MILITARY PAY

3					ANCE									ND EAF				MENT	
ID	NAME (Last,	First,I	MI)	•	SOC. SE	C. NO.	GRADE E5	PAY D 040211	10.7	YRS SVC 04		ETS 0210	BRANC	H A	DSN/	DSSN	PERIOR 1-31 JUL	OCOVERED
	ENT	ITLE	MENT	ſS			DED	UCTIONS	. ·		AL	LOTM	ENTS	- 1			SUMP	MARY	
T	/pe			A	mount	Type			Amoun	t Tv	pe			Amount	+Amt	Fwd			.00
	SE PAY				2247.30	FEDERAL	TAXES	0	88.46		CRETIONAL	RY ALT		1521.00	+Tot E				4266.73
B BA	S				294.43	FICA-SOC	SECUP		139.33	TRI	CARE DENT			11.58	-Tot D				1570.22
C BA	NH .				1725.00	FICA-MEE SGLI	IGARE		32.50										
E						AFRH FAMILY S			.50 5.50						-Tot A				1532.58
G						TSP	GLI		112.37						=Net A	0000			1163.93
H						MID-MON	TH-PAY		1164.47						-Cr Fv	vd			.00
J K L M N															=EON	l Pay			1163.93
0																DIEM 04021	8		PLAN DICE
Т	OTAL			Ĩ	4266.73				1570.2	2				1532.58					
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FICA	25.5 Wage F	25.0		11 00 Wa	39.5 ge YTD	85.5 Soc Tax	.0	.0 Med Wage	.0	d Tay	1.6260.000	2134	-	13682.36 e Period V		02	1/S E	.00	493.01 x YTD
TAXES				14402.		892.9		14402.5	COMPAREMENTS	208.8				.00	.00		N 0	SC 222	.00
PAY DATA	BAQ T W/DEF			Depn USE	VHA Zip 08641	Rent Ar	nt	Share 1	Stat		JFTR	Dep	ons 0	2D JFTR	BAS T	ype C		YTD TPC	PACIDN
THRIFT		Base		Rate	Base Pa	y Current	Spec		Spec Pay	Curre		Curre	nt In	c Pay Curr	ent B	onus	Pay Ra	te Bonu	s Pay Curren
PLAN	GS		5			.00		0	.00	-	0 ferred			.00	Exemp		0		.00
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					S ORIENT						ANK								
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DFAS Fo	orm 702, .	Jan 02																W	WW.DPAS.HI

MARINE CORPS LEAVE AND EARNINGS STATEMENT

	F, FIRST, MI)				EDIPI		COMPONENT	PERIO	COVERED		DATE F	REPARED		Page
					1259595	5696	ACTIVE	1-30 JU	IN 2023		202306	22		1
SERVIC	CE DATA		INC	OME & TAX	ES		FEDERA	L WITHH	IOLDING	STATE	WITHHO	DLDING	LEA	/E
GRADE	E8			CURREN		R TO DATE	STATUS		s	STATE COD		MA	BROUGHT FW	
/0S	20	TAXABL	E INCOME	\$6,13			EXEMPTION			MARITAL ST		S	EARNED	
DEAF	20020430	FEDERA		\$70		\$4,222.14				EXEMPTION		03	USED	i
FADBD	20021015	19.122420.122420.023	WAGES	\$6,13		\$36,781.20	BOX 2C		N	SPECIFIC A		0	BALANCE	3
PEBD	20021015	SOC SEC		\$38		\$2,280.43	CLAIM DEPENDEN	ITS	\$0.00			0	EXCESS	
CRA	20021015		REWAGES	\$6,13		\$36,781.20	OTHER INCOME A		\$0.00				MAX ACR	20
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ECC							OTHER DEDUCTIO	1115	Φ U.UU					
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RECC	00000000	STATE T	AX	\$27	9 84	\$1,579.08	EXTRA WITHHOLD	JING	0				COMBAT	
FOR	ECASTED PAY		UNITI	NFORMATIC	N	B	AH INFORMATION		CAREE	R SEA PAY		TSP		YTD
DATE	2	0230714	PLATOON		MAIN	ZIP CODE		92055	DATE	20	101217	TAX DEFER	RRED	\$0.
MOUNT	\$	4,170.89	MCC		1C0	AVIA	TION INFORMATIO	N	YEARS		00	TAX EXEMI	РТ	\$0.
DATE			RUC		20371	ASED			MONTHS		08	ROTH		\$0.
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AN ANTONIO		JAD .	DSSN		6187	GATE 1	0	0000000	TOTAL		CALCOLOGICA	MATCHING		\$0.
82880000	0 10		POE		12011	GATE 2 LO	A/		IOTAL	φ1.	,200 00		ETIREMENT OPT	
02000000			FUE		12011	GATEZLO	× •							
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C D E							STATE IN SGLI DEBT PA				30.64 25.00 29.50							-	TOT DED				256.9
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TRAD PLAN			Base	e Pay Rate	Base	e Pa	y Current .00	550.000	Pay Ra	ite S	Spec Pay	Curren	1000	Pay R	ate	Inc Pay		nt	Bonus P	10.01 (0400)	Bonu	s Pa	y Currei
ROTH			Base	e Pay Rate	Base	Pa	y Current 60.84	Spec	Pay Ra	ite s	Spec Pay		it Inc	Pay R	ate	Inc Pay		nt 00	Bonus P		e Bonu	s Pa	
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		/		AGCY-AUT	-0					.00 LEAVE BF		60.84 FBal Ernd Use		sed				S Bal Lv Lost		Lv Pa		Use/Los	
	AGCY AGCY-AUTO NTR 6.08				AGC-MATCH LI 24.33					⊪Bal Ernd .0 .0								.0	- EDA 10 EX	.0			

REMARKS: YTD ENTITLE 608.36

YTD DEDUCT 256.94

YOUR CHECK WAS SENT TO: USAA FEDERAL SAVINGS BANK	YOUR CURRENT STATE CLAIMED IS: CALIFORNIA
DIRECT DEPOSIT DATE: 02/03/23 AMOUNT: \$351.42	SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$400,000
* AS OF 09 JAN 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED	YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)
SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)	SPOUSE SGLI COVERAGE: \$100,000
SERV GP LIFE INSURANCE DEBT BALANCE \$.00	PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME
ORIGINAL DEBT \$25.00 24 JAN 23 24 JAN 23	TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM
FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00	2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.
ORIGINAL DEBT \$4.50 24 JAN 23 24 JAN 23	-NEW VA PACT LAW, VISIT: HTTPS://WWW.VA.GOV/RESOURCES/
UNPAID DEBT BALANCE *TOTAL*: \$.00	THE-PACT-ACT-AND-YOUR-VA-BENEFITS/
TOTAL PERFORMANCE FY 23: UTA 08 AFTP 00 ET 00 ATA 00	-YOUR HEALTH IS IMPORTANT: TO LEARN MORE ABOUT BURN PIT AND
JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00	REGISTRY, VISIT WWW.HEALTH.MIL/AHBURNPITREGISTRY
MCOFT 00 RMAM 00 AT/ADT 004 FHDA 000	-SGLI COVERAGE AUTOMATICALLY INCREASES MARCH 1, 2023, VISIT:
INACTIVE DUTY TRAINING 03 DEC 22 1 03 DEC 22 2 04 DEC 22 1	HTTPS://WWW.BENEFITS.VA.GOV/INSURANCE/SGLI-INCREASE-FAQS.ASP
INACTIVE DUTY TRAINING 04 DEC 22 2	

DFAS Form 702, Jan 02

WWW.DFAS.MIL

Profit and Loss (Schedule C)

SCHEDU (Form 10				(So	le Pro	priet	or Business		OMB No. 1545-0074
	f the Treasury			0			actions and the latest information		Attachment
internal Reven	ue Service (99)	► Attac	h to F	orm 1040, 1040NR, or	1041;	partr	erships generally must file Form	1065.	Sequence No. 09
Name of prop	prietor							Social	security number (SSN)
RICK GRIN	IE								000-00-0000
A Prin	icipal business	or professio	n, incl	uding product or service	e (see	instru	ctions)	B Ente	r code from instructions
ANDSCA	PING								5 7 1 6 3
C Bus	siness name. If	no separate	busine	ess name, leave blank.					loyer ID number (EIN) (see instr.
	RES LANDSO							0 0	0 0 0 0 0
E Bus	siness address	(including st	uite or	room no.) BUCKSN	ORTS	TRE	ET		
City	, town or post	office, state	, and Z		ONIO	, TX 7	8208		
	counting metho						ther (specify) 🕨		
G Did	you "materiall	y participate	" in the	e operation of this busin	ess di	uring	2018? If "No," see instructions for I	imit on le	osses . 🗸 Yes 🗌 N
l Ify	ou started or a	cquired this	busine	ss during 2018, check h	iere				
Did	you make any	payments in	n 2018	that would require you	to file	Form	(s) 1099? (see instructions)		
		r will you file	e requir	red Forms 1099?					🗌 Yes 🗌 N
Part I	Income								
1 Gro	oss receipts or	sales. See in	nstructi	ions for line 1 and check	the b	box if	this income was reported to you or	1	
For	m W-2 and the	Statutory	employ	ee" box on that form w	as che	cked		1	99,200
2 Ret	urns and allow	ances						. 2	
3 Sub	otract line 2 fro	m line 1 .						. 3	99,200
4 Co:	st of goods sol	d (from line 4	42) .					. 4	
5 Gro	oss profit. Sub	otract line 4 f	from lir	неЗ				. 5	99,200
6 Oth	ier income, inc	luding federa	al and :	state gasoline or fuel ta	cred	it or r	efund (see instructions)	. 6	
7 Gro	oss income. A	dd lines 5 ar	nd 6 .					7	99,200
Part II	Expenses.	Enter expe	enses	for business use of	your	hom	e only on line 30.		
8 Adv	vertising		8	1,160		18	Office expense (see instructions)	18	1,500
9 Car	and truck exp	enses (see				19	Pension and profit-sharing plans	. 19	
inst	ructions).		9	5,641		20	Rent or lease (see instructions):		
10 Co	mmissions and	fees .	10			а	Vehicles, machinery, and equipmen	t 20a	7,400
11 Cor	itract labor (see i	nstructions)	11	1,000		b	Other business property	. 20b	
12 Dep	oletion		12			21	Repairs and maintenance	. 21	1,975
	preciation and s					22	Supplies (not included in Part III)	. 22	12,800
	ense deduc uded in Part					23	Taxes and licenses	23	400
	ructions).		13	4,000		24	Travel and meals:		
-					_		- ·		1

					· · · · · · · · · · · · · · · · · · ·		
13	Depreciation and section 179			22	Supplies (not included in Part III) .	22	12,800
	expense deduction (not included in Part III) (see			23	Taxes and licenses	23	400
	instructions).	13	4,000	24	Travel and meals:		
14	Employee benefit programs			a	Travel	24a	1,435
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15	1,200		instructions)	24b	270
16	Interest (see instructions):			25	Utilities	25	2,200
а	Mortgage (paid to banks, etc.)	16a	300	26	Wages (less employment credits).	26	53,850
b	Other	16b		27a	Other expenses (from line 48) .	27a	850
17	Legal and professional services	17	1,040	b	Reserved for future use	27b	
28	Total expenses before expen	ses fo	business use of home. Ad	d lines 8	3 through 27a	28	97,021
29	Tentative profit or (loss). Subtr	act lin	e 28 from line 7			29	2,179
30	Expenses for business use o	f vour	home. Do not report thes	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me						
	Simplified method filers only		,	: (a) you	ir home:		
	and (b) the part of your home	used f	or business:		. Use the Simplified		
	Method Worksheet in the instr			ter on I		30	
31	Net profit or (loss). Subtract		0			-	
	 If a profit, enter on both Sched 			1040NR	line 13) and on Schedule SE		
	line 2. (If you checked the box on		p			31	2,179
	. If a loss, you must go to lin)		
32	If you have a loss, check the b		t describes vour investmen	t in this	activity (see instructions).		
	 If you checked 32a, enter the 		,				
	line 13) and on Schedule SE,				, , , , , , , , , , , , , , , , , , , ,	32a	All investment is at risk.
	Estates and trusts, enter on Fe				oue the line of monuteriol.	32b	
	 If you checked 32b, you mu 		,	nav be i	imited.		at risk.
For Pa	perwork Reduction Act Notic	_			Cat. No. 11334P		Schedule C (Form 1040) 2018





For	EDULE C m 1040)	Þ	Go to w		(Sole	Propriet	om Busine torship) uctions and the		on.		AB No. 1545-0	0074 B
	ment of the Treasury Revenue Service (99)			-			nerships general				tachment equence No. ()9
Name	of proprietor							-	Social		mber (SSN)	
RICK	GRIME									000-0	0-0000	
۹.	Principal busines	s or professio	n, inclu	ding product o	r service	(see instr	uctions)		B Ente	er code from	n instructions	
	SCAPING					~	50 			▶ 5	7 1 6	3 0
2	Business name.	If no separate	busine	ss name, leave	blank.				D Emp	loyer ID nun	nber (EIN) (see	instr.)
GREE	N ACRES LANDS	CAPING							0 0	0 0	0 0 0	0 0
	Business addres	s (including s	uite or n	oom no.) 🕨 BL	JCKSNO	RT STRE	ET					
	City, town or pos	st office, state	, and ZI	P code SA	AN ANTO	NIO, TX	78208					
-	Accounting meth	nod: (1) 🗔	Cash	(2) 🗌 Ac	crual	(3)	Other (specify) 🕨					
à	Did you "materia	lly participate	" in the	operation of th	is busine	ss during	2018? If "No," se	e instructions for	limit on I	osses .	✓ Yes	No
4	If you started or	acquired this	busines	s during 2018,	check he	ere				>		
	Did you make an	y payments ir	n 2018 t	hat would requ	ire you to	o file Form	n(s) 1099? (see ins	structions)			Ves [√ No
J	If "Yes," did you	or will you file	e require	d Forms 10991	?						Ves [No No
Par	t Income											
1	Gross receipts o						this income was					
1	Gross receipts o						this income was				99,200	þ
1 2	Gross receipts o Form W-2 and th	e "Statutory e	employe	e" box on that	form was	s checked		⊢ □] 1		99,200	D
1	Gross receipts o Form W-2 and th Returns and allo	e "Statutory e wances	employe	e" box on that	form wa	s checked	i	≻ □] <u>1</u> . <u>2</u>		99,200 99,200	
1 2	Gross receipts o Form W-2 and th Returns and allo Subtract line 2 fr	wances om line 1 .	employe	e" box on that	form wa	s checked	1 	⊢ □] <u>1</u> . <u>2</u> . <u>3</u>			
1 2	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. Su	wances om line 1 . old (from line 4 f	employe 42) . from line	e box on that ∋3	form was	s checked	1 		1 . 2 . 3 . 4 . 5			D
1 2 3 4	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in	wances om line 1 old (from line 4 ubtract line 4 f cluding federa	employe 42) . from line al and s	e" box on that	form was	s checked	i	► □	1 2 3 4 5 6		99,200	D
1 2 3 4 5 6 7	Gross receipts of Form W-2 and the Returns and allow Subtract line 2 for Cost of goods so Gross profit. Su Other income, in Gross income.	wances om line 1 . old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar	employe 42) . from line al and s nd 6 .	e" box on that	form was	s checked	1		1 2 3 4 5 6		99,200	D
1 2 3 4 5 6 7	Gross receipts of Form W-2 and the Returns and allow Subtract line 2 for Cost of goods so Gross profit. Su Other income, in Gross income.	wances om line 1 old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar . Enter expe	42) from line al and s nd 6	e" box on that	form was	s checked credit or r	refund (see instruction		1 2 3 4 5 6 7		99,200	D
1 2 3 4 5 6 7	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. So Other income, in Gross income.	wances	employe 42) . from line al and s nd 6 .	e" box on that	form was	s checked credit or r vour hom 18	refund (see instruction ne only on line		1 2 3 4 5 6 7		99,200	D D D D
1 2 3 4 5 6 7 Par	Gross receipts of Form W-2 and th Returns and allow Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in Gross income. til Expenses Advertising Car and truck ex	wances	42) from line al and s nd 6 Senses f 8	ee" box on that 	form was form was fuel tax use of y	s checked credit or .	refund (see instruction ne only on line Office expense Pension and pro	tions)	1 2 3 4 5 6 7		99,200 99,200 99,200	D D D D
1 2 3 4 5 6 7 Par 8 9	Gross receipts of Form W-2 and the Returns and allow Subtract line 2 for Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses Advertising Car and truck ex instructions).	wances	employe 42) . from line al and si nd 6 . enses f 8 9	ee" box on that 	form was	s checked credit or r vour hom 18	refund (see instruct ne only on line Office expense Pension and pro Rent or lease (s		1 2 3 4 5 6 7 7 18 19		99,200 99,200 99,200 1,500	
1 2 3 4 5 6 7 Par 8 9	Gross receipts of Form W-2 and th Returns and allow Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses Advertising Car and truck ex instructions)	wances	employe 42) . from line al and si nd 6 . enses f 8 9 10	box on that box on th	form was 	s checked credit or .	t		1 2 3 4 5 6 7 18 19 120a		99,200 99,200 99,200	
1 2 3 4 5 6 7 Par 8 9	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses. Advertising Car and truck ex instructions) Commissions an Contract labor (see	e "Statutory e wances om line 1 old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar Enter expe penses (see d fees e instructions)	employe 42) . from line al and s nd 6 . enses f 8 9 10 11	box on that box on th	form was form was fuel tax use of y	s checked credit or rour hom 18 19 20 a b	refund (see instruct ne only on line Office expense Pension and pro Rent or lease (s Vehicles, machin Other business	tions)	1 2 3 4 5 6 7 18 19 11 20a 20b		99,200 99,200 99,200 1,500	
1 2 3 4 5 6 7 Par 8 9 10 11 12	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses. Advertising Car and truck ex instructions) Commissions an Contract labor (see Depletion	e "Statutory e wances om line 1 old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar Enter expe penses (see d fees instructions)	employe 42) . from line al and si nd 6 . enses f 8 9 10	box on that box on th	form was 	s checked credit or r rour hom 18 19 20 a b 21	ne only on line Office expense Pension and pro Rent or lease (s Vehicles, machin Other business Repairs and ma		1 2 3 4 5 6 7 18 19 18 19 120a 20b 21		99,200 99,200 99,200 1,500 7,400 1,975	
1 2 3 4 5 6 7 Par 8 9 10	Gross receipts of Form W-2 and the Returns and allow Subtract line 2 for Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses. Advertising Car and truck ex instructions) Commissions an Contract labor (see Depletion Depreciation and	e "Statutory e wances om line 1 old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar Enter expe penses (see d fees instructions) section 179	employe 42) . from line al and s nd 6 . enses f 8 9 10 11	box on that box on th	form was 	s checked credit or r credit or r credit or r 	t		1 2 3 4 5 6 7 18 19 120a 20b 21 22		99,200 99,200 99,200 1,500 7,400 1,975 12,800	
1 2 3 4 5 6 7 Par 8 9 10 11 12	Gross receipts of Form W-2 and th Returns and allor Subtract line 2 fr Cost of goods so Gross profit. Su Other income, in Gross income. II Expenses. Advertising Car and truck ex instructions) Commissions an Contract labor (see Depletion	e "Statutory e wances om line 1 old (from line 4 ubtract line 4 f cluding federa Add lines 5 ar Enter expe penses (see d fees instructions) section 179 ction (not	employe 42) . from line al and s nd 6 . enses f 8 9 10 11	box on that box on th	form was 	s checked credit or r rour hom 18 19 20 a b 21	t		1 2 3 4 5 6 7 18 19 120a 20b 21 22		99,200 99,200 99,200 1,500 7,400 1,975	

-					-		1	
13	Depreciation and section 179			22	2	Supplies (not included in Part III) .	22	12,800
	expense deduction (not included in Part III) (see			23	3	Taxes and licenses	23	400
	instructions).	13	4,000	24	\$	Travel and meals:		
14	Employee benefit programs				а	Travel	24a	1,435
	(other than on line 19)	14			b	Deductible meals (see		
15	Insurance (other than health)	15	1,200			instructions)	241	270
16	Interest (see instructions):			25	5	Utilities	25	2,200
а	Mortgage (paid to banks, etc.)	16a	300	26	3	Wages (less employment credits) .	26	53,850
b	Other	16b		27	7a	Other expenses (from line 48)	278	850
17	Legal and professional services	17	1,040		b	Reserved for future use	27t	
28	Total expenses before expense	ses for	business use of home. A	dd line	es 8	through 27a	28	97,021
29	Tentative profit or (loss). Subtr	act lin	e 28 from line 7				29	2,179
30	Expenses for business use o	f your	home. Do not report th	ese ex	per	nses elsewhere. Attach Form 8829		
	unless using the simplified me							
	Simplified method filers only	: enter	the total square footage	of: (a))	you	r home:		
	and (b) the part of your home	used fo	or business:			. Use the Simplified		
	Method Worksheet in the instr	uction	s to figure the amount to	enter o	on li	ne 30	30	
31	Net profit or (loss). Subtract	line 30) from line 29.					
	· If a profit, enter on both Sched	ule 1 (l	Form 1040), line 12 (or Forr	n 10401	NR,	line 13) and on Schedule SE,		
	line 2. (If you checked the box on	line 1,	see instructions). Estates an	d trusts	s, er	nter on Form 1041, line 3.	31	2,179
	• If a loss, you must go to lin	e 32.				J		
32	If you have a loss, check the b	ox tha	t describes your investme	ent in th	his	activity (see instructions).		
	• If you checked 32a, enter the	ne loss	on both Schedule 1 (Fo	rm 10	40),	, line 12 (or Form 1040NR,		_
	line 13) and on Schedule SE,	line 2	. (If you checked the box	on line	91,	see the line 31 instructions).		All investment is at risk.
	Estates and trusts, enter on Fe	orm 10	041, line 3.				32ł	Some investment is not
	• If you checked 32b, you mu	st atta	ich Form 6198. Your loss	may b	oe li	mited.		at risk.
For Pa	perwork Reduction Act Notic	e, see	the separate instruction	IS.		Cat. No. 11334P		Schedule C (Form 1040) 2018



