Zeke's Story for 2022:

Zeke started at Happy Valley Church of the Brethren on January 1 of 2020, just before COVID hit.

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

Zeke made 4 payments of \$1,950 each to IRS online via DirectPay (at irs.gov) on each estimated tax due date (04/15, 06/15, 09/15, and 01/15). He did not make any payments to STATE or to HAPVAL City.

Zeke visited parishioners more often than in previous years, but still wore a mask.

- -- he drove a total of 7,332 miles (2,493 miles before July 1 & 4,839 miles after June 30) for all purposes last year
- -- he drove 503 miles (171 miles before July 1 & 332 miles after June 30) to visit parishioners in the hospital or in hospice
- -- he drove 132 miles (45 miles before July 1 & 87 miles after June 30) to perform weddings and funerals

Annual Conference was held in Omaha Nebraska, and the church paid for his registration, flight, hotel, and pre-purchased meal tickets.

His unreimbursed Annual Conference expenses included:

- -- \$145.47 at Brethren Press for his personal library
- -- \$60 for the Minister's Association Pre-Conference registration (plus \$10 for CEUs)
- -- \$162.55 for other meals at Annual Conference and snacks at the airport

He met with the local ministers' association for meals at a local restaurant to discuss how they were each holding up and what was happening in their congregations. These meals totaled \$407.52, including tips.

Zeke gave \$5,000 to the church as charitable contributions and paid \$2,000 into his pension. The congregation reimbursed his health insurance premiums pre-tax under the 21st Century Cures Act exception for one-employee employer payment plans.

Zeke already owned his home in Happy Valley before becoming Happy Valley COB's pastor. Here are his housing expenses:

- -- \$8,319 in principal payments on his mortgage
- -- \$3,682 in mortgage interest, which was reported on Form 1098
- -- \$1,000 for homeowners' insurance
- -- \$6,500 in real estate taxes
- -- \$6,680 in utilities

(gas, electric, water/sewer/trash, cable/internet/streaming, personal-use cell phone)

- -- \$236 lawn care supplies
- -- \$356 cleaning supplies
- -- \$2,569 for a new big-screen tv

	a Employee's social security number 123-45-6789	OMB No. 154		Safe, accurate, FAST! Use	√file)	Visit the IRS website at www.irs.gov/efile
b Employer identification number (1 Wag	ges, tips, other compensation 18,000.00	2 Federal	income tax withheld
c Employer's name, address, and			3 Soc	cial security wages	4 Social s	ecurity tax withheld
Happy Valley Chur 1 Happy Drive			5 Med	dicare wages and tips	6 Medicar	e tax withheld
Happy Valley, OH	43235		7 Soc	cial security tips	8 Allocate	d tips
d Control number			9		10 Depend	ent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nor	nqualified plans	12a See ins	tructions for box 12 \$2,000.00
Zeke Zacharias 50 Valley Avenue			13 Statu	oyee Retirement Third-party sick pay	12b C d e	
Happy Valley, OH	13235			S ADJ \$16,308	e	
				S EXCL <u>\$13,692</u> ALHOUS \$30,000		
f Employee's address and ZIP cod	le					
15 State Employer's state ID numb	er 16 State wages, tips, etc. \$18,000.00	17 State incon	ne tax	18 Local wages, tips, etc. \$20,000.00	19 Local incor	ne tax 20 Locality name HAPVAL

Form **W-2** Wage and Tax Statement



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.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, stree province, country, ZIP or foreign post Happy Valley Mortga 99 Main Street Happy Valley, OH 43	t address, city or town, state or al 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 Form 1098 (Rev. January 2022) For calendar year 20	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 123-45-6789	PAYER'S/BORROWER'S TIN 91-8273645	Mortgage interest received fr 3,682 2 Outstanding mortgage principal 205,023 4 Refund of overpaid interest	3 Mortgage origination 04/15/2014 5 Mortgage insurance premiums	For Payer/ Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to
PAYER'S/BORROWER'S name Zeke Zacharias		\$ 6 Points paid on purchase of p \$	\$ rincipal residence	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
Street address (including apt. no.) 50 Valley Avenue		7 X If address of property se as PAYER'S/BORROWER'S at the address or description is e	that an underpayment of	
City or town, state or province, count Happy Valley, OH 43		8 Address or description of pro	pperty securing mortgag	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing the mortgage	Real Estate Taxes Paid \$6,500			because you claimed a nondeductible item. 11 Mortgage acquisition date

Form **1098** (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

104	40		ment of the Treasu . Individua	•			4	202	22	ОМ	B No. 1545-00)74 II	RS Use	e Or	nly–Do no	ot write o	r staple	in thi	s space.
Filing Statu Check only	is [X Single	e Marr	ried filing jo	intly N	Married filing se	eparat	tely (MF	S)	Hea	d of househole	d (HOH	H) [Qualifyi spouse	•	viving		
one box.		-	cked the MFS b a child but not y		-	our spouse. If y	ou ch	necked th	ne HOH	or QS	S box, enter th	ne chilo	d's nar	ne	if the qu	alifying			
Your first na	ame a	and middle	initial		Last name)									Your	social	securi	ty nu	ımber
Zeke					Zacha	arias									000	00-	-00	00	
If joint retur	n, spo	ouse's first	name and midd	lle initial	Last name)									Spous	se's soc	ial sec	curity	number
Home addr			d street). If you	have a P.O	box, see ins	structions.						Apt. ı	no.			Check I	nere if y	ou, oi	
			you have a forei	an address	. also comple	ete spaces belo	ow.	State			ZIP code								, want \$3 ecking a
Нарру	•		•	gir dddiooo	, aloo oompic	no opacco box		OH			43235	5				box bel			
Foreign cou				Foreign p	rovince/state/	county/		011			Foreign po		de			your tax	or refu	und.	
																	You	<u></u> ;	Spouse
Digital		•	ne during 2022	•	` '				•			,	,	,	-		V	ΧI	NI -
Assets			, gift, or otherw				_				· · · · · ·	(See II	nstruc	ΙΟΙΣ	ns.)		Yes	A	No
Standard Deduction	Ì		e can claim: se itemizes on		as a deper	L		our spou		a dep	endent								
Doudouon	L	Opou	3C ICITIIZCS OII	а эсрагат	C TOTALL OF	you were a c	iuai 3	natus ai	icii										
Age/Blindnes	s 1	ou:	Were born b	oefore Jan	uary 2, 195	8 Are	blind	d Spc	use:	□ v	Vas born bef	ore Ja	anuary	<i>,</i> 2,	1958		ls blir	nd	
Dependents	(se	e instruct	tions):		-	(2) Socia	al sec	curity		(3) Re	lationship	(4) Chec	k th	e box if q	ualifies fo	or (see	instruc	ctions):
If more (1)) First	name		Last name		nun	nber			t	o you		Child	tax	credit	Credit	for oth	ner de	pendents
than four																			
dependents, — see instr. —																			
and check																			
here																			
Income	1a		mount from Fo												1a			18	<u>,000</u>
Attach Form(s)	b		nold employee												1b				
W-2 here. Also attach Forms	С		ome not report												1c				
W-2G and	d		id waiver payn												1d				
1099-R if tax was withheld.	е		e dependent ca												1e				
If you did not	f	Employ	er-provided ad	loption ber	nefits from F	Form 8839, li	ne 2	9							1f				
get a Form	g	Ū	from Form 89												1g				
W-2, see	h		earned income											ŀ	1h				658
instructions.	i		able combat p		n (see instru	uctions)			L	1i				4					
	Z		es 1a through	1										г	1z			<u> 18</u>	<u>,658</u>
Attach Sch.			empt interest	—			_ b	Taxabl	e intere	est				-	2b				
if required.	3a		d dividends	3a										ŀ	3b				
	4a -		stributions					Taxabl						.	4b				
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Deduction for – • Single or	6a	Soc. sec.		. <u>6a</u>			_	Taxabl						٦ h	6b				
Married filing	C		elect to use the											┨	_				
separately, \$12,950	7		ain or (loss). Attacl											┚┟	7				160
 Married filing jointly or 	8		ncome from So	,										- 1	8			1.0	468 126
Qualifying	9		es 1z, 2b, 3b,											г	9				<u>,126</u> ,344
surviving spouse, \$25,900	10		nents to incom											г	10				, 344 , 782
 Head of household, 	11	_	t line 10 from		-										11				, 702 , 545
\$19,400 • If you checked	12	_	rd deduction											- 1	12			ΤΩ	, J 1 3
any box under	13		ed business inc											ŀ	13			16	,545
Standard Deduction,	14		es 12 and 13 .											ŀ	14			<u> </u>	, 5 1 5
see instructions.	15	Subtract III	ne 14 from line 11. If	ZEIU UI IESS, 6	enter -U TRIS IS	your taxable INC	OHE							- 1	10				

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

Form **1040** (2022)

Form 1040 (2	022) Ze	eke Zacharias							000	0-00-00	000 Page 2
Tax and	16	Tax (see instructions). (n(s): 1	8814 2	4972					
Credits		3	•	` ' _		_			16		0
	17	Amount from Schedule									
	18	A -1-1 II 1 -1-7							1 40		0
	19	Child tax credit or credit	for other dependents t	from Sche	dule 8812				19		
	20	Amount from Schedule									
	21	A dd 1: 40 d 00							1 04		
	22	Subtract line 21 from line	e 18. If zero or less, er	10 m					. 22		0
	23	Other taxes, including se							. —		6,687
	24	Add lines 22 and 23. Th							24		6,687
Payments		Federal income tax with									
. ayınıcını	, 25 a					25a					
	_	Form(s) W-2				25b			_		
	b		 ntion a)			25c			\dashv		
	C	Other forms (see instruc				250			05.1		
	d ¬ aa	Add lines 25a through 2							. 25d		7 000
If you have a	26_	2022 estimated tax payr				J I			. 26		7,800
qualifying child attach Sch. El0	; 	Earned income credit (E				27			_		
	□ 28	Additional child tax cred				28			_		
	29	American opportunity cre		ine 8		29			_		
	30	Reserved for future use				30			_		
	31	Amount from Schedule				31					
	32	Add lines 27, 28, 29 and								<u> </u>	
	33	Add lines 25d, 26, and 32.									7,800
Refund	34	If line 33 is more than lin						_	_ 34		1,113
	35a	Amount of line 34 you w						_	35a_		1,113
Direct deposit?	b		XXXXXXX		Type:	Checking	g 📙 Sa	avings			
See instructions	· d	Account number XX	<u>XXXXXXXXXXX</u>	XXXX	J						
	36	Amount of line 34 you w				36					
Amount	37	Subtract line 33 from line	e 24. This is the amou	nt you ov	ve.						
You Owe		For details on how to pa		-		ions			37		
	38	Estimated tax penalty (s	see instructions)			38					
Third Par	-	you want to allow another	er person to discuss thi	s return w	ith the IRS? S	iee					
Designee	ins	structions					X Y	es. Comp	olete belo)W N	No
	De	esignee's					Phone			Personal identification	
	na	me Deborah L.	Oskin, EA				no. 614	1-329-	2966	number (PIN)	91579
Sign		penalties of perjury, I declare									•
Here		they are true, correct, and co	mplete. Declaration of pre				on all informa	tion of wr	icn prepar		-
Joint return?	Your si	ignature		Date	Your occupati	on				If the IRS sent you Protection PIN, e	ou an Identity en <u>ter it here</u>
See instructions.					Pastor					(see instr.)	
Keep a copy for your records.	Spouse	s's signature. If a joint return,	both must sign.	Date	Spouse's occ	upation				If the IRS sent you Identity Protection (see instr.)	our spouse an n PIN, enter it here
	Phone	no.	Email address	•	•					•	
		er's name		arer's signa	ture			Date	PTIN	1	Check if:
Paid	Debora	h L. Oskin, EA	Deho	rah T. (Oskin, EA			01/28/	23 DOO)288469	X Self-employed
Preparer	Firm's	· · · · · · · · · · · · · · · · · · ·	Services, LL		CONTILL DE			01/20/			29-2966
Use Only			lhaven Drive	-							
Joe Only	Firm's	address Columbus		\cap	н 43235-	-5908			Firm's EIN	v 45-	-3840885
Go to www.ii		orm1040 for instructions a				2200					m 1040 (2022)
										1 311	(-0-2)

SCHEDULE 1 (Form 1040)

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment

Internal Revenue Service | Go to Name(s) shown on Form 1040, 1040-SR, or 1040-NR

rame(s) shown on Form 1040, 1040-SR, or 1040-NR

Zeke Zacharias

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes

1 Alimony received

b Date of original divorce or separation agreement (see instructions):

3 Business income or (loss). Attach Schedule C

3	Business income or (loss). Attach Schedule C		3	468
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sc	chedule E	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	1 01- 1		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853			
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	OL		
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		87		

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

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2022

468

9

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government of the company of the com			
	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	3,344
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			
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction			
22	Reserved for future use		22	
23	Archer MSA deduction			
24	Other adjustments:			
а	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		
С	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		
е	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. En	er here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	3,344

Schedule 1 (Form 1040) 2022

SCHEDULE 2 (Form 1040)

Additional Taxes

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

2022
Attachment Sequence No. 02

Department of the Treasury Internal Revenue Service

Nam	e(s) shown on Form 1040, 1040-SR, or 1040-NR	socia	I security number
Z	eke Zacharias 000	-00	-0000
P	art I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3_	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Pa	art II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	6,687
5	Social security and Medicare tax on unreported tip income.		
	Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. Attach		
	Form 8919 6		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life		
	insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		con	ntinued on page 2)

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

Schedule 2 (Form 1040) 2022

000-00-0000

~ .	CIC DACHALLAS		000 00 000	· .
_	dule 2 (Form 1040) 2022			Page 2
Pa	art II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and			
	amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation			
	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
	compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax			
k	Golden parachute payments	471.		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
	corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form			
	8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter			
	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	6,687

Schedule 2 (Form 1040) 2022

SCHEDULE A (Form 1040)

Department of the Treasury

Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2022

Attachment

Name(s) shown on Form 1040 or 1040-SR Your social security number 000-00-0000 Zeke Zacharias Medical **Caution:** Do not include expenses reimbursed or paid by others. 1 Medical and dental expenses (see instructions) and 1 Dental 2 Enter amount from Form 1040 or 1040-SR, line 11 **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 1,184 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ,363 5a **b** State and local real estate taxes (see instructions) 6,500 5b c State and local personal property taxes 5c d Add lines 5a through 5c 7,863 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 7,863 5e 6 Other taxes. List type and amount: 7 7,863 7 Add lines 5e and 6 Interest 8 Home mortgage interest and points. If you didn't use all of your You Paid home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box Caution: Your a Home mortgage interest and points reported to you on Form 1098. mortgage interest deduction may be See instructions if limited 3,682 8a limited. See instructions. **b** Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8b c Points not reported to you on Form 1098. See instructions for special rules d Reserved for future use 8d e Add lines 8a through 8c 3,682 8e 9 Investment interest. Attach Form 4952 if required. See instructions 9 3,682 10 Add lines 8e and 9. 10 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, 5,000 Charity 11 12 Other than by cash or check. If you made any gift of \$250 or more, Caution: If you made a gift and see instructions. You must attach Form 8283 if over \$500 12 got a benefit for it, 13 Carryover from prior year 13 see instructions. 5,000 14 Add lines 11 through 13 14 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 instructions Other **16** Other—from list in instructions. List type and amount: Itemized **Deductions** 16 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Total 17 16,545 Form 1040 or 1040-SR. line 12 **Itemized** 18 If you elect to itemize deductions even though they are less than your standard deduction, **Deductions** check this box

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

 $\textbf{Go to} \ \textit{www.irs.gov/ScheduleC} \ \ \textbf{for instructions and the latest information}.$ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Attachment Sequence No.

	e of proprietor							ty number (SS	N)
	eke Zacharias Principal business or profession, inc	luding pro	duct or service (see in	structio	ine)		0-00		
Α	Ministry	idding pro	addt of Schride (Sce in	on dono		В		de from instruc 3000	ctions
C	Business name. If no separate busin	ness name	, leave blank.			D		ID number (EIN	N) (see instr.)
E	Business address (including suite or	room no.)	50 Valley	'. Av	renue				
	City, town or post office, state, and 2	ZIP code	нарру Val						
F				(3)	Other (specify)				
G	Did you "materially participate" in the							. –	∐ No
H	If you started or acquired this busine	_							X No
'	Did you make any payments in 2022 If "Yes," did you or will you file requi								X No
Pa	art I Income	rea i oiiii(s	5) 1099:					163	110
1	Gross receipts or sales. See instruct	ions for lin	e 1 and check the box	if this	income was reported to you on				
	Form W-2 and the "Statutory employ					Γ	┐│ ₁ │		500
2							2		
3	Culturant line 2 from line 1						1 2 1		500
4	Cost of goods sold (from line 42)								
5	Gross profit. Subtract line 4 from line	ne 3					5		500
6	Other income, including federal and state	gasoline or	fuel tax credit or refund (se	ee instru	uctions)		6		
7	Gross income. Add lines 5 and 6 .						. 7		500
Pa	art II Expenses. Enter exp	enses fo	or business use of	your	home only on line 30.				
8	Advertising	8		18	Office expense (see instructions)				
9	Car and truck expenses		0.0	19	Pension and profit-sharing plans		. 19		
	(see instructions)	9	80	20	Rent or lease (see instructions):				
10	Commissions and fees	10		а	Vehicles, machinery, and equipme				
11	Contract labor (see instructions)	11		b	Other business property				
12 13	Depletion Depreciation and section 179	12		21 22	Repairs and maintenance				
13	expense deduction (not			23	Tayor and licenses		22		
	included in Part III) (see	13		24	Travel and meals:	• • • • •	. 23		
14	instructions) Employee benefit programs	"		a a	Travel		24a		
•	(other than on line 19)	14		b	Deductible meals (see				
15	Insurance (other than health)	15			instructions)		24b		
16	Interest (see instructions):			25	Utilities		25		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26		
b	Other	16b							
				27a	Other expenses (from line 48)		. 27a		-48
<u>17</u>	Legal and professional services	17		b	Reserved for future use		. 27b		
28	Total expenses before expenses fo			s 8 thr	ough 27a				32
29	Tentative profit or (loss). Subtract lin						. 29		468
30	Expenses for business use of your h			ses els	ewhere. Attach Form 8829				
	unless using the simplified method.								
	Simplified method filers only: Enter and (b) the part of your home used								
	Method Worksheet in the instruction						30		
31	Net profit or (loss). Subtract line 30	-		1 11116			. 30		
	If a profit, enter on both Schedule			chedu	le SE, line 2. (If you	_	- I I		
	checked the box on line 1, see instr	•	•		· •		31		468
	• If a loss, you must go to line 32.	,	,			-	J —		
32	If you have a loss, check the box th	at describe	es your investment in the	nis acti	vity. See instructions.	-	٦		
	• If you checked 32a, enter the loss		-		·		32a	All investm	ent is at risk.
	SE, line 2. (If you checked the box	on line 1, s	see the line 31 instructi	ons.) E	states and trusts, enter on		32b	Some inve	stment is not
	Form 1041, line 3.							at risk.	
	• If you checked 32b, you must atta	ch Form (6198. Your loss may be	e limite	d.	_			

P	art 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	n)				
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				
43 44	Form 4562. When did you place your vehicle in service for business purposes? (month/day/year) 01/01/20 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:					
а	Business 132 b Commuting (see instructions) c Other	7	,20	0		
45	Was your vehicle available for personal use during off-duty hours?		X	es		No
46	Do you (or your spouse) have another vehicle available for personal use?		_ Y	es	X	No
47a	Do you have evidence to support your deduction?		X Y X Y	es	Н	No
b	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.		A T	es		No
	ontxble parsonage allocation					48
		···· -				
		···· -				
		····				
		···· [
		-				
		···· -				
		···· -				
		····				
		····				
		····				
40	Total other expenses. Enter here and on line 27a	48				48

SCHEDULE SE (Form 1040)

Department of the Treasury

Internal Revenue Service

Zeke

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

If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had

box 14, code A

Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

farming). See instructions for other income to report or if you are a minister or member of a religious order

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

\$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Social security number of person with self-employment income

OMB No. 1545-0074

Sequence No.

000-00-0000

1a

1b

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

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

Skip line 2 if you use the nonfarm 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),

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve

Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income, 4 and (b) you had net earnings from self-employment

Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) **or** the amount on

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount | ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

Self-Employment Tax

and the definition of church employee income.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 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 c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If 43,706 less than \$400 and you had **church employee income**, enter -0- and continue 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income **b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-Add lines 4c and 5b Maximum amount of combined wages and self-employment earnings subject to social security tax or 147,000 the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 7 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 8a **b** Unreported tips subject to social security tax from Form 4137, line 10 c Wages subject to social security tax from Form 8919, line 10 d Add lines 8a, 8b, and 8c 147,000 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) 5,420 10 Multiply line 6 by 2.9% (0.029) 1,267 11 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 6,687 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)**, 3,344 line 15 Optional Methods To Figure Net Earnings (see instructions) Farm Optional Method. You may use this method only if (a) your gross farm income wasn't more than \$9,060, **or (b)** your net farm profits² were less than \$6,540. Maximum income for optional methods
 Enter the smaller of: two-thirds (²/₃) of gross farm income¹ (not less than zero) or \$6,040. Also include 6,040

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

line 16. Also, include this amount on line 4b above

this amount on line 4b above.

Subtract line 15 from line 14

15

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

16

Form **8995**

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

2022

Attachment Sequence No. **55**

000-00-0000

Name(s) shown on return

Zeke Zacharias

Department of the Treasury

Your taxpayer identification number

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 \$170,050 (\$340,100 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	Ministry		000-00-0000		436
ii					_
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	436		
3	Qualified business net (loss) carryforward from the prior year	3 (1,409)		
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	_	,		
8	year Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	7 (,	4	
ŭ	an land arrival O	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	0
11	Taxable income before qualified business income deduction (see instructions)	11	-763		
12	Net capital gain (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	0
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also ent	er this a	amount on		
	the applicable line of your return (see instructions)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than ze			16	(973)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. I	•			
	zero, enter -0-			17	<u>(</u>

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

Form **8995** (2022)

Name Zeke Zacharias Clergy Worksheet Page 1 - Percentage of Tax-Free Income 2021 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
4 W 2 colony as a minister (from box 1 of Form W 2)	4	18,000	
 W-2 salary as a minister (from box 1 of Form W-2) Gross income received for weddings, baptisms, writing, lecturing, etc. 		10,000	
	2	500	
(from Schedule C, line 7)			
Church Provided Parsonage			
3a. Fair Rental Value of parsonage provided by church		3a.	
3b. Utilities allowance	3b		
3c. Actual utilities expenses			
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 . 30,000		
4b. Utilities allowance, if separate			
4c. Total allowance (add Lines 4a and 4b)			
4d. Actual expenses for parsonage			
4e. Actual utilities expenses	4e. <u>6,680</u>		
4f. Total actual expenses for parsonage and utilities (add Lines 4d and 4e)	4f. <u>29,342</u>		
4g. Fair Rental Value of home, plus the cost of utilities	4g. <u>41,680</u>		
4h. Enter the smaller of Line 4c, 4f, or 4g		4h.	<u>29,342</u>
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.	<u> 658</u>	
Ministerial Income		_	10 150
5a. Taxable Ministerial Income. Add lines 1 through 4i in column (b)		5a.	
5b. Tax-Free Ministerial Income. Add lines 3a through 4h in column (c)			
6. Total ministerial income. Add lines 5a and 5b.		6.	
7. Percentage of tax-free income. Divide line 5b by line 6.		7.	<u>60.50</u>

Form 1040	Clergy Worksheet Page 2 -	Allowable Deductions		2021
Name		Tax	xpayer Ide	ntification Number
Zeke	Zacharias	00	00-00-	-0000

Worksheet 2. Figuring the Allowable Deduction for Schedule C Expenses

Schedule C Principal business or profession $\underline{\texttt{Ministry}}$

1.	Percentage of tax-free income. Enter the amount from Worksheet 1, line 7	1.	60.50
	Business use of vehicle: 45 miles x 58.5 cents (.585)		80
	Meals: x 100% (1.0)		
4.	Other expenses (list item and amount)		
	a		
	b		
	С.		
	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.		80
	Nondeductible portion of Schedule C expenses. Multiply the amount on line 5 by the percentage on line 1.		48
	Allocation of nondeductible portion:		
	Schedule C Part V Other Expenses 48		
	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	32
	Allocation of deductible portion:		
	Schedule C Part V Other Expenses32		
	Schedule C, Line 30, Expenses for business use of home		

Form 1040	Clergy Worksheet Page 3 - Self-Empl	oyment Income for Sch SE	2021	
Name		Taxpayer Id	lentification Number	
Zeke	Zacharias	000-00	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	18,000
2. Net profit or loss from Schedule C, line 31		2	468
3a. Parsonage allowance (from Worksheet 1, Line 3a or 4a) 3a. 30	,000		
3b. Utilities allowance (from Worksheet 1, Line 3b or 4b) 3b.			
3c. Total allowance (add lines 3a and 3b)	;	3c	30,000
4. Add Lines 1, 2, and 3c		4	48,468
5. Schedule C expenses allocable to tax-free income (from Worksheet 2, Line 6) 5	48		
6. Total unreimbursed emp bus exp (net of reimbursement(s) See Stmt 6. 1	.,094		
7. Total business expenses not deducted in lines 1 and 2 above (add Line 5 and Line 6)		7	1,142
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	47,326

Federal Statements

Clergy Worksheet 3, line 6 - Unreimbursed Employee Business Expenses

Description	A	Amount		
Unreimbursed Mileage	\$	308		
Meals at 100%		571		
Ministers Association		70		
Brethren Press		145		
Total	\$	1,094		