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CLIENT'S COPY

Tax Return Carryovers to 2024

NAME: JOSEPH CARR ID Number: 394-15-9343

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
1040	NOL C/O FROM 2022	1040			103,726.
1040	NOL C/O FROM 2023	1040			39,553.
SCH A	2022 CONTRIBUTIONS - 60% LIMIT	SCH A			1,300.
SCH D	SHORT-TERM CAPITAL LOSS	SCH D			5,387.
SCH D	LONG-TERM CAPITAL LOSS	SCH D			9,822.
SCH D	CAPITAL LOSS	SCH D		CA	12,209.
SCHD AMT	SHORT-TERM CAPITAL LOSS	SCHD AMT			2,387.
SCHD AMT	LONG-TERM CAPITAL LOSS	SCHD AMT			9,822.
SCHD AMT	AMT CAPITAL LOSS	SCHD AMT		CA	12,209.
6251	AMT NOL C/O FROM 2022	1040			103,726.
6251	AMT NOL C/O FROM 2023	1040			39,553.
6251	AMT 2022 CONTRIBUTIONS - 60% LIMIT	SCH A			1,300.
8995	TOTAL QUALIFIED BUSINESS LOSS	8995			150,439.
SCH A	2022 CONTRIBUTIONS - 50% LIMIT	SCH A		CA	1,300.
SCH P	AMT 2022 CONTRIBUTIONS - 50% LIMIT	SCH A		CA	1,300.
3805V	2022 GENERAL NOL	3805V		CA	103,317.
3805V	2022 AMT GENERAL NOL	3805V		CA	103,317.
3805V	2023 GENERAL NOL	3805V		CA	42,506.
3805V	2023 AMT GENERAL NOL	3805V		CA	42,506.

312541 04-01-23

WINTER & LOZANO CPAS, INC.
942 E. CHAPMAN
ORANGE, CA, 92866
714-602-6949

OCTOBER 14, 2024

JOSEPH CARR
2909 S. MANSFIELD AVE
LOS ANGELES, CA 90016

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2023 INDIVIDUAL INCOME TAX RETURNS, INCLUDING:

FORM 1040, U.S. INDIVIDUAL INCOME TAX RETURN
SCHEDULE 1, ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME
SCHEDULE D AMT, CAPITAL GAINS AND LOSSES ALT MIN
SCHEDULE D, CAPITAL GAINS AND LOSSES
SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 2
FORM 4868, APPLICATION FOR AUTOMATIC EXTENSION OF TIME
FORM 8879, E-FILE SIGNATURE AUTHORIZATION
FORM 8995, QBI DEDUCTION SIMPLIFIED COMPUTATION
FORM NOL, NET OPERATING LOSS COMPUTATION
FORM NOL, NET OPERATING LOSS COMPUTATION (AMT)
PPIN, PRACTITIONER PIN
CA 540, RESIDENT INCOME TAX RETURN
CA SCHEDULE CA, CALIFORNIA ADJUSTMENTS
CA SCHEDULE D, CAPITAL GAIN OR LOSS ADJUSTMENT
CA 3805V, NET OPERATING LOSS COMPUTATION
CA 3805V, NET OPERATING LOSS COMPUTATION (AMT)
CA 8879, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

WINTER & LOZANO CPAS, INC.
942 E. CHAPMAN
ORANGE, CA, 92866
714-602-6949

OCTOBER 14, 2024

JOSEPH CARR
2909 S. MANSFIELD AVE
LOS ANGELES, CA 90016

DEAR JOSEPH:

ENCLOSED ARE YOUR 2023 INCOME TAX RETURNS.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FEDERAL INCOME TAX RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO MY OFFICE. I WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.

NO PAYMENT IS REQUIRED.

CALIFORNIA INCOME TAX RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO MY OFFICE. I WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

YOUR COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

WINTER & LOZANO CPAS, INC.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

Worksheet for NOL Deduction 2023

Name(s) as shown on return: JOSEPH CARR

Social Security Number: 394-15-9343

USE YOUR 2023 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number the NOL carryover NOT subject to 80% of taxable income limit		
2. Enter as a positive number the NOL carryover subject to 80% of taxable income limit	103,726.	
3. Total NOL carryover		103,726.
4. Taxable income before the NOL deduction	0.	
5. NOL carryover NOT subject to 80% of taxable income limit	0.	
6. Subtract line 5 from line 4 (but not less than zero)	0.	
7. Multiply line 6 by 80%	0.	
8. Enter the lesser of lines 2 or 7. This is the deductible amount of the NOL carryovers reported on line 2		0.
9. Enter the amount from line 1		
10. NOL deduction. Add lines 8 and 9. Enter on Schedule 1, line 8a		0.

TAXABLE INCOME WITHOUT THE NOL DEDUCTION:

11. Enter the amounts from Form 1040, lines 1z, 2b, 3b, 4b, 5b and 7	-3,000.	
12. Enter the taxable social security benefits		
13. Enter the amount from Schedule 1, lines 1, 2a, 4 and 7		
14. Enter the amount from Schedule 1, line 3		
15. Enter the amount from Schedule 1, line 5	-39,553.	
16. Enter the amount from Schedule 1, line 6		
17. Enter the amount from Schedule 1, line 9		
18. Add lines 11 through 17. This is your total income calculated without regard to NOLs		-42,553.
19. Enter the amounts from Schedule 1, lines 11 through 19a and other adjustments		
20. Enter the IRA deduction		
21. Enter the student loan interest deduction		
22. Enter the Archer MSA deduction		
23. Adjusted gross income without regard to the NOL deduction. Subtract lines 19 through 22 from line 18		-42,553.
24. Enter the amount from Schedule A, line 4		
25. Enter the amount from Schedule A, line 7		
26. Enter the amount from schedule A, lines 10 and 16		
27. Enter the amount from Schedule A, line 14		
28. Enter the amount from Schedule A, line 15		
29. Enter the larger of the standard deduction or the sum of lines 24 through 28		13,850.
30. Enter the capital construction fund and other deductions		
31. Taxable income without regard to the NOL and qualified business income deductions. Subtract lines 29 through 30 from line 23. If zero or less, enter 0. Enter on line 4 above		0.

NOL	Detail NOL Carryover/Carryback Worksheet	2023

Name(s)
JOSEPH CARR

Social Security Number
394-15-9343

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2022	103,726.										
2023	39,553.										
Totals	143,279.										

Total amount available for carryover	143,279.
Less total amounts used	0.
Less total amounts expired	0.
Remaining carryover	143,279.

AMT NOL | **Detail AMT NOL Carryover Worksheet** | **2023**

Name(s): JOSEPH CARR

Social Security Number: 394-15-9343

Year Carried From	Amount Available for Carryover	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2022	103,726.										
2023	39,553.										
Totals	143,279.										

Total amount available for carryover	143,279.
Less total amounts used	0.
Less total amounts expired	0.
Remaining carryover	143,279.

316721 04-01-23

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CALIFORNIA INFORMATIONAL FORMS

California	Capital Loss Carryover	2023

Name(s) as shown on return: JOSEPH CARR

Social security number: 394-15-9343

1	Enter loss from Schedule D, line 11, as a positive number	3,000
2	Enter amount from Form 540 or Form 540NR, line 17	-45,506
3	Enter amount from Form 540 or Form 540NR, line 18	5,363
4	Subtract line 3 from line 2. If less than zero, enter as a negative number	-50,869
5	Combine line 1 and line 4. If less than zero, enter -0-	0
6	Enter loss from Schedule D, line 8, as a positive number	12,209
7	Enter the smaller of line 1 or line 5	0
8	Subtract line 7 from line 6. This is your capital loss carryover to 2024	12,209

2023 Income from Passthroughs

CA

WESTLAKE MANAGEMENT INC
I.D. NUMBER: 85-3906741

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED		-42,506
NET INCOME (LOSS) FOR ENTITY		-42,506
ACTIVITY INFORMATION:		
WESTLAKE MANAGEMENT INC		
ORDINARY INCOME (LOSS)	-42,506	
TOTAL NONPASSIVE GAIN (LOSS)		-42,506

ALTERNATIVE MINIMUM TAX

339051 12-20-23

TAXABLE YEAR **2023**

CALIFORNIA FORM **3805V**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Individuals, Estates, and Trusts

Attach to your California tax return.

Names as shown on tax return

JOSEPH CARR

SSN or ITIN 394-15-9343

FEIN

Part I **Computation of Current Year NOL for Individuals, Estates, and Trusts.** If you do not have a current year NOL, go to Part II.

Section A - **California Residents Only** (Nonresidents and Part-Year Residents Only, go to Section B.)

1	Adjusted gross income from 2023 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3					1	<45,506>00
2	Itemized deductions or standard deduction from 2023 Form 540, line 18					2	(0 00)
3	**a** Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. **Do not** complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years					3a	<45,506>00
	b 2023 declared disaster loss included in line 3a. Enter as a positive number					3b	00
	c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, **do not** complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed					3c	<45,506>00

Enter amounts on line 4 through line 24 as if they were all **positive** numbers. See instructions.

4	Nonbusiness capital losses	4	12,209 00				
5	Nonbusiness capital gains	5	00				
6	If line 4 is more than line 5, enter the difference; otherwise, enter -0-			6	12,209 00		
7	If line 4 is less than line 5, enter the difference; otherwise, enter -0-			7	0 00		
8	Nonbusiness deductions. See instructions	8	00				
9	Nonbusiness income other than capital gains. See instructions	9	00				
10	Add line 7 and line 9			10	00		
11	If line 8 is more than line 10, enter the difference; otherwise, enter -0-					11	00
12	If line 8 is less than line 10, enter the difference; otherwise, enter -0-	12	00				
13	Business capital losses	13	00				
14	Business capital gains	14	00				
15	Add line 12 and line 14			15	00		
16	If line 13 is more than line 15, enter the difference; otherwise, enter -0-. See instructions			16	00		
17	Add line 6 and line 16			17	12,209 00		
18	Enter the loss, if any, from Schedule D (540), line 8. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 9, column (c). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount from line 17			18	12,209 00		
19	Enter the loss, if any, from Schedule D (540), line 9. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 10. Enter as a positive number			19	3,000 00		
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-			20	9,209 00		
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-					21	0 00
22	Subtract line 20 from line 17. If zero or less, enter -0-					22	3,000 00
23	NOL and disaster loss carryovers from prior years					23	0 00
24	Add lines 11, 21, 22, and 23					24	3,000 00
25	**Current Year NOL.** Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryover					25	-42,506 00

Section B - Nonresidents and Part-Year Residents Only - Computation of Current Year California NOL

	(a) Enter total amounts as if you were a **CA resident for entire year.**	(b) Enter amounts earned or received from CA sources as if you **were a nonresident for the entire year.**	(c) Enter amounts earned or received during the portion of the year you were a **CA resident.**	(d) Enter amounts earned or received from CA sources during the portion of the year you were a **nonresident.**	(e) **Total** Combine columns (c) and (d)
1 Adjusted gross income. See instructions. If negative, use brackets **1**					
2 Itemized deductions or standard deduction. See instructions **2**	( )	( )	( )	( )	( )
3 a Combine line 1 and line 2. See instrs **3a**					
b 2023 declared disaster loss included in line 3a. Enter as a positive number **3b**					
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4 **3c**					
Enter amounts on line 4 through line 24 as if they were all **positive** numbers.					
4 Nonbusiness capital losses **4**					
5 Nonbusiness capital gains **5**					
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0- **6**					
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- **7**					
8 Nonbusiness deductions **8**					
9 Nonbusiness income other than capital gains **9**					
10 Add line 7 and line 9 **10**					
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0- **11**					
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0- **12**					
13 Business capital losses **13**					
14 Business capital gains **14**					
15 Add line 12 and line 14 **15**					
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0- **16**					
17 Add line 6 and line 16 **17**					
18 Enter the loss, if any, from line 4 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. See instructions **18**					
19 Enter the loss, if any, from line 5 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. Enter as a positive number **19**					
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0- **20**					
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0- **21**					
22 Subtract line 20 from line 17. If zero or less, enter -0- **22**					
23 NOL & disaster loss carryovers from prior years **23**					
24 Add lines 11, 21, 22, 23 **24**					
25 **Current Year NOL**. Combine line 3c and line 24. If more than zero, enter -0- **25**		◉			◉

Part II **Determine 2023 Modified Taxable Income (MTI).** Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	-45,506 00
	Enter amounts on line 2 through line 5 as if they were all **positive** numbers.		
2	Capital loss deduction included in line 1	2	3,000 00
3	Disaster loss carryover included in line 1	3	00
4	NOL carryover included in line 1	4	00
5	Adjustments to itemized deductions. See instructions	5	00
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	0 00

Part III **NOL Carryover and Disaster Loss Carryover Limitations.** See instructions.

		(g) Available balance	
1	MTI from Part II, line 6	1	

Prior Year NOLs

	(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2022	(f) Amount used in 2023	(g)	(h) Carryover to 2024 col. (e) minus col. (f)
2	2022		GEN	103,317	103,317	0	0	103,317

Current Year NOLs

								col. (d) minus col. (f) See instructions
3	2023		DIS					
4	2023		GEN	42,506				42,506
	2023							
	2023							

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	5	145,823 00
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	6	00

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FILEABLE FORMS

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
JOSEPH CARR	394 15 9343
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2023 (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	-42,553.
2	Total tax	2	
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	0.

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

☒ I authorize WINTER & LOZANO CPAS, INC. to enter or generate my PIN 9 3 4 3 1 as my
ERO firm name **Enter five digits, but don't enter all zeros**
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 ▶ _____ Date ▶ 10/14/2024

Spouse's PIN: check one box only

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

☐ 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. 3 3 5 5 0 0 5 4 4 9 5
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 ▶ 10/14/2024

319995 04-01-23

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

Tax Year 2023 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)

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 33550054495

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form 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 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 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 93431 Date 10142024

Spouse's PIN: _____

318711 05-01-23

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2023, or other tax year beginning , 2023, ending , .

1019

2023

Part I Identification

1 Your name(s)

JOSEPH CARR
2909 S. MANSFIELD AVE
LOS ANGELES, CA 90016

2 Your social security number
394-15-9343

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2023	$ 0.
5	Total 2023 payments	0.
6	**Balance due.** Subtract line 5 from line 4	0.
7	Amount you are paying ▶	0.
8	Check here if you are "out of the country" and a U.S. citizen or resident ▶ ☐	
9	Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ ☐	

394159343 YH CARR 30 0 202312 670

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending See separate instructions.

Your first name and middle initial	Last name	Your social security number
JOSEPH	CARR	394 15 9343
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.
2909 S. MANSFIELD AVE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
LOS ANGELES CA 90016

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

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ 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) Check the box if qualifies for (see instr.): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	

Standard Deduction for -
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- 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	-3,000.
8	Additional income from Schedule 1, line 10	8	-39,553.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	-42,553.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	-42,553.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	0.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	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	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	0.
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	2023 estimated tax payments and amount applied from 2022 return		26	
	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	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0.
	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 2024 estimated tax**	36 0.		
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	0.
	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	Phone no.	Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

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 inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
BRIAN WINTER, CPA		10/14/24	P00643656	☐ Self-employed

Firm's name WINTER & LOZANO CPAS, INC. Phone no. 714-602-6949

Firm's address 942 E. CHAPMAN ORANGE, CA 92866 Firm's EIN 80-0316991

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

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

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSEPH CARR

Your social security number
394-15-9343

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	-39,553.
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 nonqualifed 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. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	-39,553.

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

Schedule 1 (Form 1040) 2023

LHA 314141 12-14-23

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	
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, 1040-SR, or 1040-NR, line 10			26	

Schedule A **Charitable Contributions Limitation**

NAME JOSEPH CARR 394-15-9343

60% Contributions

1. 60% of AGI ..... 0.
2. Contributions qualifying for 60% limit .....
3. Allowable 60% contributions .....

50% Contributions

4. 50% of AGI ..... 0.
5. Contributions qualifying for 50% limit .....
6. Allowable 50% contributions (lesser of Line 4 - Line 3 or Line 5) .....

30% Contributions

7. Remaining 50% limit (Line 4 less Lines 3 and 6) .....
8. Less capital gain property - special 30% limits .....
9. Balance of 50% of AGI .....
10. 30% of AGI .....
11. Contributions qualifying for 30% limit .....
12. Allowable 30% contributions (lesser of Line 9, 10 or 11) .....

30% Special Contributions

13. 30% of AGI .....
14. Contributions qualifying for 30% special limit .....
15. Remaining 50% limit (Line 4 less the sum of Lines 3, 6 and 12) .....
16. Allowable 30% special contribution (lesser of Line 13, 14 or 15) .....

20% Contributions

17. 20% of AGI .....
18. 30% of AGI .....
19. Allowed 30% regular contributions .....
20. Line 18 less Line 19 .....
21. Allowed 30% special contributions .....
22. Line 18 less Line 21 .....
23. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, and 16) .....
24. Contributions subject to the 20% limitation .....
25. Allowable 20% contributions (lesser of Line 17, 20, 22, 23 or 24) .....

50% and 100% Conservation Real Property Contributions

26. Remaining 50% limit (Line 4 less the sum of Lines 3, 6, 12, 16 and 25) .....
27. Conservation real property contribution subject to 50% limit .....
28. Allowable 50% conservation real property contribution (lesser of Line 26 or 27) .....
29. Remaining 100% of AGI .....
30. Conservation real property contribution subject to 100% limit .....
31. Allowable 100% conservation real property contribution (lesser of Line 29 or 30) .....

Total charitable contributions to Schedule A

32. Total 2023 contributions allowed on Schedule A .....
33. Total prior year carryovers allowed on Schedule A .....
34. Total charitable contributions to Schedule A, Line 14 .....

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return

JOSEPH CARR

Your social security number

394 15 9343

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	(5,387.)
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	<5,387.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	(9,822.)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	<9,822.>

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	<15,209.>
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the **28% Rate Gain Worksheet**(see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) SEE STATEMENT 1 **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000.)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return

JOSEPH CARR

Your social security number

394 15 9343

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	(2,387.)
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	<2,387.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	(9,822.)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	<9,822.>

Part III Summary

16	Combine lines 7 and 15 and enter the result	**16**	<12,209.>
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the **28% Rate Gain Worksheet**(see instructions), enter the amount, if any, from line 7 of that worksheet	**18**	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	**19**	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) SEE STATEMENT 2 **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	**21**	(3,000.)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

JOSEPH CARR

Your social security number: 394-15-9343

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	WESTLAKE MANAGEMENT INC	S		85-3906741		
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss allowed (see **Schedule K-1**)	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A			39,553.		
B					
C					
D					
29a Totals					
b Totals			39,553.		

30	Add columns (h) and (k) of line 29a	30	
31	Add columns (g), (i), and (j) of line 29b	31	(39,553.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	-39,553.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-39,553.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE E

Name JOSEPH CARR **SSN/EIN** 394-15-9343

Passthrough WESTLAKE MANAGEMENT INC **ID** 85-3906741 TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-39,553.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-39,553.							-39,553.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-39,553.							-39,553.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name JOSEPH CARR **SSN/EIN** 394-15-9343

Passthrough WESTLAKE MANAGEMENT INC **ID** 85-3906741 TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	-39,553.							-39,553.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

JOSEPH CARR

Your taxpayer identification number

394-15-9343

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 a 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 at or below $182,100 ($364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	WESTLAKE MANAGEMENT INC	85-3906741	-39,553.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-39,553.		
3	Qualified business net (loss) carryforward from the prior year STATEMENT 3	3	(110,886.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	
11	Taxable income before qualified business income deduction (see instructions)	11	-56,403.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(150,439.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

Schedule A - Net Operating Loss (NOL)

2023

Name	Social Security Number
JOSEPH CARR	394-15-9343

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			1	-56,403.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	15,209.		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3			
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	15,209.		
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0- (5: 0.)				
6	Nonbusiness deductions (see instructions) SEE STATEMENT 4	6	13,850.		
7	Nonbusiness income other than capital gains (see instructions) (7:)				
8	Add lines 5 and 7	8			
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-			9	13,850.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. **But do not enter more than line 5** (10: 0.)				
11	Business capital losses before limitation. Enter as a positive number	11			
12	Business capital gains (without regard to any section 1202 exclusion) (12:)				
13	Add lines 10 and 12	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.		
15	Add lines 4 and 14	15	15,209.		
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	15,209.		
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	15,209.		
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19	3,000.		
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	12,209.		
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-			21	0.
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	3,000.
23	NOL deduction for losses from other years. Enter as a positive number			23	
24	**NOL.** Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, this is your current year NOL. If the result is zero or more, you **do not** have an NOL			24	-39,553.

Alternative Tax Net Operating Loss Worksheet

2023

Name(s) as shown on return: JOSEPH CARR

Social Security Number: 394-15-9343

1. Loss for the current year				56,403.
2. Net operating loss deduction				
3. Excess of nonbusiness deductions over nonbusiness income:				
(A) AMT nonbusiness itemized deductions and adjustments				
(B) AMT nonbusiness income				
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion)				
(D) Total nonbusiness income				
(E) Difference (line 3(A) less 3(D)) not less than zero				
4. Excess of nonbusiness capital loss over nonbusiness capital gain			12,209.	
5. Adjusted deduction for business capital loss				
(A) Business capital loss				
(B) Line 3(D) minus 3(A), not less than zero. Do not enter more than line 3(C)				
(C) Business capital gains (without regard to any section 1202 exclusion)				
(D) Total (line 5(B) plus 5(C))				
(E) Difference (line 5(A) less 5(D)) not less than zero				
6. Add lines 4 and 5E		12,209.		
7. Enter the loss, if any, from AMT Schedule D, Line 16		12,209.		
8. Adjusted section 1202 exclusion				
9. Line 7 minus line 8		12,209.		
10. Enter the loss, if any, from AMT Schedule D, line 21		3,000.		
11. Line 9 minus line 10, not less than zero		9,209.		
12. Line 10 minus line 11, not less than zero				
13. Line 6 minus line 11, not less than zero			3,000.	
14. Total adjustment and preference items (Form 6251)			13,850.	
15. Total (line 2 + 3(E) + 8 + 12 + 13 + 14)				16,850.
16. Current year alternative tax net operating loss - (line 1 less line 15)				39,553.

326131 04-01-23

Worksheet for NOL Deduction 2023

Name(s) as shown on return: JOSEPH CARR

Social Security Number: 394-15-9343

USE YOUR 2023 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number the NOL carryover NOT subject to 80% of taxable income limit		
2. Enter as a positive number the NOL carryover subject to 80% of taxable income limit	103,726.	
3. Total NOL carryover		103,726.
4. Taxable income before the NOL deduction	0.	
5. NOL carryover NOT subject to 80% of taxable income limit	0.	
6. Subtract line 5 from line 4 (but not less than zero)	0.	
7. Multiply line 6 by 80%	0.	
8. Enter the lesser of lines 2 or 7. This is the deductible amount of the NOL carryovers reported on line 2		0.
9. Enter the amount from line 1		
10. NOL deduction. Add lines 8 and 9. Enter on Schedule 1, line 8a		0.

TAXABLE INCOME WITHOUT THE NOL DEDUCTION:

11. Enter the amounts from Form 1040, lines 1z, 2b, 3b, 4b, 5b and 7	-3,000.	
12. Enter the taxable social security benefits		
13. Enter the amount from Schedule 1, lines 1, 2a, 4 and 7		
14. Enter the amount from Schedule 1, line 3		
15. Enter the amount from Schedule 1, line 5	-39,553.	
16. Enter the amount from Schedule 1, line 6		
17. Enter the amount from Schedule 1, line 9		
18. Add lines 11 through 17. This is your total income calculated without regard to NOLs		-42,553.
19. Enter the amounts from Schedule 1, lines 11 through 19a and other adjustments		
20. Enter the IRA deduction		
21. Enter the student loan interest deduction		
22. Enter the Archer MSA deduction		
23. Adjusted gross income without regard to the NOL deduction. Subtract lines 19 through 22 from line 18		-42,553.
24. Enter the amount from Schedule A, line 4		
25. Enter the amount from Schedule A, line 7		
26. Enter the amount from schedule A, lines 10 and 16		
27. Enter the amount from Schedule A, line 14		
28. Enter the amount from Schedule A, line 15		
29. Enter the larger of the standard deduction or the sum of lines 24 through 28		13,850.
30. Enter the capital construction fund and other deductions		
31. Taxable income without regard to the NOL and qualified business income deductions. Subtract lines 29 through 30 from line 23. If zero or less, enter 0. Enter on line 4 above		0.

SCHEDULE D CAPITAL LOSS CARRYOVER STATEMENT 1

1.	ENTER THE AMOUNT FROM FORM 1040, LINE 15	-56,403.
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT	3,000.
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	0.
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3	0.
5.	ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT	5,387.
6.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
7.	ADD LINES 4 AND 6	
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-	5,387.
9.	ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT	9,822.
10.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	
12.	ADD LINES 10 AND 11	
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	9,822.

SCHEDULE D — ALTERNATIVE MINIMUM TAX CAPITAL LOSS CARRYOVER — STATEMENT 2

1.	ENTER THE AMOUNT FROM FORM 6251, LINE 4	-42,553.
2.	ENTER THE LOSS FROM SCH D, LINE 21, AS A POSITIVE AMOUNT	3,000.
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	0.
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3	0.
5.	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT	2,387.
6.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
7.	ADD LINES 4 AND 6	
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-	2,387.
9.	ENTER THE LOSS FROM SCH D, LINE 15, AS A POSITIVE AMOUNT	9,822.
10.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	
12.	ADD LINES 10 AND 11	
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	9,822.

FORM 8995 — QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS — STATEMENT 3

TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	110,886.
TOTAL TO FORM 8995, LINE 3	110,886.

NOL NONBUSINESS DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
STANDARD DEDUCTION	13,850.
TOTAL TO SCHEDULE A - NOL, LINE 6	13,850.

022 DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023** **California e-file Signature Authorization for Individuals** FORM **8879**

Your name	Your SSN or ITIN
JOSEPH CARR	394-15-9343
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	-45,506
2	Amount you owe. See instructions	2	0
3	Refund or no amount due. See instructions	3	0

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize WINTER & LOZANO CPAS, INC. (ERO firm name) to enter my PIN 93431 (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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 ▶ _____ Date ▶ 10/14/2024

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter my PIN _____ (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 33550054495 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 10/14/2024

For Privacy Notice, get FTB 1131 EN-SP. FTB 8879 2023

339311 12-14-23

04541014 804123 CARR,JOSEPH 2023.04020 CARR, JOSEPH CARR_JO1

TAXABLE YEAR **2023**

California Resident Income Tax Return

FORM **540**

APE ATTACH FEDERAL RETURN

394-15-9343 CARR 23
JOSEPH CARR

2909 S MANSFIELD AVE
LOS ANGELES CA 90016

07-07-1996

Principal Residence

Enter your county at time of filing (see instructions)
LOS ANGELES

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

1 X Single

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instr.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 Head of household (with qualifying person). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. • 6

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

				Whole dollars only
7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.	7	1	X $144 = $	144
8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	8		X $144 = $	
9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions	• 9		X $144 = $	

Your name: JOSEPH CARR Your SSN or ITIN: 394159343

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See inst.			
Dependent's relationship to you			

Total dependent exemptions ..... • 10 [ ] X $446 = $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ..... 11 $ 144

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 ..... • 12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	-42,553	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B ..... • 14	2,953	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	-45,506	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C ..... • 16		.00
17	California adjusted gross income. Combine line 15 and line 16 ..... • 17	-45,506	.00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately ..... $ 5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $10,726 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ... • 18	5,363	.00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19	0	.00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 ..... • 31 — 0 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions ..... 32 — 144 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ..... 33 — 0 .00

34 Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A • 34 — .00

35 Add line 33 and line 34 ..... 35 — 0 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ..... • 40 — .00

43 Enter credit name [ ] code • [ ] and amount ..... • 43 — .00

44 Enter credit name [ ] code • [ ] and amount ..... • 44 — .00

Your name: JOSEPH CARR Your SSN or ITIN: 394159343

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47		.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0	.00

Payments

71	California income tax withheld. See instructions	71		.00
72	2023 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78		.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions — 91: 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions.
Medicare Part A or C coverage is qualifying health care coverage. — [X]
If you did not check the box, see instructions.
Individual Shared Responsibility (ISR) Penalty. See instructions — 92: .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95		.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97		.00

Your name: JOSEPH CARR Your SSN or ITIN: 394159343

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	0	.00

Contributions

		Code	Amount	
	California Seniors Special Fund. See instructions	**400**		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	**405**		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	**407**		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**		.00
	California Sea Otter Voluntary Tax Contribution Fund	**410**		.00
	California Cancer Research Voluntary Tax Contribution Fund	**413**		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**		.00
	State Parks Protection Fund/Parks Pass Purchase	**423**		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	**425**		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**		.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	**440**		.00
	Suicide Prevention Voluntary Tax Contribution Fund	**444**		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**		.00
110	Add amounts in code 400 through code 445. This is your total contribution	**110**		.00

Your name: JOSEPH CARR Your SSN or ITIN: 394159343

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ... • **111** .00

Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** ..... • **113** 0 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** 0 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ... • **115** 0 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections.** See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ◉ ☐ Yes ☒ No

Sign your tax return on Side 6

Your name: JOSEPH CARR Your SSN or ITIN: 394159343

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed): WINTER & LOZANO CPAS, INC.

● PTIN: P00643656

Firm's address: 942 E. CHAPMAN ORANGE, CA 92866

● Firm's FEIN: 800316991

Do you want to allow another person to discuss this tax return with us? See instructions ..... ● [ ] Yes [X] No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR **2023**

California Adjustments - Residents

SCHEDULE **CA (540)**

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: JOSEPH CARR

SSN or ITIN: 394-15-9343

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions	1a			
b Household employee wages not reported on federal Form(s) W-2	1b			
c Tip income not reported on line 1a	1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	1d			
e Taxable dependent care benefits from federal Form 2441, line 26	1e			
f Employer-provided adoption benefits from federal Form 8839, line 29	1f			
g Wages from federal Form 8919, line 6	1g			
h Other earned income. See instructions	1h			
i Nontaxable combat pay election. See instructions	1i			
z Add line 1a through line 1i	1z			
2 Taxable interest. a	2b			
3 Ordinary dividends. See instructions. a	3b			
4 IRA distributions. See instructions. a	4b			
5 Pensions and annuities. See instructions. a	5b			
6 Social security benefits. a	6b			
7 Capital gain or (loss). See instr.	7	-3,000		

Section B - Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2 a Alimony received. See instructions	2a			
3 Business income or (loss). See instructions	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. STMT 1	5	-39,553	2,953	
6 Farm income or (loss)	6			
7 Unemployment compensation	7			

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss **8a**	◉ ( )		◉
b Gambling **8b**	◉	◉	
c Cancellation of debt **8c**	◉	◉	◉
d Foreign earned income exclusion from federal Form 2555 **8d**	◉ ( )		◉
e Income from federal Form 8853 **8e**	◉		◉
f Income from federal 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 **8m**	◉		
n IRC Section 951(a) inclusion **8n**	◉	◉	
o IRC Section 951A(a) inclusion **8o**	◉	◉	
p IRC Section 461(l) excess business loss adjustment **8p**	◉	◉	◉
q Taxable distributions from an ABLE account **8q**	◉		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 **8r**	◉		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d **8s**	◉ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan **8t**	◉		
u Wages earned while incarcerated **8u**	◉		
z Other income. List type and amount. ◉ _____ **8z**	◉	◉	◉

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z 9a			
b1 Disaster loss deduction from form FTB 3805V 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	-42,553	2,953	

Section C - Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **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 federal Trade Act of 1974 **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **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 federal Form 2555 **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount. ____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**			
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	-42,553	2,953	

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ..... ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11	2			
3 Multiply line 2 by 7.5% (0.075)	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a			
b State and local real estate taxes	5b			
c State and local personal property taxes	5c			
d Add line 5a through line 5c	5d			
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e			
6 Other taxes. List type	6			
7 Add line 5e and line 6	7			
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a			
b Home mortgage interest not reported to you on federal Form 1098	8b			
c Points not reported to you on federal Form 1098	8c			
d Reserved for future use	8d			
e Add line 8a through line 8c	8e			
9 Investment interest	9			
10 Add line 8e and line 9	10			

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check **12**			
13 Carryover from prior year **13**			
14 Add line 11 through line 13 ..... **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions **15**			
Other Itemized Deductions			
16 Other - from list in federal instructions **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**			

18 Total. Combine line 17 column A less column B plus column C **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 ..... **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 .....

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ..... **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 ..... **25**

26 Total Itemized Deductions. Add line 18 and line 25 ..... **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27 ..... **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$474,075**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 ..... **29**

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP **$10,726**

Transfer the amount on line 30 to Form 540, line 18 ..... **30** 5,363

339261 10-19-23

TAXABLE YEAR **2023**

California Capital Gain or Loss Adjustment

SCHEDULE **D (540)**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return: JOSEPH CARR

SSN or ITIN: 394-15-9343

1	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)	2	
3	Capital gain distributions (federal Form 1099-DIV, box 2a)	3	
4	Total 2023 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3	4	
5	2023 loss. Add column (d) amounts of line 1 and line 2	5	( )
6	California capital loss carryover from 2022, if any	6	(12,209)
7	Total 2023 loss. Add line 5 and line 6	7	(12,209)

8	Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10	**8**	−12,209
9	If line 8 is a loss, enter the smaller of: **a** the loss on line 8.		
	b $3,000 ($1,500 if married/RDP filing separate)	**9**	(3,000)
10	Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7	**10**	−3,000
11	Enter the California gain from line 8 or (loss) from line 9	**11**	−3,000
12	**a** If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column B	**12a**	0
	b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column C	**12b**	

339051 12-20-23

TAXABLE YEAR **2023**

CALIFORNIA FORM **3805V**

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Individuals, Estates, and Trusts

Attach to your California tax return.

Names as shown on tax return

JOSEPH CARR

SSN or ITIN 394-15-9343

FEIN

Part I **Computation of Current Year NOL for Individuals, Estates, and Trusts.** If you do not have a current year NOL, go to Part II.

Section A - California Residents Only (Nonresidents and Part-Year Residents Only, go to Section B.)

1	Adjusted gross income from 2023 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3					1	<45,506> 00
2	Itemized deductions or standard deduction from 2023 Form 540, line 18					2	(5,363 00)
3	**a** Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. **Do not** complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years					3a	<50,869> 00
	b 2023 declared disaster loss included in line 3a. Enter as a positive number					3b	00
	c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, **do not** complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed					3c	<50,869> 00

Enter amounts on line 4 through line 24 as if they were all **positive** numbers. See instructions.

4	Nonbusiness capital losses	4	12,209 00				
5	Nonbusiness capital gains	5	00				
6	If line 4 is more than line 5, enter the difference; otherwise, enter -0-			6	12,209 00		
7	If line 4 is less than line 5, enter the difference; otherwise, enter -0-			7	0 00		
8	Nonbusiness deductions. See instructions	8	5,363 00				
9	Nonbusiness income other than capital gains. See instructions	9	00				
10	Add line 7 and line 9			10	00		
11	If line 8 is more than line 10, enter the difference; otherwise, enter -0-					11	5,363 00
12	If line 8 is less than line 10, enter the difference; otherwise, enter -0-	12	0 00				
13	Business capital losses	13	00				
14	Business capital gains	14	00				
15	Add line 12 and line 14			15	00		
16	If line 13 is more than line 15, enter the difference; otherwise, enter -0-. See instructions			16	00		
17	Add line 6 and line 16			17	12,209 00		
18	Enter the loss, if any, from Schedule D (540), line 8. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 9, column (c). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount from line 17			18	12,209 00		
19	Enter the loss, if any, from Schedule D (540), line 9. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 10. Enter as a positive number			19	3,000 00		
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-			20	9,209 00		
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-					21	0 00
22	Subtract line 20 from line 17. If zero or less, enter -0-					22	3,000 00
23	NOL and disaster loss carryovers from prior years					23	00
24	Add lines 11, 21, 22, and 23					24	8,363 00
25	**Current Year NOL.** Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryover					25	-42,506 00

Section B - Nonresidents and Part-Year Residents Only - Computation of Current Year California NOL

	(a) Enter total amounts as if you were a **CA resident for entire year.**	(b) Enter amounts earned or received from CA sources as if you **were a nonresident for the entire year.**	(c) Enter amounts earned or received during the portion of the year you were a **CA resident.**	(d) Enter amounts earned or received from CA sources during the portion of the year you were a **nonresident.**	(e) **Total** Combine columns (c) and (d)
1 Adjusted gross income. See instructions. If negative, use brackets **1**					
2 Itemized deductions or standard deduction. See instructions **2**	( )	( )	( )	( )	( )
3 a Combine line 1 and line 2. See instrs **3a**					
b 2023 declared disaster loss included in line 3a. Enter as a positive number **3b**					
c Combine line 3a and line 3b. If negative, use brackets and continue to line 4 **3c**					
Enter amounts on line 4 through line 24 as if they were all **positive** numbers.					
4 Nonbusiness capital losses **4**					
5 Nonbusiness capital gains **5**					
6 If line 4 is more than line 5, enter the difference; otherwise, enter -0- **6**					
7 If line 4 is less than line 5, enter the difference; otherwise, enter -0- **7**					
8 Nonbusiness deductions **8**					
9 Nonbusiness income other than capital gains **9**					
10 Add line 7 and line 9 **10**					
11 If line 8 is more than line 10, enter the difference; otherwise, enter -0- **11**					
12 If line 8 is less than line 10, enter the difference; otherwise, enter -0- **12**					
13 Business capital losses **13**					
14 Business capital gains **14**					
15 Add line 12 and line 14 **15**					
16 If line 13 is more than line 15, enter the difference; otherwise, enter -0- **16**					
17 Add line 6 and line 16 **17**					
18 Enter the loss, if any, from line 4 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. See instructions **18**					
19 Enter the loss, if any, from line 5 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. Enter as a positive number **19**					
20 If line 18 is more than line 19, enter the difference; otherwise, enter -0- **20**					
21 If line 19 is more than line 18, enter the difference; otherwise, enter -0- **21**					
22 Subtract line 20 from line 17. If zero or less, enter -0- **22**					
23 NOL & disaster loss carryovers from prior years **23**					
24 Add lines 11, 21, 22, 23 **24**					
25 **Current Year NOL**. Combine line 3c and line 24. If more than zero, enter -0- **25**		◉			◉

Part II **Determine 2023 Modified Taxable Income (MTI).** Be sure to read the instructions for Part II.

1	Taxable income. See instructions	1	-50,869 00
	Enter amounts on line 2 through line 5 as if they were all **positive** numbers.		
2	Capital loss deduction included in line 1	2	3,000 00
3	Disaster loss carryover included in line 1	3	00
4	NOL carryover included in line 1	4	00
5	Adjustments to itemized deductions. See instructions	5	00
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0-	6	0 00

Part III **NOL Carryover and Disaster Loss Carryover Limitations.** See instructions.

			(g) Available balance	
1	MTI from Part II, line 6	1		

Prior Year NOLs

	(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below *	(d) Initial loss	(e) Carryover from 2022	(f) Amount used in 2023		(h) Carryover to 2024 col. (e) minus col. (f)
2	2022		GEN	103,317	103,317	0	0	103,317

Current Year NOLs

								col. (d) minus col. (f) See instructions
3	2023		DIS					
4	2023		GEN	42,506				42,506
	2023							
	2023							

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss	5	145,823 00
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses	6	00

2023 Income from Passthroughs

CA

WESTLAKE MANAGEMENT INC
I.D. NUMBER: 85-3906741

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED		-42,506
NET INCOME (LOSS) FOR ENTITY		-42,506
ACTIVITY INFORMATION:		
WESTLAKE MANAGEMENT INC		
ORDINARY INCOME (LOSS)	-42,506	
TOTAL NONPASSIVE GAIN (LOSS)		-42,506

CA SCHEDULE CA RENTS, ROYALTIES, PARTNERSHIPS, ETC... STATEMENT 1

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
WESTLAKE MANAGEMENT INC	-42,506.	-39,553.	-2,953.
TO SCH CA (540), PART IB, LINE 5B			-2,953.