a Employee's social security number 000-00-0000	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 00-0000000	1 Wages, tips, other compensation $18,600	2 Federal income tax withheld	
c Employer's name, address, and ZIP code Litlold Church 1 Happy Drive Happy Valley, AnyState 00000	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
	7 Social security tips	8 Allocated tips	
d Control number	9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Zeke Zacharias 50 Valley Avenue Happy Valley, AnyState 00000	11 Nonqualified plans	12a See instructions for box 12 Code E $1,400	
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code	
	14 Other Housing Exclusion $15,000	12c Code	
f Employee's address and ZIP code		12d Code	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
AS	00-0000000	$18,600		$20,000		HAPVAL

Form **W-2** **Wage and Tax Statement** 2020 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Zeke started at Litlold Church on January 1 of last year.

In addition to this W-2 from the Church, Zeke also received $500 in honoraria for weddings and funerals. {Because this total is under $600, "Marryin' Buryin' Inc." was not required to issue a 1099-NEC.)

Using Form 1040-ES, Zeke made 4 payments of $1,235 each to the IRS on each estimated tax due date {4/15, 6/15, 9/15, 1/15). He did not make any payments to AnyState or to Happy Valley City.

Zeke paid $500 for an online course at the Seminary. He did not purchase any books for this course.

Zeke tracked his mileage for last year:
-- he drove a total of 1,332 miles for all purposes last year
-- he drove 203 miles to visit parishioners
-- he drove 132 miles to perform weddings and funerals

Zeke also went to Annual Conference and had the following unreimbursed expenses:
-- his travel expenses included $150 for plane fare and $435 for his hotel room
-- he spent $190 on meals
-- he spent $210 on books

Zeke gave a total of $2,000 to the Church as charitable contributions. He also paid $1,400 into his pension, and the Church reimbursed his health insurance premiums under the ACA exception for one-employee plans.

Zeke already owned his home in Happy Valley before becoming Litlold Church's pastor. Here are his housing expenses:
-- $5,318 in principal payments on his mortgage
-- $2,682 in mortgage interest, which was reported on Form 1098
-- $1,000 for homeowners' insurance
-- $1,840 for real estate taxes
-- $3,600 for utilities {gas, electric, water/sewer/trash, cable/streaming/internet, personal-use cell phone)
-- $236 for lawn care supplies
-- $812 for a new bed

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 2020 Form 1098	**Mortgage Interest Statement**
Happy Valley Mortgage Co. 99 Main Street Happy Valley, OH 43235	1 Mortgage interest received from payer(s)/borrower(s)* $ 2,682		**Copy B** **For Payer/ Borrower**
RECIPIENT'S/LENDER'S TIN 000-00-0000	PAYER'S/BORROWER'S TIN 02-1444444	2 Outstanding mortgage principal $	3 Mortgage origination date
PAYER'S/BORROWER'S name Zeke Zacharias		4 Refund of overpaid interest $	5 Mortgage insurance premiums $
		6 Points paid on purchase of principal residence $	
Street address (including apt. no.) 50 Valley Avenue		7 ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
City or town, state or province, country, and ZIP or foreign postal code Happy Valley, OH 43235		8 Address or description of property securing mortgage (see instructions) Real Estate Taxes Paid $1,840	
9 Number of properties securing the mortgage 1	10 Other		11 Mortgage acquisition date
Account number (see instructions)			

Form **1098** (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	
Bethany Theological Seminary 615 National Road West Richmond IN 47374	$ 500.00 2	2020 Form **1098-T**	**Tuition Statement**

FILER'S employer identification no.	STUDENT'S TIN	3		**Copy B For Student**
35-2092595				
STUDENT'S name Zeke Zacharias		4 Adjustments made for a prior year $	5 Scholarships or grants $	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.) 50 Valley Avenue		6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2021 ☐	
City or town, state or province, country, and ZIP or foreign postal code Happy Valley, OH 43235				
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student ☐	9 Checked if a graduate student ☒	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

1040 Federal Return Summary 2020

Name	Taxpayer Identification Number
Zeke Zacharias	000-00-0000

Tax Form	1040
Tax Method Used	Tax Table
Filing Status	SGL
Dependents	

Income

Salaries & wages	18,600
Taxable interest income	
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	457
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	19,057

Adjustments

Moving expenses	
Deductible part of self-employment tax	2,333
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments (incl charitable contrib w/std ded)	300
Total adjustments	2,633
Adjusted gross income	16,424

Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Standard deduction	12,400
Taxable income before Qual Bus Inc Ded (QBID)	4,024
QBID	85
Taxable income	3,939

Tax Computation

Regular tax	393
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	393
Child and dependent care credit	
Education credits	100
Other credits	293
Total credits	393
Tax after credits	
Self-employment tax	4,665
Additional tax on IRAs, etc.	
Other taxes	
Total tax	4,665

Payments

Federal income tax withheld	
Estimated payments	4,940
Other payments/credits	
Total payments	4,940

Refund/Amount Due

Amount overpaid	275
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-275
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-275

2021 Estimates

1st quarter	1,167
2nd quarter	1,166
3rd quarter	1,166
4th quarter	1,166
Total Estimates	4,665

Tax Rates

Marginal tax rate - Ordinary income*	10.0	%
Marginal tax rate - Capital income*		%
Effective tax rate	100.0	%

*** Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.**

Internal Revenue Service, P.O. Box 802502, Cincinnati, OH 45280-2502

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

2020 Estimated Tax

Payment Voucher 3

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year–Due Sept. 15, 2020

Amount of estimated tax you are paying by check or money order. Dollars **1,166**

Pay online at *www.irs.gov/etpay*

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
Zeke	Zacharias	000-00-0000
If joint payment, complete for spouse		
Spouse's first name and middle initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) 123 Main Street		
City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) Happy Valley OH 43235		
Foreign country name	Foreign province/county	Foreign postal code

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

DAA

CUT HERE

Internal Revenue Service, P.O. Box 802502, Cincinnati, OH 45280-2502

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

2020 Estimated Tax

Payment Voucher 2

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year–Due June 15, 2020

Amount of estimated tax you are paying by check or money order. Dollars **1,166**

Pay online at *www.irs.gov/etpay*

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
Zeke	Zacharias	000-00-0000
If joint payment, complete for spouse		
Spouse's first name and middle initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) 123 Main Street		
City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) Happy Valley OH 43235		
Foreign country name	Foreign province/county	Foreign postal code

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

DAA

CUT HERE

Internal Revenue Service, P.O. Box 802502, Cincinnati, OH 45280-2502

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

2020 Estimated Tax

Payment Voucher 1

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year–Due April 15, 2020

Amount of estimated tax you are paying by check or money order. Dollars **1,167**

Pay online at *www.irs.gov/etpay*

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
Zeke	Zacharias	000-00-0000
If joint payment, complete for spouse		
Spouse's first name and middle initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) 123 Main Street		
City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) Happy Valley OH 43235		
Foreign country name	Foreign province/county	Foreign postal code

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

DAA

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

CUT HERE

Internal Revenue Service, P.O. Box 802502, Cincinnati, OH 45280-2502

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

2020 Estimated Tax

Payment Voucher 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year–Due Jan. 15, 2021

Amount of estimated tax you are paying by check or money order.

Dollars **1,166**

Pay online at *www.irs.gov/etpay*

Simple. Fast. Secure.

Print or type

Your first name and middle initial	Your last name	Your social security number
Zeke	Zacharias	000-00-0000
If joint payment, complete for spouse		
Spouse's first name and middle initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) 123 Main Street		
City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) Happy Valley OH 43235		
Foreign country name	Foreign province/county	Foreign postal code

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

DAA

Form **1040** | **Estimated Tax Payments Worksheet** | **2020**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

Summary of Estimated Tax Payments

Voucher	(a) Due Date	(b) Total Estimate Amount	(c) 2020 Overpayment Applied	(d) Estimate Amt Paid	(e) Balance due Column b - Columns c & d	(f) Date paid	(g) Amount paid
1	04/15/21	1,167			1,167		
2	06/15/21	1,166			1,166		
3	09/15/21	1,166			1,166		
4	01/18/22	1,166			1,166		
Total ▶		4,665			4,665		

Calculation of 1040-ES Payments

If adjusting current year amounts, then complete lines 1 through 9. Otherwise, skip to line 10.

1.	Taxpayer self-employment income adjustment.	**1.**		
2.	Spouse self-employment income adjustment.	**2.**		
3.	Other adjustments to adjusted gross income.	**3.**		
4.	Computed adjustments to adjusted gross income.	**4.**		
5.	**Add lines 1 through 4.** Total adjustments to adjusted gross income.		**5.**	
6.	Computed adjustments to self-employment tax.	**6.**		
7.	Computed adjustments to income tax.	**7.**		
8.	Other planned adjustments to taxes/credits.	**8.**		
9.	**Add lines 6 through 8.** Total Planned tax adjustments.		**9.**	
10.	Enter Total Tax from Form 1040, 1040-SR, or 1040-NR , line 24.		**10.**	4,665
11.	**Add lines 9 and 10.**Total adjusted tax before adjustments.		**11.**	4,665
12.	Allowed adjustments from Form 1040-ES Instructions:			
	a. Unreported SS, Medicare tax, and RRTA tax.	**12a.**		
	b. Tax on excess contributions to IRAs, MSAs, Coverdell ESAs, HSAs, and excess accumulations in retirement plans.	**12b.**		
	c. Recapture of federal mortgage subsidy, excise tax on excess golden parachute payments, and look-back interest.	**12c.**		
	d. Refundable credits from Schedule EIC, and Forms 8812, 8863, 8885, 8962, and 4136.	**12d.**		
	Add Lines 12a through 12d. Total allowed adjustments.		**12.**	
13.	**Subtract line 12 from line 11. 2020 Estimated Tax.**		**13.**	4,665
14.	Enter 2020 Federal income tax withheld (Form 1040NR filers include amounts paid with Form 1040-C.)		**14.**	
15.	Enter adjustment(s) to withholding.		**15.**	
16.	**Estimated 2020 Tax, including adjustments.**			
	a. Based upon adjusted **2020** Tax (line 13 - lines 14 and 15).	**16a.**	4,665	
	b. Based upon projected **2021** tax.	**16b.**		
	Enter amount from 16a or 16b.		**16.**	4,665
17.	Enter 2020 overpayment applied to 2021 estimates from Form 1040, 1040-SR, or 1040-NR, line 36.		**17.**	
18.	Enter amounts already paid towards 2021 estimates.		**18.**	
19.	**Subtract lines 17 and 18 from line 16.**		**19.**	4,665
20.	Enter Rounding adjustment.		**20.**	
21.	**Add lines 19 and 20. Balance of Estimated Tax for 2021.**		**21.**	4,665

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2020** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

Filing Status Check only one box.
[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent u

Your first name and middle initial	Last name	Your social security number
Zeke	Zacharias	000-00-0000
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.	Presidential Election Campaign
123 Main Street		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.

City, town or post office .If you have a foreign address, also complete spaces below.	State	ZIP code
Happy Valley	OH	43235

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

[ ] You [ ] Spouse

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? [ ] 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, 1956 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1956 [ ] Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents

If more than four dependents, see instructions and check here [ ] u

Attach Sch.B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	18,600
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	Soc. sec. ben.	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here u [ ]			7	
8	Other income from Schedule 1, line 9			8	457
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** u			9	19,057
10	Adjustments to income:				
a	From Schedule 1, line 22	10a	2,333		
b	Charitable contributions if you take the standard deduction.See instructions	10b	300		
c	Add line 10a and 10b. These are your **total adjustments to income**			10c	2,633
11	Subtract line 10c from line 9. This is your **adjusted gross income** u			11	16,424
12	**Standard deduction or itemized deductions** (from Schedule A)			12	12,400
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	85
14	Add lines 12 and 13			14	12,485
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	3,939

Standard Deduction for –
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 ☐ 3	16	393
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	393
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	393
21	Add lines 19 and 20	21	393
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 10	23	4,665
24	Add lines 22 and 23. This is your **total tax** u	24	4,665
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	
26	2020 estimated tax payments and amount applied from 2019 return.	26	4,940
27	Earned income credit (EIC) — 27		
28	Additional child tax credit. Attach Schedule 8812 — 28		
29	American opportunity credit from Form 8863, line 8 — 29		
30	Recovery rebate credit. See instructions — 30 0		
31	Amount from Schedule 3, line 13 — 31		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** u	32	
33	Add lines 25d, 26, and 32. These are your **total payments** u	33	4,940

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

Refund

Direct deposit? See instructions

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	275
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here u ☐	35a	275
u b	Routing number XXXXXXXXX u c Type: ☐ Checking ☐ Savings		
u d	Account number XXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want **applied to your 2021 estimated tax** u — 36		

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** u	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) u — 38		

Third Party Designee

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

Designee's name u Phone no. u 614-329-2966 Personal identification number (PIN) u

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Minister	
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:
		01/10/21		☐ Self-employed

Firm's name u Oskin Tax Services, LLC Phone no. 614-329-2966

Firm's address u 1588 Fallhaven Drive Columbus OH 43235-5908 Firm's EIN u

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. **01**

Name(s) shown on Form 1040,1040-SR, or 1040-NR: Zeke Zacharias

Your social security number: 000-00-0000

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) u		
3	Business income or (loss). Attach Schedule C	3	457
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount u	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	457

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	2,333
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN u		
c	Date of original divorce or separation agreement (see instructions) u		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,333

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074
2020
Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR, or 1040-NR: Zeke Zacharias

Your social security number: 000-00-0000

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,665
5	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	4,665

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2020
Attachment Sequence No. **03**

Name(s) shown on Form 1040 ,1040-SR, or 1040-NR: Zeke Zacharias

Your social security number: 000-00-0000

Part I Nonrefundable Credits

1	Foreign tax credit. Attached Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	100
4	Retirement savings contributions credit. Attach Form 8880	4	293
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20	7	393

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962			8	
9	Amount paid with request for extension to file (see instructions)			9	
10	Excess social security and tier 1 RRTA tax withheld			10	
11	Credit for federal tax on fuels. Attach Form 4136			11	
12	Other payments or refundable credits:				
	a Form 2439	12a			
	b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b			
	c Health coverage tax credit from Form 8885	12c			
	d Other	12d			
	e Deferral for certain Schedule H or SE filers (see instructions)	12e			
	f Add lines 12a through 12e			12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			13	

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

Schedule 3 (Form 1040) 2020

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

u Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment Sequence No. **09**

Name of proprietor: Zeke Zacharias

Social security number (SSN): 000-00-0000

A Principal business or profession, including product or service (see instructions): Minister

B Enter code from instructions: u 813000

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

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

E Business address (including suite or room no.) u 123 Main Street

City, town or post office, state, and ZIP code: Happy Valley OH 43235

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2020, check here u [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions [ ] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked u [ ]	1	500
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	500
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	500
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 u	7	500

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	76	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a					
b	Other	16b		27a	Other expenses (from line 48)	27a	-33
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a u	28	43
29	Tentative profit or (loss). Subtract line 28 from line 7	29	457
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	457

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Zeke Zacharias 000-00-0000

Schedule C (Form 1040) 2020 Minister Page 2

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

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

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

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

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

43 When did you place your vehicle in service for business purposes? (month, day, year) u 01/01/20

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 132 b Commuting (see instructions) c Other 1,200

45	Was your vehicle available for personal use during off-duty hours?	X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	X No
47a	Do you have evidence to support your deduction?	X Yes	☐ No
b	If "Yes," is the evidence written?	X Yes	☐ No

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

Nontxble parsonage allocation	-33

48	**Total other expenses.** Enter here and on line 27a	48	-33

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR): Zeke Zacharias

Social security number of person with **self-employment** income u 000-00-0000

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	33,017
3	Combine lines 1a, 1b, and 2	3	33,017
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	30,491
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue u	4c	30,491
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0
6	Add lines 4c and 5b	6	30,491
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $137,700 or more, skip lines 8b through 10, and go to line 11 — 8a		
b	Unreported tips subject to social security tax from Form 4137, line 10 — 8b		
c	Wages subject to social security tax from Form 8919, line 10 — 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 u	9	137,700
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	3,781
11	Multiply line 6 by 2.9% (0.029)	11	884
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	4,665
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 14** — 13	2,333	

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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

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

Schedule SE (Form 1040) 2020

DAA

Form **8863**

Department of the Treasury
Internal Revenue Service (99)

Education Credits
(American Opportunity and Lifetime Learning Credits)

u Attach to Form 1040 or 1040-SR.

u Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **50**

Name(s) shown on return: **Zeke Zacharias**

Your social security number: **000-00-0000**

! CAUTION *Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30		1	
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying widow(er)	2		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3		
4	Subtract line 3 from line 2. If zero or less, **stop**; you can't take any education credit	4		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	5		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)		6	
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box u ☐		7	
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below		8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)		9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	500
11	Enter the smaller of line 10 or $10,000		11	500
12	Multiply line 11 by 20% (0.20)		12	100
13	Enter: $138,000 if married filing jointly; $69,000 if single, head of household, or qualifying widow(er)	13 68,000		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14 16,424		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15 51,576		
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	16 10,000		
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)		17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) u		18	100
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3		19	100

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

Form **8863** (2020)

Name(s) shown on return: Zeke Zacharias

Your social security number: 000-00-0000

CAUTION *Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.*

Part III **Student and Educational Institution Information.** See instructions.

20 Student name (as shown on page 1 of your tax return): Zeke Zacharias

21 Student social security number (as shown on page 1 of your tax return): 000-00-0000

22 Educational institution information (see instructions)

a. Name of first educational institution: Bethany Theological Seminary

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
615 National Road W
Richmond IN 47374

(2) Did the student receive Form 1098-T from this institution for 2020? ☐ Yes ☒ No

(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? ☐ Yes ☒ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3).** You can get the EIN from Form 1098-T or from the institution.
35-2092595

b. Name of second educational institution (if any):

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2020? ☐ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? ☐ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3).** You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? ☐ Yes — **Stop!** Go to line 31 for this student. ☒ No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. ☒ Yes — Go to line 25. ☐ No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. ☐ Yes — **Stop!** Go to line 31 for this student. ☒ No — Go to line 26.

26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? ☐ Yes — **Stop!** Go to line 31 for this student. ☒ No — Complete lines 27 through 30 for this student.

CAUTION *You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**27**	
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	
29	Multiply line 28 by 25% (0.25)	**29**	
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	500

Form **8880**

Department of the Treasury
Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

u **Attach to Form 1040, 1040-SR, or 1040-NR.**
u **Go to** *www.irs.gov/Form8880* **for the latest information.**

OMB No. 1545-0074

2020

Attachment Sequence No. **54**

Name(s) shown on return: **Zeke Zacharias**

Your social security number: **000-00-0000**

! CAUTION

You cannot take this credit if either of the following applies.

- *The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $32,500 ($48,750 if head of household; $65,000 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2003; (b) is claimed as a dependent on someone else's 2020 tax return; or (c) was a student (see instructions).*

		(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. **Do not** include rollover contributions	1		
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions)	2	1,400	
3 Add lines 1 and 2	3	1,400	
4 Certain distributions received **after** 2017 and **before** the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception	4	0	
5 Subtract line 4 from line 3. If zero or less, enter -0-	5	1,400	
6 In each column, enter the **smaller** of line 5 or $2,000	6	1,400	
7 Add the amounts on line 6. If zero, **stop;** you can't take this credit		7	1,400
8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	8	16,424	
9 Enter the applicable decimal amount from the table below.		9	x .5

If line 8 is —		And your filing status is —		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
		Enter on line 9 —		
---	$19,500	0.5	0.5	0.5
$19,500	$21,250	0.5	0.5	0.2
$21,250	$29,250	0.5	0.5	0.1
$29,250	$31,875	0.5	0.2	0.1
$31,875	$32,500	0.5	0.1	0.1
$32,500	$39,000	0.5	0.1	0.0
$39,000	$42,500	0.2	0.1	0.0
$42,500	$48,750	0.1	0.1	0.0
$48,750	$65,000	0.1	0.0	0.0
$65,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop;** you can't take this credit.

10 Multiply line 7 by line 9	10	700
11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	293
12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	293

*See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2020)

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

u **Attach to your tax return.**

u **Go to** *www.irs.gov/Form8995* **for instructions and the latest information.**

OMB No. 1545-0123

2020

Attachment Sequence No. **55**

Name(s) shown on return: Zeke Zacharias

Your taxpayer identification number: 000-00-0000

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 cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $163,300 ($326,600 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	Minister	000-00-0000	426
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	426		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	426		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	85
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	0		
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	85
11	Taxable income before qualified business income deduction	11	4,024		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	4,024		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	805
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return u			15	85
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2020)

Form **1040/SR** | **Form 1040 or 1040-SR Reconciliation Worksheet** | **2020**

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

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

Taxpayer first name and initial	Last name	Taxpayer social security number
Zeke	Zacharias	000-00-0000
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.: 123 Main Street | Apt. no. | **Presidential Election Campaign** Taxpayer [ ] Spouse

City, town or post office, state, and ZIP code.: Happy Valley OH 43235

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

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? Yes No

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

b [ ] **Spouse**

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

6c Dependents:

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for Child tax credit	Other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

If more than four dependents, ✓ here [ ]

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	18,600
	8a	**Taxable** interest. Attach Schedule B if required		8a	
	b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
	9a	Ordinary dividends. Attach Schedule B if required		9a	
	b	Qualified dividends	9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	457
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here u [ ]		13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	IRA distributions	15a	b Taxable amount 15b	
	16a	Pensions and annuities	16a	b Taxable amount 16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Social security benefits	20a	b Taxable amount 20b	
	21	Other income. List type and amount		21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** u		22	19,057
Adjusted Gross Income (Schedule 1)	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27	2,333	
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN u	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Tuition and fees. Attach Form 8917	34		
	35	Charitable contributions if you take the standard deduction	35	300	
	36	Add lines 23 through 35		36	2,633
	37	Subtract line 36 from line 22. This is your **adjusted gross income** u		37	16,424

Form **1040/SR** | **Form 1040 or 1040-SR Reconciliation Worksheet, Page 2** | **2020**

Name **Zeke Zacharias** | Tp TIN **000-00-0000**

	38	Amount from line 37 (adjusted gross income)	38	16,424
Tax and Credits (Schedules 2, 3)	39a	Check if: { ☐ **You** were born before January 2,1956, ☐ Blind. ☐ **Spouse** was born before January 2,1956, ☐ Blind. } **Total boxes checked** u 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $12,400 Married filing jointly or Qualifying widow(er), $24,800 Head of household, $18,650	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	12,400
	41	Subtract line 40 from line 38	41	4,024
	42	Qualified business income deduction (see instructions)	42	85
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,939
	44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	393
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 u	47	393
	48	Foreign tax credit. Attach Form 1116 if required — 48		
	49	Credit for child and dependent care expenses. Attach Form 2441 — 49		
	50	Education credits from Form 8863, line 19 — 50: 100		
	51	Retirement savings contributions credit. Attach Form 8880 — 51: 293		
	52	Child tax credit/credit for other dependents — 52		
	53	Residential energy credits. Attach Form 5695 — 53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54		
	55	Add lines 48 through 54. These are your **total credits**	55	393
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- u	56	0
Other Taxes (Schedule 2)	57	Self-employment tax. Attach Schedule SE	57	4,665
	58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	61	
☐	62	Section 965 net tax liability installment from Form 965-A — 62		
	63	Add lines 56 through 61. This is your total tax u	63	4,665
	64	Federal income tax withheld from:	64	
	a	Form(s) W-2 — 64a		
	b	Form(s) 1099 — 64b		
	c	Other forms — 64c		
65	65	2020 estimated tax payments and amount applied from 2019 return — 65: 4,940		
Payments (Schedule 3)	66a	**Earned income credit (EIC)** — 66a		
	b	Nontaxable combat pay election — 66b		
	67	Additional child tax credit. Attach Schedule 8812 — 67		
	68	American opportunity credit from Form 8863, line 8 — 68		
	68	Recovery rebate credit — 69: 0		
	70	Net premium tax credit. Attach Form 8962 — 70		
	71	Amount paid with request for extension to file — 71		
☐	72	Excess social security and tier 1 RRTA tax withheld — 72		
	73	Credit for federal tax on fuels. Attach Form 4136 — 73		
	74	Credits: Form 2439 8885 Sch H & Form 7202 Sch H & SE Filers Other — 74		
	75	Add lines 65, 66, 67a, and 68 through 74. These are your total payments u	75	4,940
Refund	76	If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you **overpaid**	76	275
	77a	Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here u ☐	77a	275
	u b	Routing number XXXXXXXXX u c Type: ☐ Checking ☐ Savings		
	u d	Account number XXXXXXXXXXXXXXXXX		
	78	Amount of line 76 you want **applied to your** 2021 estimated tax u — 78		
Amount You Owe	79	**Amount you owe.** Subtract line 75 from line 64. For details on how to pay, see instructions u	79	
	80	Estimated tax penalty (see instructions) — 80		

Int/Pen Date filed | Int | Fail to file | Fail to pay | Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. ☐ **No** Personal identification no. (PIN) u
Designee's Name u Phone no. u 614-329-2966

Other Info Taxpayer Daytime phone number | Taxpayer: Occupation Minister | IRS Identity Protection PIN
Spouse: Occupation | IRS Identity Protection PIN
☐ **Taxpayer** ☐ **Spouse** Email address

Form **1040**	**Clergy Worksheet Page 1 - Percentage of Tax-Free Income**	**2019**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

Worksheet 1. Figuring the Percentage of Tax-Free Income

Source of Income	(a) Allowance\Exp	(b) Taxable	(c) Tax-free
1. W-2 salary as a minister (from box 1 of Form W-2)		**1.** 18,600	
2. Gross income received for weddings, baptisms, writing, lecturing, etc. (from Schedule C, line 7)		**2.** 500	
Church Provided Parsonage			
3a. Fair Rental Value of parsonage provided by church			**3a.**
3b. Utilities allowance	**3b.**		
3c. Actual utilities expenses	**3c.**		
3d. Enter the smaller of line 3b or 3c			**3d.**
3e. Excess utilities allowance (subtract Line 3d from Line 3b, if zero or less, enter - 0 -). Enter the result here and on Form 1040 or 1040-SR, line 1.		**3e.** 0	
Parsonage or Rental Allowance			
4a. Parsonage allowance	**4a.** 15,000		
4b. Utilities allowance, if separate	**4b.**		
4c. Total allowance (add Lines 4a and 4b)	**4c.** 15,000		
4d. Actual expenses for parsonage	**4d.** 11,888		
4e. Actual utilities expenses	**4e.** 3,600		
4f. Total actual expenses for parsonage and utilities (add Lines 4d and 4e)	**4f.** 15,488		
4g. Fair Rental Value of home, plus the cost of utilities	**4g.** 23,600		
4h. Enter the smaller of Line 4c, 4f, or 4g			**4h.** 15,000
4i. Excess allowance (subtract Line 4h from Line 4c, if zero or less, enter - 0 -). Enter the result here and on Form 1040 or 1040-SR, line 1.		**4i.** 0	
Ministerial Income			
5a. Taxable Ministerial Income. Add lines 1 through 4i in column (b)			**5a.** 19,100
5b. Tax-Free Ministerial Income. Add lines 3a through 4h in column (c)			**5b.** 15,000
6. Total ministerial income. Add lines 5a and 5b.			**6.** 34,100
7. **Percentage of tax-free income.** Divide line 5b by line 6.			**7.** 43.99 %

Form **1040**	**Clergy Worksheet Page 2 - Allowable Deductions**	**2019**

Name	Taxpayer Identification Number
Zeke Zacharias	000-00-0000

Worksheet 2. Figuring the Allowable Deduction for Schedule C Expenses

Schedule C Principal business or profession Minister

1.	Percentage of tax-free income. Enter the amount from Worksheet 1, line 7	**1.**	43.99 %
2.	Business use of vehicle: 132 miles x 57.5 cents (.575)	**2.**	76
3.	Meals: x 50% (.50)	**3.**	
4.	Other expenses (list item and amount)		
a.			
b.			
c.			
d.			
e.			
f.	Total other expenses (add lines 4a through 4e)	**4f.**	
5.	Total expenses reported on Schedule C. Add lines 2, 3, and 4f.	**5.**	76
6.	**Nondeductible portion of Schedule C expenses.** Multiply the amount on line 5 by the percentage on line 1.	**6.**	33
●	Allocation of nondeductible portion:		
	Schedule C Part V Other Expenses		33
	Schedule C, Line 30, Expenses for business use of home		
7.	**Deductible portion of Schedule C expenses.** Subtract line 6 from line 5 and enter the result here.	**7.**	43
●	Allocation of deductible portion:		
	Schedule C Part V Other Expenses		43
	Schedule C, Line 30, Expenses for business use of home		

Form **1040**	**Clergy Worksheet Page 3 - Self-Employment Income for Sch SE**	**2019**

Name	Taxpayer Identification Number
Zeke Zacharias	000-00-0000

Worksheet 3. Figuring Self-Employment Income for Schedule SE

1.	W-2 salary as a minister (from box 1 of Form W-2)			1. 18,600
2.	Net profit or loss from Schedule C, line 31			2. 457
3a.	Parsonage allowance (from Worksheet 1, Line 3a or 4a)	3a. 15,000		
3b.	Utilities allowance (from Worksheet 1, Line 3b or 4b)	3b.		
3c.	Total allowance (add lines 3a and 3b)			3c. 15,000
4.	Add Lines 1, 2, and 3c			4. 34,057
5.	Schedule C expenses allocable to tax-free income (from Worksheet 2, Line 6)	5. 33		
6.	Total unreimbursed emp bus exp (net of reimbursement(s) & after 50% M&E reduction) See Stmt	6. 1,007		
7.	Total business expenses not deducted in lines 1 and 2 above (add Line 5 and Line 6)			7. 1,040
8.	**Net self-employment Income.** Subtract line 7 from line 4. Enter here and on Schedule SE, Net Earnings from Self-Employment Worksheet, Minister/clergy self-employment income.			8. 33,017

Federal Statements

Clergy Worksheet 3, line 6 - Unreimbursed Employee Business Expenses

Description	Amount
Travel - airfare	$ 150
Travel - hotel	435
Mileage - visitation	117
Meals @ 50%	95
Bppls	210
Total	$ 1,007

Form **1040** | **Auto Worksheet** | **2020**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

Description: Minister

Form/Schedule: C Unit number: 1

	Asset Listing Number	Date	Description
Vehicle 1	1	01/01/20	Car
Vehicle 2			
Vehicle 3			
Vehicle 4			

		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
General Information					
1.	Total mileage	1,332			
2.	Business miles (57.5 cents per mile)	132			
3.	Commuting mileage				
4.	Other mileage	1,200			
5.	Business use percentage	9.91 %	%	%	%
Actual Expenses					
6.	Parking fees and tolls				
7 a.	Gasoline				
b.	Oil				
c.	Repairs				
d.	Maintenance				
e.	Tires				
f.	Car washes				
g.	Insurance				
h.	Interest				
i.	Registration				
j.	Licenses				
k.	Property taxes				
l.	Other vehicle expenses				
m.	Vehicle rentals (net of inclusion amount)				
8.	Total expenses. Add lines 7a - 7m				
9.	Business use percentage from line 5	9.91 %	%	%	%
10.	Business use portion of actual expenses				
11.	Depreciation				
12.	Total actual expense allowable. Add lines 6, 10 and 11				
Standard Mileage Rate Method					
13.	Business mileage (line 2) multiplied by applicable rate	76			
14.	Parking fees and tolls from line 6				
15.	Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16.	Standard mileage rate	76			

	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
Allowable Deduction	76			76

Page 1 of 1

Form **1040** | **Nonrefundable Personal Credit Limitation Worksheet** | **2019**

Name Zeke Zacharias | Taxpayer Identification Number 000-00-0000

Amounts from tax return

a.	Regular tax (Form 1040, line 12b)	a. 393	h.	CTC, line 14 wrk, line 14	h.	n.	Form 8859, line 3	n.
b.	AMT (Form 1040, Schedule 2, line 1)	b.	i.	Child tax cr (Form 1040, line 13a)	i.	o.	Form 8910, line 15	o.
c.	Exc adv PTC (Form 1040, Sch 2, ln 2)	c.	j.	Form 5695, line 30	j.	p.	Form 8936, line 23	p.
d.	Foreign tax cr (Form 1040, Sch 3, ln 1)	d.	k.	Form 5695, line 15	k.	q.	Form 8834, line 7	q.
e.	Child care cr (Form 1040, Sch 3, ln 2)	e.	l.	Form 8396, line 9	l.	r.	Form 3800, line 38	r.
f.	Education cr (Form 1040, Sch 3, ln 3)	f. 100	m.	Elderly cr (Sch R, line 22)	m.	s.	Form 8839, line 16	s.
g.	Retirement cr (Form 1040, Sch 3, ln 4)	g. 293						

		Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1.	Total tax available	1.		393		
2.	Other nonrefundable personal credits allowed	2.		100		
3.	Limitation based on tax liability, line 1 minus line 2	3.		293		
4.	Amount from line 3 reported on	4.		F8880, ln 11		
5.	Code(s) for tax amount(s) from above	5.		a b c		
6.	Code(s) for credit amount(s) from above	6.		d e f m		

		Form 8910, Part III	Form 8911, Part III	Form 8936, Part III	Form 8396	Form 8839
1.	Total tax available	1.				
2.	Other nonrefundable personal credits allowed	2.				
3.	Limitation based on tax liability, line 1 minus line 2	3.				
4.	Amount from line 3 reported on	4.				
5.	Code(s) for tax amount(s) from above	5.				
6.	Code(s) for credit amount(s) from above	6.				

		Form 8859	Form 8801
1.	Total tax available	1.	
2.	Other nonrefundable personal credits allowed	2.	
3.	Limitation based on tax liability, line 1 minus line 2	3.	
4.	Amount from line 3 reported on	4.	
5.	Code(s) for tax amount(s) from above	5.	
6.	Code(s) for credit amount(s) from above	6.	

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18 — 100
2. Enter the amount from Form 8863, line 9 —
3. Add lines 1 and 2 — 100
4. Enter the amount from Form 1040, Schedule 2, line 3 — 393
5. Enter the total of code(s) d, e, and m from above —
6. Subtract line 5 from line 4 — 393
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 — 100

Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2020**

Name: **Zeke Zacharias**

Taxpayer Identification Number: **000-00-0000**

Principle business or profession: **Minister**

Form/Schedule: **C** Unit: **1**

1.	Schedule C, Line 31, Net profit or (loss)	1.	457
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	2.	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 carryover	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7.	
8.	Deductible portion of self-employment taxes	8.	31
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	
11.	Reserved	11.	
12.	Reserved	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	31
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	426

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

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

Form **1040** | **Net Earnings from Self-Employment Worksheet** | **2019**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	( )	( )
Amortization from farm partnerships	( )	( )
Depreciation & Section 179 from farm partnerships	( )	( )
Depletion from farm partnerships	( )	( )
Other expenses from farm partnerships	( )	( )
Home office expenses from farm partnerships	( )	( )
Unreimbursed partnership expenses from farm partnerships	( )	( )
Debt financed acquisition interest from farm partnerships	( )	( )
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, ln 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)		
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	( )	( )
Amortization from nonfarm partnerships	( )	( )
Depreciation & section 179 from nonfarm partnerships	( )	( )
Depletion from nonfarm partnerships	( )	( )
Other expenses from nonfarm partnerships	( )	( )
Home office expenses from nonfarm partnerships	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships	( )	( )
Debt financed acquisition interest from nonfarm partnerships	( )	( )
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)	33,017	
Net nonfarm profit or (loss) - Schedule SE line 2	33,017	0
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	( )	( )
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	33,017	0
Church employee income - Schedule SE, Page 1 line 5a		

Federal Statements

Minister

Schedule C, Line 1 - Gross Receipts or Sales

Description	Amount
Marryn' Buryin' Inc	$ 500
Total	$ 500

Federal Statements

Litlold Church

Form W-2, Box 12

Description	Amount
Section 403(b) contributions	$ 1,400
Total	$ 1,400

Litlold Church

Form W-2, Box 14 - Other

Description	Amount
Housing allowance	$ 15,000
Total	$ 15,000

Federal Statements

Tp Actual housing expense

Description	Amount
Mortgage Principal	$ 5,318
Mortgage Interest	2,682
Homeowners Insurance	1,000
Real Estate Taxes	1,840
Lawn Care Supplies	236
New Bed	812
Total	$ 11,888

Tp actual utilities expense

Description	Amount
Utilities	$ 3,600
Total	$ 3,600

Federal Asset Report
Minister

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	Car	1/01/20	0	9.91			0	0	HY		0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		0				0				0	0

Federal Asset Report
Minister

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	Car	1/01/17	0	15.24			0	0	HY		0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		0				0				0	0

AMT Asset Report
Minister

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	Car	1/01/20	0	9.91			0	0	HY		0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

AMT Asset Report
Minister

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	Car	1/01/17	0	15.24			0	0	HY		0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/21

Minister

Asset	Description	Date In Service	Cost	Tax	AMT
Listed Property:					
1	Car	1/01/20	0	0	0
			0	0	0
	Grand Totals		0	0	0

Future Depreciation Report FYE: 12/31/21

Minister

Asset	Description	Date In Service	Cost	Tax	AMT
Listed Property:					
1	Car	1/01/17	0	0	0
			0	0	0
	Grand Totals		0	0	0

Form **1040**	**Inactive Activities Report**	**2020**

Name	Taxpayer Identification Number
Zeke Zacharias	000-00-0000

Activity/Form	Unit	Description
2106	1	

Form **1040** | **Salaries & Wages Report** | **2020**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

	T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A		Litlold Church	18,600		
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
		Taxpayer			
		Spouse			
		Totals	18,600		

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A							15,000
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals							15,000

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	OH	18,600		HappyVall	20,000	
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals		18,600			20,000	

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2019**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status Single

Tax Method Tax tables

Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19) 10.0 %

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates | Tax using Ordinary rates | Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	3,939	10.0 %	393	$0 - $9,875	5,936
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under $100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within $50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates		(a) Taxable Income		(b) Tax*
1. 10% rate	Maximum taxable income per this bracket: $9,875	1a. 3,939	1b.	393
2. 12% rate		2a.	2b.	
3. 22% rate		3a.	3b.	
4. 24% rate		4a.	4b.	
5. 32% rate		5a.	5b.	
6. 35% rate		6a.	6b.	
7. 37% rate		7a.	7b.	
8. **Total ordinary taxable income and ordinary tax.** Add lines 1 through 7		8a. 3,939	8b.	393

Income taxed at capital gains rates				
9. 0% capital gains rate		9a.	9b.	
10. 15% capital gains rate		10a.	10b.	
11. 20% capital gains rate		11a.	11b.	
12. 25% capital gains rate	Unrecaptured Section 1250 Gain	12a.	12b.	
13. 28% capital gains rate	Small business stock, collectibles	13a.	13b.	
14. **Total taxable capital gains and capital gains tax.** Add lines 9 through 13		14a.	14b.	

Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15.	3,939
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	3,939
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. **Taxable income** reported on 1040, line 11b, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17.	19.	3,939

Total tax		
20. Total ordinary tax. Enter the amount from line 8b.	20.	393
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Tax on child's interest and dividend.	22.	
23. Tax on lump-sum distribution.	23.	
24. Other taxes.	24.	
25. Add lines 20 through 24.	25.	393
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
27. **Total tax** reported on 1040, line 12b, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27.	393

Form **1040** | **Two Year Comparison Report - Page 1** | **2019 & 2020**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

			2019	2020	Differences
	Filing Status		SGL	SGL	
	Dependents		0	0	
Income	1. Salaries and wages	1.		18,600	18,600
	2. Interest income	2.			
	3. Tax exempt interest income	3.			
	4. Dividend income	4.			
	5. Qualified dividend income	5.			
	6. Taxable state/local refunds	6.			
	7. Alimony received	7.			
	8. Business income/loss	8.		457	457
	9. Capital gain/loss	9.			
	10. Other gains/losses	10.			
	11. Taxable IRA distributions	11.			
	12. Taxable pensions	12.			
	13. Rent and royalty income including farm rental	13.			
	14. Partnership/S corp income	14.			
	15. Estate or trust income	15.			
	16. Farm income/loss	16.			
	17. Unemployment compensation	17.			
	18. Taxable social security	18.			
	19. Other income	19.			
	20. **Total income**	20.		19,057	19,057
Adjustments	21. Moving expenses	21.			
	22. Deductible part of self-employment tax	22.		2,333	2,333
	23. SEP/SIMPLE/Qualified plans deductions	23.			
	24. SE health insurance	24.			
	25. Penalty on early withdrawal of savings	25.			
	26. Alimony paid	26.			
	27. IRA deductions	27.			
	28. Student loan interest	28.			
	29. Other adjustments (incl charitable contrib w/std ded)	29.		300	300
	30. **Adjusted gross income**	30.		16,424	16,424
Deductions	31. Medical	31.			
	32. Taxes	32.	276	2,116	1,840
	33. Interest	33.		2,682	2,682
	34. Contributions	34.		2,000	2,000
	35. Casualty losses	35.			
	36. Miscellaneous expenses	36.			
	37. **Allowable itemized deductions**	37.	276	6,798	6,522
	38. Standard deduction	38.	12,200	12,400	200
	39. Deduction taken	39.	Standard 12,200	Standard 12,400	200
	40. Taxable income before Qual Bus Inc Ded (QBID)	40.	0	4,024	4,024
	41. QBID	41.	0	85	85
	42. **Taxable income**	42.	0	3,939	3,939

Form **1040** | **Two Year Comparison Report - Page 2** | **2019 & 2020**

Name: Zeke Zacharias

Taxpayer Identification Number: 000-00-0000

Tax Computation		2019	2020	Differences
43. Taxable income from 2YR page 1, line 42	43.	0	3,939	3,939
44. Tax on taxable income	44.	0	393	393
45. Alternative minimum tax	45.			
46. Excess advance premium tax credit	46.			
47. Child care credit	47.			
48. Education credits	48.		100	100
49. Retirement savings credit	49.		293	293
50. Child & other dependent tax credit	50.			
51. General business credit	51.			
52. Other credits	52.			
53. **Total credits**	53.		393	393
54. **Net tax liability**	54.			
55. Self-employment taxes	55.		4,665	4,665
56. Other taxes	56.			
57. **Total tax**	57.		4,665	4,665
58. Income tax withheld	58.			
59. Estimated tax payments	59.		4,940	4,940
60. Earned income credit	60.			
61. Additional Child tax credit	61.			
62. Other refundable tax credits	62.			
63. Other payments	63.			
64. **Total payments**	64.		4,940	4,940
65. **Tax due/-refund**	65.		-275	-275
66. Penalties and interest	66.			
67. **Net tax due/-refund**	67.		-275	-275
68. Refund applied to estimated tax payments	68.			
69. Refund received	69.		-275	-275
70. **Effective tax rate**	70.	%	100.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2019 Taxable Income	2019 Marginal Tax Rate	2020 Taxable Income	2020 Marginal Tax Rate
Ordinary income		%	3,939	10.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%