | | | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | | | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | | | 12 | 3,018 |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | | | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | | | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000 | | | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | | | 16 | |

*(continued on page 2)*

**Part II Other Taxes** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 17 | Other additional taxes: | | | | |
| a | Recapture of other credits. List type, form number, and amount: | 17a | | | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | | | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | | |
| k | Golden parachute payments | 17k | | | |
| l | Tax on accumulation distribution of trusts | 17l | | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | | |
| q | Any interest from Form 8621, line 24 | 17q | | | |
| z | Any other taxes. List type and amount: | 17z | | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | | 18 | |
| 19 | Reserved for future use | | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | 21 | 26,888 |

**SCHEDULE A (Form 1040)**

Department of the Treasury Internal Revenue Service

# Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2022**

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: NANCY J DUMONT

**Your social security number:** 030-64-0942

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution:** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 1,229 | | |
| | 2 | Enter amount from Form 1040 or 1040-SR, line 11 — 2: 279,427 | | | | |
| | 3 | Multiply line 2 by 7.5% (0.075) | 3 | 20,957 | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0 |
| **Taxes You Paid** | 5 | State and local taxes. | | | | |
| | a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐ | 5a | 9,475 | | |
| | b | State and local real estate taxes (see instructions) | 5b | | | |
| | c | State and local personal property taxes | 5c | | | |
| | d | Add lines 5a through 5c | 5d | 9,475 | | |
| | e | Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) | 5e | 9,475 | | |
| | 6 | Other taxes. List type and amount: | 6 | | | |
| | 7 | Add lines 5e and 6 | | | 7 | 9,475 |
| **Interest You Paid** (Caution: Your mortgage interest deduction may be limited. See instructions.) | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | | | |
| | a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | | | |
| | b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | | | |
| | c | Points not reported to you on Form 1098. See instructions for special rules | 8c | | | |
| | d | Reserved for future use | 8d | | | |
| | e | Add lines 8a through 8c | 8e | | | |
| | 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | | |
| | 10 | Add lines 8e and 9 | | | 10 | |
| **Gifts to Charity** (Caution: If you made a gift and got a benefit for it, see instructions.) | 11 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 11 | 274 | | |
| | 12 | Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 12 | | | |
| | 13 | Carryover from prior year | 13 | | | |
| | 14 | Add lines 11 through 13 | | | 14 | 274 |
| **Casualty and Theft Losses** | 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | 15 | |
| **Other Itemized Deductions** | 16 | Other—from list in instructions. List type and amount: | | | 16 | |
| **Total Itemized Deductions** | 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | 17 | 9,749 |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | | | |

**SCHEDULE C (Form 1040)**

Department of the Treasury Internal Revenue Service

# Profit or Loss From Business

(Sole Proprietorship)

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.

OMB No. 1545-0074

**2022**

Attachment Sequence No. **09**

Name of proprietor: NANCY J DUMONT

Social security number (SSN): 030-64-0942

A Principal business or profession, including product or service (see instructions): REAL ESTATE SALES

B Enter code from instructions: 531210

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.): 4494 MOUNTAIN ROAD UNIT 2
City, town or post office, state, and ZIP code: STOWE VT 05672

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2022, check here [ ]

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? — [ ] Yes [ ] 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 [ ] | 1 | 222,787 |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 222,787 |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 222,787 |
| 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 | 222,787 |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | 600 | 18 | Office expense (see instructions) | 18 | 4,581 |
| 9 | Car and truck expenses (see instructions) | 9 | 7,511 | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| | | | | 22 | Supplies (not included in Part III) | 22 | |
| | | | | 23 | Taxes and licenses | 23 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 24 | Travel and meals: | | |
| | | | | a | Travel | 24a | |
| 15 | Insurance (other than health) | 15 | | b | Deductible meals (see instructions) | 24b | 4,743 |
| 16 | Interest (see instructions): | | | 25 | Utilities | 25 | |
| a | Mortgage (paid to banks, etc.) | 16a | | 26 | Wages (less employment credits) | 26 | |
| b | Other | 16b | | 27a | Other expenses (from line 48) | 27a | 6,344 |
| 17 | Legal and professional services | 17 | | b | **Reserved for future use** | 27b | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27a | 28 | 23,779 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 199,008 |
| 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), line 3,** 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 | 199,008 |

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), line 3,** 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 [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

NANCY J DUMONT 030-64-0942

Schedule C (Form 1040) 2022 REAL ESTATE SALES Page 2

## Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

| | | |
|---|---|---|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

## Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 11/19/21

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 20,643 b Commuting (see instructions) 4,940 c Other

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

## Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | | |
|---|---|---|
| BUSINESS GIFTS | | 2,443 |
| CELL PHONE | | 1,892 |
| LICENSES | | 240 |
| MLS DUES | | 464 |
| REALTER DUES | | 729 |
| SHOWINGS & OPEN HOUSE EXPENSE | | 576 |
| 48 **Total other expenses.** Enter here and on line 27a | 48 | 6,344 |

DUMONT0942

**SCHEDULE C (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Profit or Loss From Business

(Sole Proprietorship)

**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.**

OMB No. 1545-0074
**2022**
Attachment Sequence No. **09**

| | |
|---|---|
| Name of proprietor: NANCY J DUMONT | Social security number (SSN): 030-64-0942 |
| **A** Principal business or profession, including product or service (see instructions): PROPERTY MANAGEMENT | **B** Enter code from instructions: 531310 |
| **C** Business name. If no separate business name, leave blank.: SNOW WORRIES | **D** Employer ID number (EIN) (see instr.) |
| **E** Business address (including suite or room no.): 4494 MOUNTAIN RD UNIT 2 | |
| City, town or post office, state, and ZIP code: STOWE VT 05672 | |

**F** Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

**G** Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses — [X] Yes [ ] No

**H** If you started or acquired this business during 2022, check here [ ]

**I** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

**J** If "Yes," did you or will you file required Form(s) 1099? — [ ] Yes [ ] 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 [ ] | 1 | 11,652 |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 11,652 |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 11,652 |
| 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 | 11,652 |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 18 | Office expense (see instructions) | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| | | | | 22 | Supplies (not included in Part III) | 22 | |
| | | | | 23 | Taxes and licenses | 23 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 24 | Travel and meals: | | |
| | | | | a | Travel | 24a | |
| 15 | Insurance (other than health) | 15 | | b | Deductible meals (see instructions) | 24b | |
| 16 | Interest (see instructions): | | | 25 | Utilities | 25 | |
| a | Mortgage (paid to banks, etc.) | 16a | | 26 | Wages (less employment credits) | 26 | |
| b | Other | 16b | | 27a | Other expenses (from line 48) | 27a | |
| 17 | Legal and professional services | 17 | | b | **Reserved for future use** | 27b | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27a | 28 | 0 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 11,652 |
| 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), line 3,** 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 | 11,652 |

**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), line 3,** 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 [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

DUMONT0942

**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: NANCY J DUMONT

**Your social security number:** 030-64-0942

## 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.

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

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

| | |
|---|---|
| A | 1241 TABER HILL ROAD, STOWE, VT 05672 |
| B | |
| C | |

**1b** Type of Property (from list below)

| | Type of Property |
|---|---|
| A | 4 |
| B | |
| C | |

**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 | 365 | | |
| B | | | |
| C | | | |

**Type of Property:**

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

| | | Properties: A | B | C |
|---|---|---|---|---|
| **Income:** | | | | |
| 3 Rents received | 3 | 116,996 | | |
| 4 Royalties received | 4 | | | |
| **Expenses:** | | | | |
| 5 Advertising | 5 | 24 | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 1,630 | | |
| 8 Commissions | 8 | 3,869 | | |
| 9 Insurance | 9 | 952 | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | 2,050 | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 1,888 | | |
| 15 Supplies | 15 | 4,657 | | |
| 16 Taxes | 16 | 3,881 | | |
| 17 Utilities | 17 | 3,970 | | |
| 18 Depreciation expense or depletion | 18 | 6,952 | | |
| 19 Other (list) SEE STATEMENT 1 | 19 | 6,421 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 36,294 | | |
| 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** | 21 | 80,702 | | |
| 22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) | 22 | ( 0) | ( ) | ( ) |

| | | |
|---|---|---|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 116,996 |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | |
| c Total of all amounts reported on line 12 for all properties | 23c | 2,050 |
| d Total of all amounts reported on line 18 for all properties | 23d | 6,952 |
| e Total of all amounts reported on line 20 for all properties | 23e | 36,294 |
| 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses | 24 | 80,702 |
| 25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | ( ) |
| 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 | 26 | 80,702 |

**For Paperwork Reduction Act Notice, see the separate instructions.**

DAA

**SCHEDULE SE (Form 1040)**

Department of the Treasury Internal Revenue Service

# Self-Employment Tax

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

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

OMB No. 1545-0074

**2022**

Attachment Sequence No. **17**

| Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) | Social security number of person with **self-employment** income |
|---|---|
| NANCY J DUMONT | 030-64-0942 |

## Part I Self-Employment Tax

**Note:** If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

| | | | | | |
|---|---|---|---|---|---|
| 1a | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | | | 1a | |
| b | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | | | 1b | ( ) |
| | Skip line 2 if you use the nonfarm optional method in Part II. See instructions. | | | | |
| 2 | Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order | | | 2 | 210,660 |
| 3 | Combine lines 1a, 1b, and 2 | | | 3 | 210,660 |
| 4a | If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | | | 4a | 194,545 |
| | **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. | | | | |
| b | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | | | 4b | |
| c | Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue | | | 4c | 194,545 |
| 5a | Enter your **church employee income** from Form W-2. See instructions for definition of church employee income | 5a | | | |
| b | Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0- | | | 5b | 0 |
| 6 | Add lines 4c and 5b | | | 6 | 194,545 |
| 7 | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 | | | 7 | 147,000 |
| 8a | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $147,000 or more, skip lines 8b through 10, and go to line 11 | 8a | | | |
| b | Unreported tips subject to social security tax from Form 4137, line 10 | 8b | | | |
| c | Wages subject to social security tax from Form 8919, line 10 | 8c | | | |
| d | Add lines 8a, 8b, and 8c | | | 8d | |
| 9 | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | | | 9 | 147,000 |
| 10 | Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) | | | 10 | 18,228 |
| 11 | Multiply line 6 by 2.9% (0.029) | | | 11 | 5,642 |
| 12 | **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** | | | 12 | 23,870 |
| 13 | **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15** | 13 | 11,935 | | |

## Part II Optional Methods To Figure Net Earnings (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,060, **or (b)** your net farm profits[2] were less than $6,540.

| | | | |
|---|---|---|---|
| 14 | Maximum income for optional methods | 14 | 6,040 |
| 15 | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. Also include this amount on line 4b above | 15 | |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,540 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

| | | | |
|---|---|---|---|
| 16 | Subtract line 15 from line 14 | 16 | |
| 17 | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above | 17 | |

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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



DAA

Form **8995-A**

Department of the Treasury
Internal Revenue Service

# Qualified Business Income Deduction

**Attach to your tax return.**
**Go to *www.irs.gov/Form8995A* for instructions and the latest information.**

OMB No. 1545-2294
**2022**
Attachment Sequence No. **55A**

| Name(s) shown on return | Your taxpayer identification number |
|---|---|
| NANCY J DUMONT | 030-64-0942 |

**Note:** *You can claim the qualified business income deduction* **only** *if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

*Use this form if your taxable income, before your qualified business income deduction, is above $170,050 ($340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.*

## Part I Trade, Business, or Aggregation Information

*Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.*

| 1 | **(a)** Trade, business, or aggregation name | **(b)** Check if specified service | **(c)** Check if aggregation | **(d)** Taxpayer identification number | **(e)** Check if patron |
|---|---|---|---|---|---|
| A | SHORT TERM RENTAL | ☐ | ☐ | 030-64-0942 | ☐ |
| B | REAL ESTATE SALES | ☐ | ☐ | 030-64-0942 | ☐ |
| C | SNOW WORRIES | ☐ | ☐ | 030-64-0942 | ☐ |

## Part II Determine Your Adjusted Qualified Business Income

| | | | A | B | C |
|---|---|---|---|---|---|
| 2 | Qualified business income from the trade, business, or aggregation. See instructions | 2 | 80,702 | 187,733 | 10,992 |
| 3 | Multiply line 2 by 20% (0.20). If your taxable income is $170,050 or less ($340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 | 16,140 | 37,547 | 2,198 |
| 4 | Allocable share of W-2 wages from the trade, business, or aggregation | 4 | 0 | 0 | 0 |
| 5 | Multiply line 4 by 50% (0.50) | 5 | 0 | 0 | 0 |
| 6 | Multiply line 4 by 25% (0.25) | 6 | 0 | 0 | 0 |
| 7 | Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 7 | 143,133 | 40,502 | 0 |
| 8 | Multiply line 7 by 2.5% (0.025) | 8 | 3,578 | 1,013 | 0 |
| 9 | Add lines 6 and 8 | 9 | 3,578 | 1,013 | 0 |
| 10 | Enter the greater of line 5 or line 9 | 10 | 3,578 | 1,013 | 0 |
| 11 | W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 11 | 3,578 | 1,013 | 0 |
| 12 | Phased-in reduction. Enter the amount from line 26, if any | 12 | | | |
| 13 | Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 13 | 3,578 | 1,013 | 0 |
| 14 | Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | 14 | | | |
| 15 | Qualified business income component. Subtract line 14 from line 13 | 15 | 3,578 | 1,013 | 0 |
| 16 | Total qualified business income component. Add all amounts reported on line 15 | 16 | 4,591 | | |

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

NANCY J DUMONT 030-64-0942



## Part III Phased-in Reduction

*Complete Part III only if your taxable income is more than $170,050 but not $220,050 ($340,100 and $440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.*

| | | | | A | B | C |
|---|---|---|---|---|---|---|
| 17 | Enter the amounts from line 3 | | 17 | | | |
| 18 | Enter the amounts from line 10 | | 18 | | | |
| 19 | Subtract line 18 from line 17 | | 19 | | | |
| 20 | Taxable income before qualified business income deduction | 20 | | | | |
| 21 | Threshold. Enter $170,050 ($340,100 if married filing jointly) | 21 | | | | |
| 22 | Subtract line 21 from line 20 | 22 | | | | |
| 23 | Phase-in range. Enter $50,000 ($100,000 if married filing jointly) | 23 | | | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | | | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | | 25 | | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | | 26 | | | |

## Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|---|---|---|---|---|---|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | 4,591 | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | ( ) | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | 0 | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | | | 32 | 4,591 |
| 33 | Taxable income before qualified business income deduction | 33 | 260,027 | | |
| 34 | Net capital gain. See instructions | 34 | | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | | | 35 | 260,027 |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | | | 36 | 52,005 |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | | | 37 | 4,591 |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | | | 38 | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | | | 39 | 4,591 |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | | | 40 | ( ) |

Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service

# Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**

**Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

For tax year 20 22

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: NANCY J DUMONT

Taxpayer identification number: 030-64-0942

Preparer's name: DEBORAH L. VERZILLI, CPA

Preparer taxpayer identification number: P00295703

## Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☐ CTC/ACTC/ODC ☐ AOTC ☒ HOH

| | | Yes | No | N/A |
|---|---|---|---|---|
| 1 | Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) | X | | |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | | | X |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.) | | X | |
| a | Did you make reasonable inquiries to determine the correct, complete, and consistent information? | | | |
| b | Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | X | | |
| | List those documents provided by the taxpayer, if any, that you relied on:<br>DUE DILIGENCE QUESTIONNAIRE COMPLETED BY CLIENT | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | X | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)** | X | | |
| a | Did you complete the required recertification Form 8862? | | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | X | | |

**Part II** **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

| | | Yes | No | N/A |
|---|---|---|---|---|
| **9a** | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)** | ☐ | ☐ | |
| **b** | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | ☐ | ☐ | |
| **c** | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | ☐ | ☐ | ☐ |

**Part III** **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | | Yes | No | N/A |
|---|---|---|---|---|
| **10** | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | ☐ | ☐ | |
| **11** | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | ☐ | ☐ | ☐ |
| **12** | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | ☐ | ☐ | ☐ |

**Part IV** **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

| | | Yes | No |
|---|---|---|---|
| **13** | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | ☐ | ☐ |

**Part V** **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

| | | Yes | No |
|---|---|---|---|
| **14** | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | X | ☐ |

**Part VI** **Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

| | | Yes | No |
|---|---|---|---|
| **15** | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | X | ☐ |

Form **8960**

Department of the Treasury
Internal Revenue Service

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

**Attach to your tax return.**

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

OMB No. 1545-2227

**2022**

Attachment Sequence No. **72**

Name(s) shown on your tax return: NANCY J DUMONT

**Your social security number or EIN:** 030-64-0942

## Part I Investment Income

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable interest (see instructions) | | | 1 | |
| 2 | Ordinary dividends (see instructions) | | | 2 | |
| 3 | Annuities (see instructions) | | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) | 4a | 291,362 | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | -210,660 | | |
| c | Combine lines 4a and 4b | | | 4c | 80,702 |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | | |
| d | Combine lines 5a through 5c | | | 5d | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | 8 | 80,702 |

## Part II Investment Expenses Allocable to Investment Income and Modifications

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

## 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- | | | 12 | 80,702 |
| | **Individuals:** | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 279,427 | | |
| 14 | Threshold based on filing status (see instructions) | 14 | 200,000 | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 79,427 | | |
| 16 | Enter the smaller of line 12 or line 15 | | | 16 | 79,427 |
| 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) | | | 17 | 3,018 |
| | **Estates and Trusts:** | | | | |
| 18a | Net investment income (line 12 above) | 18a | | | |
| b | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) | 18b | | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | | |
| 19a | Adjusted gross income (see instructions) | 19a | | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | | |
| 20 | Enter the smaller of line 18c or line 19c | | | 20 | |
| 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) | | | 21 | |

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



DAA

Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization

**(Including Information on Listed Property)**

**Attach to your tax return.**

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

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

Name(s) shown on return: NANCY J DUMONT

Identifying number: 030-64-0942

Business or activity to which this form relates: SHORT TERM RENTAL

## 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 | 1,080,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,700,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 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 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. 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 | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 328 |

## 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 2022 | 17 | 5,860 |
| 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 ☐ | | |

**Section B—Assets Placed in Service During 2022 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 | | 2,900 | 5.0 | HY | 200DB | 580 |
| 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 | 06/01/22 | 13,245 | 39 yrs. | MM | S/L | 184 |
| | | | | MM | S/L | |

**Section C—Assets Placed in Service During 2022 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 | 21 | |
| 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 | 22 | 6,952 |
| 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.**

DAA



THERE ARE NO AMOUNTS FOR PAGE 2

**SHORT TERM RENTAL**

**Statement 1 - Schedule E, Line 19 - Other Expenses**

| Description | Gross Amount | Business Use Percentage | Net Amount |
|---|---|---|---|
| GIFTS | $ 340 | 100.00 | $ 340 |
| LANDSCAPING | 3,484 | 100.00 | 3,484 |
| OFFICE EXPENSE | 314 | 100.00 | 314 |
| PLOWING | 1,070 | 100.00 | 1,070 |
| PROPANE TANK | 40 | 100.00 | 40 |
| TELEPHONE & INTERNET | 894 | 100.00 | 894 |
| TV SUBSCRIPTIONS | 279 | 100.00 | 279 |
| TOTAL | $ 6,421 | | $ 6,421 |

NANCY J DUMONT
1241 TABER HILL RD
STOWE, VT 05672

## Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under IRC Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Year Ending: December 31, 2022 030-64-0942

NANCY J DUMONT
1241 TABER HILL RD
STOWE, VT 05672

# Electing out of the Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Form **1040** | **Late Filing Interest and Penalty Worksheets** | **2022**

Name: NANCY J DUMONT

Taxpayer Identification Number: 030-64-0942

## Late Filing Interest Worksheet

| Description | Amount | Balance | # of Days | Interest Rate % | Interest Amount |
|---|---|---|---|---|---|
| TAX DUE - 11/15/23 | 23,528 | 23,528 | | | |
| LATE FILING PENALTY (FTF) | 3,176 | 26,704 | | | |
| 11/15/23 - 12/31/23 | | 26,704 | 46 | 7.00 | 237 |
| 12/31/23 - 2/02/24 | | 26,941 | 33 | 7.00 | 171 |
| DATE FILED - 2/02/24 | | 27,112 | | | |
| **Total Late Filing Interest (Int)** | | | | | 408 |

## Late Payment Penalty Worksheet

| Description | Amount | Balance | # of Months | Penalty Amount |
|---|---|---|---|---|
| TAX DUE - 11/15/23 | 23,528 | 23,528 | | |
| 11/15/23 - 2/02/24 | | 23,528 | 3 | 353 |
| DATE FILED - 2/02/24 | | 23,881 | | |
| **Total Late Payment Penalty (FTP)** | | | | 353 |

# Form 1040 — Form 8960 - Net Investment Income Worksheet 1 — 2022

| Name | Taxpayer Identification Number |
|---|---|
| NANCY J DUMONT | 030-64-0942 |

## Form 8960, Line 4b, Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business

| Activity | Profit or loss on Sch C / Net Rental Income(Loss) on Sch E | Net Royalty Income(Loss) on Sch E | Net K-1 Nonpassive Income(Loss) on Sch E | Net K-1 Passive Income(Loss) on Sch E | Non-section 1411 Adjustment |
|---|---|---|---|---|---|
| REAL ESTATE SALES | 199,008 | | | | -199,008 |
| PROPERTY MANAGEMENT | 11,652 | | | | -11,652 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 210,660 | | | | |
| Additional adjustment | | | | | |
| Total adjustment. Enter on Form 8960, line 4b | | | | | -210,660 |

## Form 8960, Line 5b, Net gain or loss from disposition of property not subject to net investment income tax

| Description | Schedule D Short Term Gain(Loss) | Schedule D Long Term Gain(Loss) | Form 4797 Short Term Gain(Loss) | Form 4797 Long Term Gains (Losses) | Non-section 1411 Adjustment |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |
| Adjustment for capital loss carryforward from 2021 | | | | | |
| Total capital gain/(loss) | | | Total ordinary gain/(loss) | | |
| Additional adjustment | | | | | |
| Total net gain or loss from disposition of property not subject to net investment income tax | | | | | |
| Adjustment for capital loss carryover to 2023. Lesser of line 3 or 4 from worksheet below, entered as a negative number | | | | | 0 |
| Total adjustment. Enter on Form 8960, line 5b | | | | | |

## Adjustment for capital loss carryover to 2023

**Complete this worksheet if there is a capital loss carryover to next year**

1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a negative. If a loss, enter as a positive. ..... 1. ______
2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3 ..... 2. ______
3. Combine lines 1 and 2. If zero or less, enter -0- ..... 3. ______
4. Enter the amount of capital loss carried over to the following year, as a positive number ..... 4. ______

| Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2022** |
|---|---|---|

| | |
|---|---|
| Name<br>NANCY J DUMONT | Taxpayer Identification Number<br>030-64-0942 |
| Principle business or profession<br>REAL ESTATE SALES | Form/Schedule C    Unit 1 |

| | | | |
|---|---|---|---|
| 1. | Schedule C, Line 31, Net profit or (loss) | 1. | 199,008 |
| | Additions for qualified business income: | | |
| 2. | Form 4797, Ordinary income | 2. | |
| | Prior suspended losses utilized this year | | |
| 3. | Passive suspended losses | 3. | |
| 4. | At-Risk suspended losses | 4. | |
| 5. | Section 179 carryover | 5. | |
| 6. | Total additions to net profit or (loss). Add lines 2 through 5. | 6. | |
| | Subtractions for qualified business income | | |
| 7. | Form 4797, Ordinary loss (includes share of Net section 1231 losses) | 7. | |
| 8. | Deductible portion of self-employment taxes | 8. | 11,275 |
| 9. | Self-employed SEP, SIMPLE, and qualified plans | 9. | |
| 10. | Self-employed health insurance deduction | 10. | |
| 11. | Reserved | 11. | |
| 12. | Reserved | 12. | |
| 13. | Total subtraction to net profit or (loss). Add lines 7 through 12. | 13. | 11,275 |
| 14. | Qualified business income for this activity. Line 1 plus line 6 less line 13. | 14. | 187,733 |

| | Beginning of Year | | | End of Year | | |
|---|---|---|---|---|---|---|
| **Carryovers:** | **Pre -2018** | **After 2017** | **Allowed loss** | **Pre -2018** | **After 2017** | **QBI Portion of** |
| Passive activity: | **(A)** | **(B)** | **(C)** | **(D)** | **(E)** | **Allowed Losses** |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| At-Risk: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |
| Other: | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward ____________

| Schedule C | Qualified Business Income Calculation Worksheet | 2022 |
|---|---|---|

| Name | Taxpayer Identification Number | |
|---|---|---|
| NANCY J DUMONT | 030-64-0942 | |
| Principle business or profession | Form/Schedule | Unit |
| PROPERTY MANAGEMENT | C | 2 |

| | | | |
|---|---|---|---|
| 1. | Schedule C, Line 31, Net profit or (loss) | 1. | 11,652 |
| | Additions for qualified business income: | | |
| 2. | Form 4797, Ordinary income | 2. | |
| | Prior suspended losses utilized this year | | |
| 3. | Passive suspended losses | 3. | |
| 4. | At-Risk suspended losses | 4. | |
| 5. | Section 179 carryover | 5. | |
| 6. | Total additions to net profit or (loss). Add lines 2 through 5. | 6. | |
| | Subtractions for qualified business income | | |
| 7. | Form 4797, Ordinary loss (includes share of Net section 1231 losses) | 7. | |
| 8. | Deductible portion of self-employment taxes | 8. | 660 |
| 9. | Self-employed SEP, SIMPLE, and qualified plans | 9. | |
| 10. | Self-employed health insurance deduction | 10. | |
| 11. | Reserved | 11. | |
| 12. | Reserved | 12. | |
| 13. | Total subtraction to net profit or (loss). Add lines 7 through 12. | 13. | 660 |
| 14. | Qualified business income for this activity. Line 1 plus line 6 less line 13. | 14. | 10,992 |

| | Beginning of Year | | | End of Year | | |
|---|---|---|---|---|---|---|
| Carryovers: | Pre -2018 (A) | After 2017 (B) | Allowed loss (C) | Pre -2018 (D) | After 2017 (E) | QBI Portion of Allowed Losses |
| Passive activity: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| At-Risk: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |
| Other: | | | | | | |
| Section 179 | | | | | | |
| Section 179 - COGS | | | | | | |

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Schedule **E**

# Qualified Business Income Calculation Worksheet

**2022**

| Name | Taxpayer Identification Number |
|---|---|
| NANCY J DUMONT | 030-64-0942 |

| Property Description | Form/Schedule | Unit |
|---|---|---|
| SHORT TERM RENTAL | E | 1 |

| | | | |
|---|---|---|---|
| 1. | Schedule E, Page 1, Net rental real estate income or (loss) | 1. | 80,702 |
| | Additions for qualified business income: | | |
| 2. | Form 4797, Ordinary income | 2. | |
| | Prior year suspended losses utilized this year: | | |
| 3. | Passive suspended losses | 3. | |
| 4. | At-Risk suspended losses | 4. | |
| 5. | Section 179 expense | 5. | |
| 6. | Total additions to net profit or (loss). Add lines 2 through 5. | 6. | |
| | Subtractions for qualified business income | | |
| 7. | Form 4797, Ordinary loss (includes share of net 1231 loss) | 7. | |
| 8. | Reserved | 8. | |
| 9. | Reserved | 9. | |
| 10. | Total subtraction to net profit or (loss). Add lines 7 through 9. | 10. | |
| 11. | Qualified business income for this activity. Line 1 plus line 6 less line 10. | 11. | 80,702 |

| Carryovers: | Beginning of Year Pre -2018 (A) | Beginning of Year After 2017 (B) | Allowed loss (C) | End of Year Pre -2018 (D) | End of Year After 2017 (E) | QBI Portion of Allowed Losses |
|---|---|---|---|---|---|---|
| Passive activity: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| At-Risk: | | | | | | |
| Operating | | | | | | |
| Form 4797, Part II | | | | | | |
| Section 1231 loss | | | | | | |
| Section 179 expense | | | | | | |
| Other: | | | | | | |
| Section 179 expense | | | | | | |

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward ______

DUMONT0942 DUMONT, NANCY J
030-64-0942
FYE: 12/31/2022

# Federal Asset Report
## REAL ESTATE SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | | | | | |
| 2 | HOME OFFICE<br>Out Of Service: 12/31/21 | 1/01/20 | 190,100 | 13.13 | | | 24,960 | 39 | MO | S/L | 1,249 | 0 |
| 3 | HOME IMPROVEMENTS<br>Out Of Service: 12/31/21 | 1/01/20 | 12,783 | 13.09 | | | 1,673 | 39 | MO | S/L | 84 | 0 |
| | **Total Other Depreciation** | | 202,883 | | | | 26,633 | | | | 1,333 | 0 |
| | **Total ACRS and Other Depreciation** | | 202,883 | | | | 26,633 | | | | 1,333 | 0 |
| **Listed Property:** | | | | | | | | | | | | |
| 1 | 2021 FORD BRONCO | 11/19/21 | 50,194 | 80.69 | X | | -9,692 | 5 | MO | 200DB | 50,194 | 0 |
| | | | 50,194 | | | | -9,692 | | | | 50,194 | 0 |
| | **Grand Totals** | | 253,077 | | | | 16,941 | | | | 51,527 | 0 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 253,077 | | | | 16,941 | | | | 51,527 | 0 |

DUMONT0942 DUMONT, NANCY J
030-64-0942
FYE: 12/31/2022

# Federal Asset Report
## SHORT TERM RENTAL

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5-year GDS Property:** | | | | | | | | | | | | |
| 13 | SHED | 6/01/22 | 2,900 | | | | 2,900 | 5 | HY | 200DB | 0 | 580 |
| | | | 2,900 | | | | 2,900 | | | | 0 | 580 |
| **Non-Residential Real Property:** | | | | | | | | | | | | |
| 11 | DECK | 6/01/22 | 13,245 | | | | 13,245 | 39 | MM | S/L | 0 | 184 |
| | | | 13,245 | | | | 13,245 | | | | 0 | 184 |
| **Prior MACRS:** | | | | | | | | | | | | |
| 1 | ROOF, SIDING, WINDOWS,DECK | 1/01/21 | 9,747 | | | | 9,747 | 39 | MM | S/L | 316 | 244 |
| 2 | DOOR/STORM DOOR | 1/01/21 | 1,430 | | | | 1,430 | 39 | MM | S/L | 199 | 36 |
| 3 | DRIVEWAY | 1/01/21 | 10,579 | | | | 10,579 | 15 | HY | S/L | 343 | 705 |
| 4 | ELECTRICAL UPGRADE | 1/01/21 | 6,290 | | | | 6,290 | 15 | HY | S/L | 204 | 419 |
| 5 | HOT TUB | 1/01/21 | 4,809 | | | | 4,809 | 5 | HY | S/L | 156 | 962 |
| 6 | GAS FIREPLACE | 1/01/21 | 5,041 | | | | 5,041 | 5 | HY | S/L | 164 | 1,008 |
| 7 | BOURNES REPUBLIC INSTALLATION | 1/01/21 | 1,524 | | | | 1,524 | 5 | HY | S/L | 49 | 305 |
| 8 | EXCAVATION FOR GASLINE | 1/01/21 | 2,510 | | | | 2,510 | 15 | HY | S/L | 81 | 168 |
| 10 | HOUSE | 10/01/14 | 70,000 | | | | 70,000 | 39 | MM | S/L | 17,397 | 1,795 |
| 14 | SEPTIC IMPROVEMENTS | 10/01/14 | 2,275 | | | | 2,275 | 15 | HY | 150DB | 637 | 218 |
| | | | 114,205 | | | | 114,205 | | | | 19,546 | 5,860 |
| **Other Depreciation:** | | | | | | | | | | | | |
| 9 | BUILDING IMPROVEMENT | 1/01/20 | 12,783 | | | | 12,783 | 39 | MO | S/L | 611 | 328 |
| 12 | LAND COST - TREE & STUMP ROMOV. | 9/10/22 | 26,675 | | | | 26,675 | 0 | -- | Land | 0 | 0 |
| 15 | LAND | 10/01/14 | 25,000 | | | | 25,000 | 0 | -- | Land | 0 | 0 |
| | **Total Other Depreciation** | | 64,458 | | | | 64,458 | | | | 611 | 328 |
| | **Total ACRS and Other Depreciation** | | 64,458 | | | | 64,458 | | | | 611 | 328 |
| | **Grand Totals** | | 194,808 | | | | 194,808 | | | | 20,157 | 6,952 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 194,808 | | | | 194,808 | | | | 20,157 | 6,952 |

DUMONT0942 DUMONT, NANCY J

030-64-0942

# Bonus Depreciation Report

FYE: 12/31/2022

## SHORT TERM RENTAL

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|---|---|---|---|---|---|---|---|---|
| 1 | ROOF, SIDING, WINDOWS,DECK | 1/01/21 | 9,747 | 100 | 0 | 0 | 0 | 9,747 |
| 2 | DOOR/STORM DOOR | 1/01/21 | 1,430 | 100 | 0 | 0 | 0 | 1,430 |
| 9 | BUILDING IMPROVEMENT | 1/01/20 | 12,783 | 100 | 0 | 0 | 0 | 12,783 |
| | **Grand Total** | | 23,960 | | 0 | 0 | 0 | 23,960 |

DUMONT0942 DUMONT, NANCY J
030-64-0942
FYE: 12/31/2022

# AMT Asset Report
## REAL ESTATE SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | | | | | |
| 2 | HOME OFFICE | 1/01/20 | 190,100 | 13.13 | | | 24,960 | 39 | MO | S/L | 1,249 | 0 |
| | Out Of Service: 12/31/21 | | | | | | | | | | | |
| 3 | HOME IMPROVEMENTS | 1/01/20 | 12,783 | 13.09 | | | 1,673 | 39 | MO | S/L | 84 | 0 |
| | Out Of Service: 12/31/21 | | | | | | | | | | | |
| | **Total Other Depreciation** | | 202,883 | | | | 26,633 | | | | 1,333 | 0 |
| | **Total ACRS and Other Depreciation** | | 202,883 | | | | 26,633 | | | | 1,333 | 0 |
| **Listed Property:** | | | | | | | | | | | | |
| 1 | 2021 FORD BRONCO | 11/19/21 | 50,194 | 80.69 | X | | -9,692 | 5 | MO | 200DB | 50,194 | 0 |
| | | | 50,194 | | | | -9,692 | | | | 50,194 | 0 |
| | **Grand Totals** | | 253,077 | | | | 16,941 | | | | 51,527 | 0 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 253,077 | | | | 16,941 | | | | 51,527 | 0 |

DUMONT0942 DUMONT, NANCY J
030-64-0942
FYE: 12/31/2022

# AMT Asset Report
## SHORT TERM RENTAL

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5-year GDS Property:** | | | | | | | | | | | | |
| 13 | SHED | 6/01/22 | 2,900 | | | | 2,900 | 5 | HY | 200DB | 0 | 580 |
| | | | 2,900 | | | | 2,900 | | | | 0 | 580 |
| **Non-Residential Real Property:** | | | | | | | | | | | | |
| 11 | DECK | 6/01/22 | 13,245 | | | | 13,245 | 39 | MM | 150DB | 0 | 184 |
| | | | 13,245 | | | | 13,245 | | | | 0 | 184 |
| **Prior MACRS:** | | | | | | | | | | | | |
| 1 | ROOF, SIDING, WINDOWS,DECK | 1/01/21 | 9,747 | | | | 9,747 | 39 | MM | S/L | 316 | 244 |
| 2 | DOOR/STORM DOOR | 1/01/21 | 1,430 | | | | 1,430 | 39 | MM | S/L | 199 | 36 |
| 3 | DRIVEWAY | 1/01/21 | 10,579 | | | | 10,579 | 15 | HY | S/L | 343 | 705 |
| 4 | ELECTRICAL UPGRADE | 1/01/21 | 6,290 | | | | 6,290 | 15 | HY | S/L | 204 | 419 |
| 5 | HOT TUB | 1/01/21 | 4,809 | | | | 4,809 | 5 | HY | S/L | 156 | 962 |
| 6 | GAS FIREPLACE | 1/01/21 | 5,041 | | | | 5,041 | 5 | HY | S/L | 164 | 1,008 |
| 7 | BOURNES REPUBLIC INSTALLATION | 1/01/21 | 1,524 | | | | 1,524 | 5 | HY | S/L | 49 | 305 |
| 8 | EXCAVATION FOR GASLINE | 1/01/21 | 2,510 | | | | 2,510 | 15 | HY | S/L | 81 | 168 |
| 10 | HOUSE | 10/01/14 | 70,000 | | | | 70,000 | 39 | MM | S/L | 1,746 | 1,795 |
| 14 | SEPTIC IMPROVEMENTS | 10/01/14 | 2,275 | | | | 2,275 | 15 | HY | 150DB | 1,267 | 135 |
| | | | 114,205 | | | | 114,205 | | | | 4,525 | 5,777 |
| **Other Depreciation:** | | | | | | | | | | | | |
| 9 | BUILDING IMPROVEMENT | 1/01/20 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| 12 | LAND COST - TREE & STUMP ROMOV. | 9/10/22 | 26,675 | | | | 26,675 | 0 | -- | Land | 0 | 0 |
| 15 | LAND | 10/01/14 | 0 | | | | 0 | 0 | HY | | 0 | 0 |
| | **Total Other Depreciation** | | 26,675 | | | | 26,675 | | | | 0 | 0 |
| | **Total ACRS and Other Depreciation** | | 26,675 | | | | 26,675 | | | | 0 | 0 |
| | **Grand Totals** | | 157,025 | | | | 157,025 | | | | 4,525 | 6,541 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 157,025 | | | | 157,025 | | | | 4,525 | 6,541 |

DUMONT0942

# Form 1040 Tax Return Reconciliation Worksheet 2022

Filing Status: [ ] 1 Single [ ] 2 Married filing jointly [ ] 3 Married filing separately [X] 4 Head of household* [ ] 5 Qualifying widow(er)*

MFS spouse name: *Qualifying person that is a child but not a dependent:

| Taxpayer first name and initial | Last name | Taxpayer social security number |
|---|---|---|
| NANCY J | DUMONT | 030-64-0942 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | | |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Presidential Election Campaign |
|---|---|---|
| 1241 TABER HILL RD | | Taxpayer [ ] Spouse |

City, town or post office, state, and ZIP code.
STOWE VT 05672

| Foreign country name | Foreign province/state/county | Foreign postal code |
|---|---|---|
| | | |

At anytime during 2022, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes X No

6a [X] **Taxpayer.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

| | |
|---|---|
| Boxes checked on 6a and 6b | 1 |
| Children on 6c who lived with you | 1 |
| Children on 6c who did not live with you | |
| Dependents on 6c not entered above | |
| Total. Add lines above | 2 |

**6c Dependents:**

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for Child tax credit | Other dependents |
|---|---|---|---|---|---|
| LEILA J. | FLANAGAN | 009-92-3653 | DAUGHTER | X | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than four dependents, ✓ here [ ]

**Income** (Schedule 1)

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends — 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 210,660 |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ] | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 80,702 |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount | 20b | |
| 21 | Other income. List type and amount | 21 | |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 291,362 |

**Adjusted Gross Income** (Schedule 1)

| | | | | | |
|---|---|---|---|---|---|
| 23 | Educator expenses | 23 | | | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | | | |
| 26 | Moving expenses. Attach Form 3903 | 26 | | | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | 11,935 | | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | | | |
| 29 | Self-employed health insurance deduction | 29 | | | |
| 30 | Penalty on early withdrawal of savings | 30 | | | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | | | |
| 32 | IRA deduction | 32 | | | |
| 33 | Student loan interest deduction | 33 | | | |
| 34 | Reserved for future use | 34 | | | |
| 35 | Reserved for future use | 35 | | | |
| 36 | Add lines 23 through 35 | | | 36 | 11,935 |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | | | 37 | 279,427 |

# Form 1040 Tax Return Reconciliation Worksheet, Page 2 2022

Name NANCY J DUMONT Tp TIN 030-64-0942

| | | | |
|---|---|---|---|
| **Tax and Credits** (Schedules 2, 3) | | | |
| 38 | Amount from line 37 (adjusted gross income) | 38 | 279,427 |
| 39a | Check if: ☐ **You** were born before January 2,1958, ☐ Blind. ☐ **Spouse** was born before January 2,1958, ☐ Blind. **Total boxes checked ▶** | 39a | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ ☐ | 39b | |
| 40 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | 40 | 19,400 |
| a | | 40b | |
| 41 | Subtract line 40 and 40b from line 38 | 41 | 260,027 |
| 42 | Qualified business income deduction (see instructions) | 42 | 4,591 |
| 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 255,436 |
| 44 | **Tax** (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ | 44 | 61,656 |
| 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 ▶ | 47 | 61,656 |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit/credit for other dependents | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ | 54 | |
| 55 | Add lines 48 through 54. These are your **total credits** | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ | 56 | 61,656 |
| **Other Taxes** (Schedule 2) | | | |
| 57 | Self-employment tax. Attach Schedule SE | 57 | 23,870 |
| 58 | Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Taxes from: a ☐ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) FORM 8960 | 61 | 3,018 |
| 62 | ☐ Section 965 net tax liability installment from Form 965-A | 62 | |
| 63 | Add lines 56 through 61. This is your **total tax** ▶ | 63 | 88,544 |
| **Payments** (Schedule 3) | | | |
| 64 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 64a | |
| b | Form(s) 1099 | 64b | |
| c | Other forms | 64c | |
| 65 | 2022 estimated tax payments and amount applied from 2021 return | 65 | 65,016 |
| 66 | **Earned income credit (EIC)** | 66 | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Recovery rebate credit | 69 | |
| 70 | Net premium tax credit. Attach Form 8962 | 70 | |
| 71 | Amount paid with request for extension to file | 71 | |
| 72 | Excess social security and tier 1 RRTA tax withheld | 72 | |
| 73 | Credit for federal tax on fuels. Attach Form 4136 | 73 | |
| 74 | Other payments and refundable credits | 74 | |
| 75 | **Total pymts.** Add lines 64 - 74. | 75 | 65,016 |
| **Refund** | | | |
| 76 | If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid** | 76 | |
| 77a | Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | 77a | |
| ▶ b | Routing number ▶ c Type: ☐ Checking ☐ Savings | | |
| ▶ d | Account number | | |
| 78 | Amount of line 76 you want **applied to your** 2023 estimated tax ▶ | 78 | |
| **Amount You Owe** | | | |
| 79 | **Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions ▶ | 79 | 23,528 |
| 80 | Estimated tax penalty (see instructions) | 80 | |

Standard Deduction for—
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $12,950

Married filing jointly or Qualifying widow(er), $25,900

Head of household, $19,400

**Int/Pen** Date filed 2/02 Int 408 Fail to file 3,176 Fail to pay 353 Total 27,465

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No** Personal identification no. (PIN)▶ 87781

Designee's Name▶ DEBORAH L. VERZILLI, CPA Phone no. ▶ 802-888-7781

**Other Info** Taxpayer Daytime phone number 802-793-1430 Taxpayer: Occupation REALTOR/PROJECT MANAGER IRS Identity Protection PIN

Spouse: Occupation IRS Identity Protection PIN

☒ Taxpayer ☐ Spouse Email address NANCYJDUMONT@GMAIL.COM

**2022**
**Form 8879-VT**

# VERMONT
Individual Income Tax Declaration for Electronic Filing
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date Received

**Part I** Remember to write in your Social Security Number

| Last Name | First Name and Initial | Enter Social Security Number (SSN) |
|---|---|---|
| DUMONT | NANCY J | 030-64-0942 |
| Spouse's Last Name (if joint return) | First Name and Initial | Enter Spouse's SSN, if joint return |
| | | |

| Current Mailing Address | | | Email Address |
|---|---|---|---|
| 1241 TABER HILL RD | | | NANCYJDUMONT@GMAIL.COM |
| City or Town | State | ZIP Code | Daytime Telephone Number |
| STOWE | VT | 05672 | |

**Part II** ***Tax Return Information (whole dollars only)***

| | | |
|---|---|---|
| 1. | Federal Adjusted Gross Income (Form IN-111, Line 1) | 1. 279,427. |
| 2. | Vermont Taxable Income (Form IN-111, Line 7) | 2. 260,627. |
| 3. | Adjusted VT Income Tax (Form IN-111, Line 10) | 3. 16,777. |
| 4. | Vermont Income Tax Withheld (Form IN-111, Line 25a) | 4. . |
| 5. | Vermont Earned Income Tax Credit (Schedule IN-112, Part II, Line 16) | 5. . |
| 6. | Refund credited to 2023 estimated tax (Form IN-111, Line 27a) | 6. . |
| 7. | Refund credited to 2023 property tax bill (Form IN-111, Line 27b) | 7. . |
| 8. | ☐ Refund Amount (Form IN-111, Line 28) (check applicable box) ☒ Amount Due (Form IN-111, Line 31) | 8. 1,637. |

**➔DO NOT MAIL THIS FORM** – KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ⬅

**Part III** ***Form HS-122 For Vermont Residents Only (check box)***

☐ Check here if Property Tax Credit Claim filed

**Part IV** ☐ **Direct Deposit of Refund** ☐ **ACH Debit Payment** Amount $ ________ Payment Date ________

Routing transit number (RTN) ________ The first two digits of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) Type of account: ☐ Savings ☐ Checking

**Part V** ***Declaration of Taxpayer*** ***By signing below, you agree that:***

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my 2022 Vermont Individual Income tax return and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here ▶ Nancy Dumont 2/5/24
Your Signature Date Spouse's Signature (if joint return, BOTH must sign) Date

**Part VI** ***Declaration of Electronic Return Originator (ERO) Only***

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

**Electronic Return Originator's Use Only**

ERO's signature ▶ DEBORAH L. VERZILLI, CPA — Date 02/05/24 — Check if: paid preparer ☒ self-employed ☐

Firm's name (or yours if self-employed) and address ▶ MARCKRES NORDER AND COMPANY, INC. — EIN 03-0322133
MORRISVILLE VT 05661 — Phone Number 802-888-7781
Email address: DVERZILLI@NORDERCPA.COM

**Part VII** ***Declaration of Paid Preparer***

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

**Paid Preparer's Use Only**

Preparer's signature ▶ — Date — Check if self-employed ☐

Firm's name (or yours if self-employed) and address ▶ — EIN
Phone Number
Email address:

Vertical Department of Taxes

**2022 Form IN-151**

**Vermont Application for Extension of Time to File Form IN-111**

* 2 2 1 5 1 1 1 1 2 *

- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 18, 2023 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 15 to the date of payment.
- **Note:** This extension does ***not*** apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 18 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- **Did you know?** You can file an extension online. Visit us on the web at **myvtax.vermont.gov**.

| Taxpayer's Last Name | First Name | MI | Taxpayer's Social Security Number |
|---|---|---|---|
| DUMONT | NANCY | J | 030640942 |
| Spouse's/CU Partner's Last Name | First Name | MI | Spouse's or CU Partner's Social Security Number |
| | | | |

| Mailing Address (Number and Street/Road or PO Box) | | | For Department Use Only |
|---|---|---|---|
| 1241 TABER HILL RD | | | |
| City | State | ZIP Code | |
| STOWE | VT | 05672 | |

| Foreign Country (if not United States) | Email Address |
|---|---|
| | NANCYJDUMONT@GMAIL.COM |

## TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability ........................ **1.** 5416 .00
2. Previous payments ........................................... **2.** 5416 .00
3. Amount of tax paid with extension ........................................................... **3.** 0 .00

## VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

**Filing by Paper:** Make check payable to **Vermont Department of Taxes** and mail with this form to the address above.

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Vermont Department of Taxes

# 2022 Form IN-111

## Vermont Income Tax Return

DEPT USE ONLY

* 2 2 1 1 1 1 1 1 2 *

FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | MI | Social Security Number | |
|---|---|---|---|---|
| DUMONT | NANCY | J | 030640942 | ☐ Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name | MI | Social Security Number | ☐ Check if Deceased |
| | | | | |

| Mailing Address (Number and Street/Road or PO Box) | | | 911/Physical Street Address on 12/31/2022 |
|---|---|---|---|
| 1241 TABER HILL RD | | | 4494 MOUNTAIN RD UNIT 2 |
| City | State | ZIP Code or Foreign Postal Code | Foreign Country |
| STOWE | VT | 05672 | |

Vermont School District Code: 183

Enter Healthcare Coverage Code (See instructions for code options): 1

Check all that apply: ☐ AMENDED Return ☐ CANNABIS With Recomputed Federal Return ☐ RECOMPUTED Return ☒ EXTENDED Return

**Filing Status and Standard Deduction** ☐ Single ($6,500) ☐ Married/CU Filing Jointly ($13,050) ☐ Married/CU Filing Separately ($6,500) ☒ Head of Household ($9,800) ☐ Qualifying Widow(er) ($13,050)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) ........ **1.** 279427 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) ........ **2.** 0 .00
3. Federal AGI with Modifications **(ADD Lines 1 and 2)** ........ **3.** 279427 .00
4. 2022 Vermont Standard Deduction from filing status section above ........ **4.** 9800 .00
   Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.
5. Personal Exemptions:
   - **5a.** Enter "1" for yourself if no one can claim you as a dependent ........ **5a.** 1
   - **5b.** Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) ........ **5b.** 0
   - **5c.** Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse ........ **5c.** 1
   - **5d.** **ADD Lines 5a through 5c** ........ **5d.** 2

**5e.** **MULTIPLY Line 5d by $4,500** (2022 Personal Exemption) ........ **5e.** 9000 .00

6. **ADD Lines 4 and 5e** ........ **6.** 18800 .00
7. Vermont Taxable Income (**SUBTRACT Line 6 from Line 3.** If less than zero, enter -0-) ........ **7.** 260627 .00
8. Vermont Income Tax from tax table or tax rate schedule (If Line 1 is greater than $150,000, see instructions) ........ **8.** 16791 .00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) ........ **9.** 0 .00
10. Vermont Income Tax with Adjustment (**ADD Lines 8 and 9.** If less than zero, enter -0-) ........ **10.** 16791 .00
11. **Tax-Deductible Charitable Contribution** (See instructions) 274 .00
12. Multiply Line 11 by 5% (0.05) 14 .00
13. **Charitable Contribution Deduction** (Enter the lesser of Line 12 or $1,000) ........ **13.** 14 .00
14. Vermont Income Tax (**Line 10 MINUS Line 13.** If less than zero, enter -0-) ........ **14.** 16777 .00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) ........ **15.** 100.0000 %
16. Adjusted Vermont Income Tax (**MULTIPLY Line 14 by Line 15**) ........ **16.** 16777 .00

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**Amount Due** (from Line 31) 1637 .00

| Taxpayer's Last Name | Social Security Number |
|---|---|
| DUMONT | 030640942 |

* 2 2 1 1 1 1 2 1 2 *

Amount from Line 16: 16777 .00

| | | | | |
|---|---|---|---|---|
| **Other State Credit** (Schedule IN-117, Line 21) | | **Vermont Tax Credits** (Schedule IN-119, Part II) | | **Total Vermont Credits** (Add Lines 17 and 18) |
| 17. 0 .00 | + | 18. 0 .00 | = | 19. 0 .00 |

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.** If Line 19 is greater than Line 16, enter -0-) ........ 20. 16777 .00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) ... [X] Check to certify no Use Tax is due. **OR** 21. 0 .00

22. Total Vermont Taxes (**ADD Lines 20 and 21**) ........ 22. 16777 .00

| Green Up Vermont | | Nongame Wildlife Fund | | Vermont Children's Trust Foundation | | Vermont Veterans Fund | | **Total Contributions** |
|---|---|---|---|---|---|---|---|---|
| 23a. 0 .00 | + | 23b. 0 .00 | + | 23c. 0 .00 | + | 23d. 0 .00 | = | 23e. 0 .00 |

24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) ........ 24. 16777 .00

25a. 2022 Vermont Tax Withheld from W-2, 1099 ........ 25a. 0 .00

25b. 2022 Estimated Tax payments, amount carried forward from 2021, and/or payment made with 2022 extension ........ 25b. 15416 .00

25c. Refundable Credits (Schedule IN-112, Part II, Line 17) ........ 25c. 0 .00

25d. 2022 Vermont Real Estate Withholding from Form RW-171 ........ 25d. 0 .00

25e. 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 ........ 25e. 0 .00

25f. Total Payments and Credits (**ADD Lines 25a through 25e**) ........ 25f. 15416 .00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** ........ 26. 0 .00

27a. Refund to be credited to 2023 Estimated Tax Payment ........ 27a. 0 .00

27b. Refund to be credited to 2023 Property Tax Bill ........ 27b. 0 .00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) ........ 28. 0 .00

29. **If Line 24 is more than Line 25f, subtract Line 25f from Line 24.** See instructions on tax due ........ 29. 1361 .00

30. **Interest and Penalty on Underpayment of Estimated Tax** ... 30. 52 .00 (Worksheet IN-152 or IN-152A)

31. **AMOUNT DUE** (ADD Lines 29 and 30) 31. 1637 .00

| **For Amended Returns Only:** | Original refund received | Refund due now | Original payment | Amount due now |
|---|---|---|---|---|
| | 0 .00 | 0 .00 | 0 .00 | 0 .00 |

**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. Preparers cannot use return information for purposes other than preparing returns.**

| Signature | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
|---|---|---|---|
| Nancy Dumont | 2/5/24 | 03 05 1973 | 8027931430 |
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
| Paid Preparer's Signature DEBORAH L. VERZILLI, CPA Deborah L. Verzilli, CPA | | Date 02/05/24 | Preparer's Telephone Number 8028887781 |
| Firm's Name (or yours if self-employed) and address MARCKRES NORDER AND COMPANY, I MORRISVILLE VT 05661 | | Preparer's SSN or PTIN P00295703 | FEIN 030322133 |

[X] Check if the Department of Taxes may discuss this return with the preparer shown.

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**Keep a copy for your records.**

| 2022 VERMONT | *Underpayment of 2022 Estimated Individual Income Tax* | WORKSHEET IN-152 |
|---|---|---|

Please Print or Type

**Taxpayer Information**

| Taxpayer's Last Name | First Name | MI | Taxpayer's Social Security Number |
|---|---|---|---|
| DUMONT | NANCY | J | 030-64-0942 |
| **Spouse's/CU Partner's Last Name** | **First Name** | **MI** | **Spouse's/CU Partner's Social Security Number** |
| | | | |

**Required Annual Payment**

1. **90% of 2022 VERMONT TAX MINUS CREDITS:** (Form IN-111, Line 20 minus Line 25c, multiplied by 90%) ........ 1. 15099.00
2. **100% of 2021 VERMONT TAX MINUS CREDITS:** (Form IN-111, Line 20 minus Line 25c). ........ 2. 5413.00
3. Enter the lesser of Line 1 or Line 2. ........ 3. 5413.00

**Calculations**

**CALCULATION OF UNDERPAYMENT**

DUE DATES OF QUARTERLY PAYMENTS

| | April 15, 2022 | June 15, 2022 | Sept. 15, 2022 | Jan. 15, 2023 | Totals |
|---|---|---|---|---|---|
| 4. Tax payments required per quarter (Multiply Line 3 by .25) | 1,354 | 1,353 | 1,353 | 1,353 | |
| 5a. From 2022 Form IN-111, add Lines 25a, 25d, and 25e, then multiply by .25 per quarter | | | | | |
| 5b. Enter 2021 carryforward and 2022 quarterly estimated payments made by the due date per quarter | 1,354 | | 2,708 | 2,709 | |
| 5c. Add Lines 5a and 5b. Each quarter should not equal more than Line 4; apply any excess to the next quarter | 1,354 | | 1,353 | 1,353 | |
| 6. Underpayment per quarter (Subtract Line 5c from Line 4). This line cannot be less than zero | | 1,353 | | | |
| 7. Date FULL payment was made or April 15, 2023, whichever date is earlier | 04/18/2022 | 09/15/2022 | 09/15/2022 | 01/17/2023 | |
| **CALCULATION OF INTEREST** | | | | | |
| 8a. Number of days AFTER the due date to the date reported on Line 7 for each quarter, or Jan. 1, 2023, whichever date is earlier | | 92 | | | |
| 8b. Number of days FROM Jan. 1, 2023 to the date payment was made on Line 7 for each quarter, or April 15, 2023, whichever date is earlier. 4th quarter: Use number of days from Jan. 15, 2023 | | | | | |
| 9a. Interest due for 2022 (Divide Line 8a by 365, multiply by 3.25%, then multiply by Line 6) | | 11 | | | |
| 9b. Interest due for 2023 (Divide Line 8b by 365, multiply by 4.00%, then multiply by Line 6) | | | | | |
| 10. Interest due per quarter (Add Lines 9a and 9b) | | 11 | | | |
| 11. Total underpayment interest due (Add Line 10 columns) | | | | 11. | 11 |
| **CALCULATION OF PENALTY** | | | | | |
| 12. Number of months FROM the due date of that quarter to the date shown on Line 7 (a portion of a month counts as a whole month) | | 3 | | | |
| 13. Penalty due per quarter (Multiply Line 12 by .01 (1%) then by Line 6) | | 41 | | | |
| 14. Total underpayment penalty due (Add Line 13 columns) | | | | 14. | 41 |
| **TOTAL INTEREST AND PENALTY** | | | | | |
| 15. Total underestimated interest and penalty due (Add Lines 11 and 14) | | | | 15. | 52 |

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Form **IN-111**

# Vermont Late Filing Interest and Penalty Worksheets

**2022**

Name: NANCY J DUMONT

Taxpayer Identification Number: 030-64-0942

## Late Payment Interest Worksheet

| Description | Amount | Balance | # of Days | Interest Rate % | Interest Amount |
|---|---|---|---|---|---|
| TAX DUE - 4/18/23 | 1,361 | 1,361 | | | |
| 4/19/23 - 12/31/23 | | 1,361 | 257 | 4.00 | 38 |
| 1/01/24 - 2/02/24 | | 1,399 | 33 | | |
| DATE FILED - 2/02/24 | | 1,399 | | | |
| **Total Late Payment Interest** | | | | | 38 |

## Failure to File Penalty Worksheet

| Description | Amount | Balance | # of Months | Penalty Rate % | Penalty Amount |
|---|---|---|---|---|---|
| TAX DUE - 11/15/23 | 1,361 | 1,361 | | | |
| FAILURE TO FILE PENALTY | | 1,361 | | | 50 |
| DATE FILED - 2/02/24 | | 1,411 | | | |
| **Total Failure to File Penalty** | | | | | 50 |

## Failure to Pay Penalty Worksheet

| Description | Amount | Balance | # of Months | Penalty Rate % | Penalty Amount |
|---|---|---|---|---|---|
| TAX DUE - 4/18/23 | 1,361 | 1,361 | | | |
| FAILURE TO PAY PENALTY | | 1,361 | 10 | 10.00 | 136 |
| DATE FILED - 2/02/24 | | 1,497 | | | |
| **Total Failure to Pay Penalty** | | | | | 136 |