

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning, ending. Your first name and middle initial: BRUCE H., Last name: MANN, Your social security number: [REDACTED]. If joint return, spouse's first name and middle initial: ELIZABETH A., Last name: WARREN, Spouse's social security number: [REDACTED]. Home address (number and street): [REDACTED], Apt. no.: [REDACTED]. City, town, or post office: CAMBRIDGE, State: MA, ZIP code: 02138. Foreign country name: [REDACTED], Foreign province/state/county: [REDACTED], Foreign postal code: [REDACTED]. Presidential Election Campaign: [X] You [X] Spouse.

Filing Status: [X] Married filing jointly (even if only one had income), [] Single, [] Head of household (HOH), [] Married filing separately (MFS), [] Qualifying surviving spouse (QSS). If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No. Standard Deduction: [] Spouse itemizes on a separate return or you were a dual-status alien.

Age/Blindness: You: [X] Were born before January 2, 1959, [] Are blind. Spouse: [X] Was born before January 2, 1959, [] Is blind.

Dependents (see instructions): Table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents.

Income: Table with rows 1a through 15. 1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 1 590,665. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions). 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 590,665. 2a Tax-exempt interest. 2b Taxable interest 2,318. 3a Qualified dividends 2,179. 3b Ordinary dividends 2,261. 4a IRA distributions. 4b Taxable amount 41,070. 5a Pensions and annuities. 5b Taxable amount 118,621. 6a Social security benefits 108,813. 6b Taxable amount 92,491. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -3,000. 8 Additional income from Schedule 1, line 10 49,108. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 893,534. 10 Adjustments to income from Schedule 1, line 26 7,642. 11 Subtract line 10 from line 9. This is your adjusted gross income 885,892. 12 Standard deduction or itemized deductions (from Schedule A) 48,285. 13 Qualified business income deduction from Form 8995 or Form 8995-A 16. 14 Add lines 12 and 13 48,301. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 837,591.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	239,452.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	239,452.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	239,452.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,860.
24	Add lines 22 and 23. This is your total tax	24	244,312.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	SEE STATEMENT 7	25a 124,997.
	b	Form(s) 1099	SEE STATEMENT 9	25b 47,907.
	c	Other forms (see instructions)	SEE STATEMENT 10	25c 2,429.
	d	Add lines 25a through 25c		25d 175,333.
	26	2023 estimated tax payments and amount applied from 2022 return	STATEMENT 8	26 34,000.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	209,333.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid ...	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
36	Amount of line 34 you want applied to your 2024 estimated tax ...	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	35,321.
	38	Estimated tax penalty (see instructions)	38	342.

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

Designee's name **KEITH D. LOWEY, CPA** Phone no. [redacted] Personal identification number (PIN) [redacted]

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	<input type="text"/>	<input type="text"/>	PROFESSOR	[redacted]
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	<input type="text"/>	<input type="text"/>	US SENATOR	[redacted]
	Phone no.	Email address [redacted]		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	KEITH D. LOWEY, CPA	<input type="text"/>	<input type="text"/>	[redacted]	<input type="checkbox"/> Self-employed

Firm's name VERDOLINO & LOWEY, P.C. Phone no. [redacted]
 124 WASHINGTON ST., SUITE 101 Firm's EIN [redacted]
 Firm's address FOXBOROUGH, MA 02035- [redacted]

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

[REDACTED]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	STMT 11	STMT 12	1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	36,500.
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:				
a	Net operating loss	8a	()		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABL 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	STMT 13		8t	12,608.
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	12,608.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	49,108.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	486.
16	Self-employed SEP, SIMPLE, and qualified plans	16	7,156.
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	7,642.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

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

BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number

[REDACTED]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
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	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	971.
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 <input type="checkbox"/>	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	3,839.
12	Net investment income tax. Attach Form 8960	12	50.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z	18		
19	Reserved for future use	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		4,860.

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form2210 for instructions and the latest information.

Name(s) shown on tax return

BRUCE H. MANN & ELIZABETH A. WARREN

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?

Yes → **Don't file Form 2210.** You don't owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

No

You may owe a penalty. Does any box in Part II below apply?

Yes → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?

No → **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

Yes → You **must** figure your penalty.

No → You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	239,452.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	4,860.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	244,312.
5	Multiply line 4 by 90% (0.90)	5	219,881.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	175,333.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	68,979.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	357,666.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	219,881.

Next: Is line 9 more than line 6?

No. You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2023)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24	
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	54,970.	54,970.	54,970.	54,971.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	66,367.	43,833.	46,799.	52,334.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12		11,397.	260.	
13 Add lines 11 and 12	13		55,230.	47,059.	52,334.
14 Add the amounts on lines 16 and 17 in the previous column	14				7,911.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	66,367.	55,230.	47,059.	44,423.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			7,911.	10,548.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	11,397.	260.		

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19				342.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----	--	--	--	------

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on Form 1040 or 1040-SR

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040 or 1040-SR, line 11 2		
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 15 <input type="checkbox"/>	5a	43,419.
	b	State and local real estate taxes (see instructions)	5b	26,523.
	c	State and local personal property taxes	5c	83.
	d	Add lines 5a through 5c	5d	70,025.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6	Other taxes. List type and amount:	6	
	7	Add lines 5e and 6	7	10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	
	d	Reserved for future use	8d	
	e	Add lines 8a through 8c	8e	
9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10	
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	38,285.
	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13	Carryover from prior year	13	
	14	Add lines 11 through 13	14	38,285.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:	16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	48,285.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

BRUCE H. MANN & ELIZABETH A. WARREN

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

CAPITAL ONE NATIONAL ASSOCIATION
FIRST NATIONAL BANK OF OMAHA

	number	
		mount
		548.
		1,770.
1		

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2** **2,318.**
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** **2,318.**

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

5 List name of payer:
VANGUARD MARKETING CORP

		Amount
		2,261.
5		
6		2,261.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b..... **6** **2,261.**

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327501 11-03-23

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements Yes No
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located Yes No
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions Yes No

Interest and Dividend Summary

Name: BRUCE H. MANN & ELIZABETH A. WARREN

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	CAPITAL ONE NATIONAL ASSOCIATION	548.							
B	FIRST NATIONAL BANK OF OMAHA	1,770.							
C	VANGUARD MARKETING CORP							2,261.	2,179.
D									
E									
F									
G									
H									
I									
J									
K									
Totals		2,318.						2,261.	2,179.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C					82.				
D									
E									
F									
G									
H									
I									
J									
K									
Totals					82.				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

ELIZABETH A. WARREN

Social security number (SSN)

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

WRITING

B Enter code from instructions

711510

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.)

City, town or post office, state, and ZIP code

CAMBRIDGE, MA 02138

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 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 <input type="checkbox"/>	1	36,264.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	36,264.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	36,264.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	36,264.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Total expenses before expenses for business use of home. Add lines 8 through 27b	18	0.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	36,264.	27 a Other expenses (from line 48)	27a	
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		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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	36,264.			
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	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.	

Schedule C - Two-Year Comparison Worksheet

2023

Business Name:

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
<u>INCOME</u>			
GROSS INCOME	443,204.	36,264.	-406,940.
<u>EXPENSES</u>			
LEGAL AND PROFESSIONAL SERVICES	20,462.	0.	-20,462.
TRAVEL	8,037.	0.	-8,037.
OTHER EXPENSES	100,000.	0.	-100,000.
NET PROFIT OR (LOSS)	314,705.	36,264.	-278,441.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023 Attachment Sequence No. 09

BRUCE H. MANN

Social security number (SSN)

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

ROYALTIES

B Enter code from instructions

711510

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.)

City, town or post office, state, and ZIP code

CAMBRIDGE, MA 02138

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

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses X Yes No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes X No

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

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales 236. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1 236. Line 4: Cost of goods sold. Line 5: Gross profit 236. Line 6: Other income. Line 7: Gross income 236.

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

Table with 27 rows for expense calculation. Lines 8-17: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest (Mortgage, Other), Legal and professional services. Lines 18-27: Office expense, Pension and profit-sharing plans, Rent or lease (Vehicles, machinery, equipment, Other business property), Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals (Travel, Deductible meals), Utilities, Wages, Other expenses.

28 Total expenses before expenses for business use of home. Add lines 8 through 27b 0.

29 Tentative profit or (loss). Subtract line 28 from line 7 236.

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

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.

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.

Schedule C - Two-Year Comparison Worksheet

2023

Business Name:

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
<u>INCOME</u>			
GROSS INCOME	316.	236.	-80.
NET PROFIT OR (LOSS)	316.	236.	-80.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (54,918.)
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 <54,918.>

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

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	<54,918.>
<p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p style="text-align: center;">} SEE STATEMENT 16</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return BRUCE H. MANN & ELIZABETH A. WARREN	Your SSN [REDACTED]
---------------------------------------------------------------------------	------------------------

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>837,591.</u>	
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>2,179.</u>	
3. Are you filing Schedule D?*			
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	<u>0.</u>	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4. Add lines 2 and 3	4.	<u>2,179.</u>	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>835,412.</u>	
6. Enter: \$ 44,625 if single or married filing separately, \$ 89,250 if married filing jointly or qualifying surviving spouse, \$ 59,750 if head of household.	6.	<u>89,250.</u>	
7. Enter the smaller of line 1 or line 6	7.	<u>89,250.</u>	
8. Enter the smaller of line 5 or line 7	8.	<u>89,250.</u>	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u>0.</u>	
10. Enter the smaller of line 1 or line 4	10.	<u>2,179.</u>	
11. Enter the amount from line 9	11.	<u>0.</u>	
12. Subtract line 11 from line 10	12.	<u>2,179.</u>	
13. Enter: \$ 492,300 if single, \$ 276,900 if married filing separately, \$ 553,850 if married filing jointly or qualifying surviving spouse, \$ 523,050 if head of household.	13.	<u>553,850.</u>	
14. Enter the smaller of line 1 or line 13	14.	<u>553,850.</u>	
15. Add lines 5 and 9	15.	<u>835,412.</u>	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>0.</u>	
17. Enter the smaller of line 12 or line 16	17.	<u>0.</u>	
18. Multiply line 17 by 15% (0.15)	18.	<u>0.</u>	
19. Add lines 9 and 17	19.	<u>0.</u>	
20. Subtract line 19 from line 10	20.	<u>2,179.</u>	
21. Multiply line 20 by 20% (0.20)	21.	<u>436.</u>	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<u>239,016.</u>	
23. Add lines 18, 21, and 22	23.	<u>239,452.</u>	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>239,823.</u>	
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<u>239,452.</u>	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
ELIZABETH A. WARREN

Social security number of person
with self-employment income



Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	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 SEE STATEMENT 17	2	36,264.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	---------

3 Combine lines 1a, 1b, and 2	3	36,264.
--------------------------------------	----------	---------

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	33,490.
----------------------------------------------------------------------------------------------------------------	-----------	---------

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
----------------------------------------------------------------------------------------------------	-----------	--

c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	33,490.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	---------

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	
-----------------------------------------------------------------------------	-----------	--

6 Add lines 4c and 5b	6	33,490.
------------------------------	----------	---------

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 2023	7	160,200
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	---------

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 \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	160,200.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	----------

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
---------------------------------------------------------------------------------	-----------	--

c Wages subject to social security tax from Form 8919, line 10	8c	
-----------------------------------------------------------------------	-----------	--

d Add lines 8a, 8b, and 8c	8d	
-----------------------------------	-----------	--

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
---------------------------------------------------------------------------------------------------------	----------	--

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
----------------------------------------------------------------------------	-----------	--

11 Multiply line 6 by 2.9% (0.029)	11	971.
-------------------------------------------	-----------	------

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	971.
-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------	------

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	486.
----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	------

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

Schedule SE (Form 1040) 2023

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

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.</p>		
14	Maximum income for optional methods	6,560
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income⁴ 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.</p>		
16	Subtract line 15 from line 14	
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	

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.

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Form 6251

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form6251 for instructions and the latest information.

2023 Attachment Sequence No. 32

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

Your social security number

BRUCE H. MANN & ELIZABETH A. WARREN

Table with 2 columns: Description and Amount. Rows include Alternative Minimum Taxable Income items 1 through 4, totaling 847,591.

Table with 2 columns: Description and Amount. Rows include Alternative Minimum Tax (AMT) items 5 through 11, totaling 0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	721,091.
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	2,179.
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	2,179.
16	Enter the smaller of line 12 or line 15	16	2,179.
17	Subtract line 16 from line 12	17	718,912.
18	If line 17 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result	18	196,881.
19	Enter: <ul style="list-style-type: none"> • \$89,250 if married filing jointly or qualifying surviving spouse, • \$44,625 if single or married filing separately, or • \$59,750 if head of household. 	19	89,250.
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	835,412.
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22	Enter the smaller of line 12 or line 13	22	2,179.
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24	Subtract line 23 from line 22	24	2,179.
25	Enter: <ul style="list-style-type: none"> • \$492,300 if single, • \$276,900 if married filing separately, • \$553,850 if married filing jointly or qualifying surviving spouse, or • \$523,050 if head of household. 	25	553,850.
26	Enter the amount from line 21	26	0.
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	835,412.
28	Add line 26 and line 27	28	835,412.
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	0.
30	Enter the smaller of line 24 or line 29	30	0.
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 23 and 30	32	0.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22	33	2,179.
34	Multiply line 33 by 20% (0.20)	34	436.
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	197,317.
39	If line 12 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result	39	197,491.
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	197,317.

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

BRUCE H. MANN & ELIZABETH A. WARREN

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 above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	ELIZABETH A. WARREN	<input type="checkbox"/>	<input type="checkbox"/>	***-**-****	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	28,671.		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	5,734.		
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property			
8 Multiply line 7 by 2.5% (0.025)			
9 Add lines 6 and 8			
10 Enter the greater of line 5 or line 9			
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10			
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	0.		
16 Total qualified business income component. Add all amounts reported on line 15			

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

Form **8995-A** (2023)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$182,100 (\$364,200 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 18	28	82.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	82.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	16.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32			16.
33	Taxable income before qualified business income deduction	33	837,607.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	2,179.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35			835,428.
36	Income limitation. Multiply line 35 by 20% (0.20)	36			167,086.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37			16.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39			16.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40			()

Qualified Business Income After Deductions

Activity: ELIZABETH A. WARREN

1.	Qualified business income before deductions		36,264.
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity	36,264.	
	b. Total income subject to self-employment tax	36,500.	
	c. Line 2a divided by line 2b (not greater than 1.000)993534247	
	d. Amount from Schedule 1 (Form 1040), line 15	486.	
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		483.
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity	36,030.	
	b. Net earnings from <u>SCHEDULE C</u>	36,264.	
	c. Line 3a divided by line 3b (not greater than 1.000)993547320	
	d. Amount from Schedule 1 (Form 1040), line 16	7,156.	
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		7,110.
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		28,671.

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
	a. Net income subject to self-employment tax from this activity		
	b. Total income subject to self-employment tax		
	c. Line 2a divided by line 2b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 15		
	e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
	a. Net income subject to self-employment tax from this activity		
	b. Net earnings from _____		
	c. Line 3a divided by line 3b (not greater than 1.000)		
	d. Amount from Schedule 1 (Form 1040), line 16		
	e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
	a. Health insurance payments from this activity		
	b. Health insurance limits for activity above		
	c. Lesser of line 4a or line 4b		
	d. Reserved		
	e. Reserved		
	f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Additional Medicare Tax

2023

Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return BRUCE H. MANN & ELIZABETH A. WARREN	Your social security number <div style="background-color: black; width: 100px; height: 15px;"></div>
---------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	643,165.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	643,165.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			393,165.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			3,538.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	33,490.		
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000.		
10 Enter the amount from line 4	10	643,165.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			33,490.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			301.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			3,839.
---------------------------------------------------------------------------------------------------------------------------------------------------------	----	--	--	--------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	11,755.		
20 Enter the amount from line 1	20	643,165.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	9,326.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			2,429.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			2,429.

Net Investment Income Tax - Individuals, Estates, and Trusts

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment
Sequence No. **72**

Name(s) shown on your tax return
BRUCE H. MANN & ELIZABETH A. WARREN

Your social security number or EIN
[REDACTED]

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1 Taxable interest (see instructions)		1	2,318.
2 Ordinary dividends (see instructions)		2	2,261.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		36,500.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 19	4b		-36,500.
c Combine lines 4a and 4b		4c	0.
5a Net gain or loss from disposition of property (see instructions)	5a		-3,000.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c		5d	-3,000.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions)		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	1,579.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		
b State, local, and foreign income tax (see instructions)	9b		255.
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	255.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	255.

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-		12	1,324.
Individuals:			
13 Modified adjusted gross income (see instructions)	13		885,892.
14 Threshold based on filing status (see instructions)	14		250,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		635,892.
16 Enter the smaller of line 12 or line 15		16	1,324.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	50.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Line 7 - Deduction Recoveries Worksheet

MASSACHUSETTS

1. Enter total amount of recovery included in gross income	1.	<u>0.</u>	
<ul style="list-style-type: none"> • Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6). • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013. • Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold. 			
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">CAUTION</div> <i>This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.</i>			
2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111	2.	<u>5,962.</u>	
3. Total amount of recovery (add lines 1 and 2)	3.		<u>5,962.</u>
4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.)	4.	<u>.002264408</u>	
5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68)	5.		<u>14.</u>

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038)	6.		<u>1.</u>
7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11)	7.	<u>-795.</u>	
8. Add the amount on line 5 to line 7	8.	<u>-781.</u>	
9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here	9.	<u>0.</u>	
10. Enter the NIIT reported for the year of the deduction	10.	<u>0.</u>	
11. Subtract line 10 from line 9	11.		<u>0.</u>
12. Enter the smaller of line 6 or line 11	12.	<u>0.</u>	
13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7	13.		<u>0.</u>

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)	14.	<u> </u>	
15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)	15.	<u> </u>	
16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7	16.	<u> </u>	

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) **2.** 255.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income
(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 **4.** 255.

5. Enter the amount of total itemized deductions reported on Form 1040 **5.** 48,285.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	N/A

6e. N/A

7. Subtract line 6e from line 5 **7.** 48,285.

8. Enter the lesser of line 7 or line 4 **8.** 255.

TIP

This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:				
1.	(a)	N/A	X	N/A
	(b)	N/A	X	N/A
2.	State, local, and foreign income taxes	255.	X	1.0000
Itemized Deductions Included on Line 3 of Part III:				
3.	(a)		X	
	(b)		X	

Net Investment Income Tax - Individuals, Estates, and Trusts

MASSACHUSETTS

Name(s) **BRUCE H MANN & ELIZABETH A WARREN** Your social security number or EIN XXXXXXXXXX

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1 Taxable interest		1	2,318.
2 Ordinary dividends		2	2,261.
3 Annuities from nonqualified plans		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a		36,500.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b		-36,500.
c Combine lines 4a and 4b		4c	0.
5a Net gain or loss from disposition of property	5a		
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c Adjustment from disposition of partnership interest or S corporation stock	5c		
d Combine lines 5a through 5c		5d	
6 Changes in investment income for certain CFCs and PFICs		6	
7 Other modifications to investment income		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	4,579.

Part II State Income Tax Pro-ration for 2023 Income Tax Payments

9 State total income		9	779,219.
10 State income tax payments for 2023	SEE STATEMENT 20	10	43,419.
11 2023 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	255.

Part III State Income Tax Pro-ration for 2022 Estimate Payments Made in 2023

12 State estimate payments for 2022		12	0.
13 Percent of state income taxes attributable to investment income for 2022		13	
14 2022 state estimate payments attributable to investment income. Line 12 times line 13		14	0.

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2023

15 Balance of prior years tax plus extension payments paid in 2023		15	0.
16 Percent of state income taxes attributable to investment income for 2022		16	
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	0.

Part V Reduction of State Tax Deduction

18 Reduction of state tax deduction		18	()
19 Percent of state income taxes attributable to investment income for 2022		19	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	(0)

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	255.
---------------------------------------------------------------------------------------------------------	--	-----------	------

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD					STATEMENT	1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
T PRESIDENT AND FELLOWS OF HARVARD COLLEGE	417,358.	100,621.	20,548.		9,932.	9,242.	
S UNITED STATES SENATE	173,307.	23,595.	8,295.		9,932.	2,513.	
TOTALS	590,665.	124,216.	28,843.		19,864.	11,755.	

FORM 1040	QUALIFIED DIVIDENDS		STATEMENT	2
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS		
VANGUARD MARKETING CORP	2,261.	2,179.		
TOTAL INCLUDED IN FORM 1040, LINE 3A		2,179.		

FORM 1040	IRA DISTRIBUTIONS		STATEMENT	3
NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT		
TIAA ADMINISTRATIVE SERVICES	41,070.	41,070.		
TOTAL TO FORM 1040, LINES 4A AND 4B	41,070.	41,070.		



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 4

TIAA ADMINISTRATIVE SERVICES

AMOUNT RECEIVED THIS YEAR	32,298.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		32,298.

TIAA ADMINISTRATIVE SERVICES LLC

AMOUNT RECEIVED THIS YEAR	86,323.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		86,323.

TOTAL INCLUDED IN FORM 1040, LINE 5B		<hr/>
		118,621.
		<hr/>

FORM 1040	TAX	STATEMENT	6
DESCRIPTION		AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		239,452.	
TOTAL TO FORM 1040, LINE 16		239,452.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	7
T S DESCRIPTION		AMOUNT	
T PRESIDENT AND FELLOWS OF HARVARD COLLEGE		100,621.	
S UNITED STATES SENATE		23,595.	
S TIAA ADMIN SERVICES LLC		781.	
TOTAL TO FORM 1040, LINE 25A		124,997.	

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	8
DESCRIPTION		AMOUNT	
3RD QTR ESTIMATE PAYMENT - JOINT		2,966.	
4TH QTR ESTIMATE PAYMENT - JOINT		8,500.	
PRIOR YEAR OVERPAYMENT APPLIED - JOINT		22,534.	
TOTAL TO FORM 1040, LINE 26		34,000.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT	9
T S DESCRIPTION		AMOUNT	
S TIAA ADMINISTRATIVE SERVICES		9,689.	
S TIAA ADMINISTRATIVE SERVICES		12,321.	
T TIAA ADMINISTRATIVE SERVICES LLC		25,897.	
TOTAL TO FORM 1040, LINE 25B		47,907.	



FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 10

T S DESCRIPTION	AMOUNT
FORM 8959, LINE 24	2,429.
TOTAL TO FORM 1040, LINE 25C	2,429.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 11

	2022	2021	2020
	MASSACHUSETTS		
GROSS STATE/LOCAL INC TAX REFUNDS	5,962.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MASSACHUSETTS	5,962.		
TOTAL NET TAX REFUNDS	5,962.		



SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 12
	2020	2021	2022
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			5,962.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	5,962.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			23,996.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-13,996.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2020			
TOTAL TO SCHEDULE 1, LINE 1			



SCHEDULE 1 SEP DEDUCTION STATEMENT 14

ELIZABETH A. WARREN

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE	.200000
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1	36,264.
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 15	486.
4. SUBTRACT LINE 3 FROM LINE 2	35,778.
5. MULTIPLY LINE 4 TIMES LINE 1	7,156.
6. MULTIPLY \$330,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$66,000	66,000.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	7,156.
8. CONTRIBUTION DOLLAR LIMIT	66,000.
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9.	
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19.	
9. ALLOWABLE ELECTIVE DEFERRALS	
10. SUBTRACT LINE 9 FROM LINE 8	
11. SUBTRACT LINE 9 FROM LINE 4	
12. ENTER ONE-HALF OF LINE 11	
13. ENTER THE SMALLEST OF LINES 7, 10 OR 12	
14. SUBTRACT LINE 13 FROM LINE 4	
15. ENTER THE SMALLER OF LINE 9 OR LINE 14	
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16.	
*OTHERWISE, SKIP LINES 16 THROUGH 18.	
16. SUBTRACT LINE 15 FROM LINE 14	
17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	
18. ENTER THE SMALLER OF LINE 16 OR LINE 17	
19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 16, SCHEDULE 1	7,156.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 15

DESCRIPTION	AMOUNT
TIAA ADMINISTRATIVE SERVICES	1,615.
TIAA ADMINISTRATIVE SERVICES	2,053.
TIAA ADMINISTRATIVE SERVICES LLC	4,316.
PRESIDENT AND FELLOWS OF HARVARD COLLEGE	20,548.
UNITED STATES SENATE	8,295.
TIAA ADMIN SERVICES LLC	630.
MASSACHUSETTS PRIOR YEAR OVERPAYMENT APPLIED	5,962.
TOTAL TO SCHEDULE A, LINE 5A	43,419.



SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 16
1. ENTER THE AMOUNT FROM FORM 1040, LINE 15		837,591.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		840,591.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT		
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
7. ADD LINES 4 AND 6		
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		54,918.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.	
12. ADD LINES 10 AND 11		3,000.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		51,918.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 17
DESCRIPTION		AMOUNT
WRITING		36,264.
TOTAL TO SCHEDULE SE, LINE 2		36,264.

FORM 8995-A	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 18
NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
VANGUARD MARKETING CORP	82.	
TOTAL TO FORM 8995-A, LINE 28	82.	

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 19
ELIZABETH A. WARREN		-36,264.
BRUCE H. MANN		-236.
AMOUNT TO FORM 8960, LINE 4B		-36,500.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 20
MASSACHUSETTS		
DESCRIPTION		AMOUNT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		20,548.
UNITED STATES SENATE		8,295.
TIAA ADMIN SERVICES LLC		630.
TIAA ADMINISTRATIVE SERVICES		1,615.
TIAA ADMINISTRATIVE SERVICES		2,053.
TIAA ADMINISTRATIVE SERVICES LLC		4,316.
PRIOR YEAR OVERPAYMENT APPLIED		5,962.
TOTAL TO STATE FORM 8960, LINE 10		43,419.

2023 Form 1
MA23001011019

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2023 or other taxable

Year beginning

Ending

BRUCE

H MANN

ELIZABETH

A WARREN

CAMBRIDGE

MA 02138

Fill in if: Amended return Federal amendment Other jurisdiction change Amended return due to IRS BBA Partnership Audit Enter date of change

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

<input checked="" type="checkbox"/> \$1 You	<input checked="" type="checkbox"/> \$1 Spouse	TOTAL	2
You	Spouse		
You	Spouse		
You	Spouse		
You	Spouse		
Fill in if noncustodial parent			
Fill in if filing Schedule TDS			
Fill in if filing Schedule FCI			
Fill in if reporting crypto currency			

a. Total federal income **893534**

b. Federal adjusted gross income **885892**

1. Filing status (select one only):

Single
 Married filing jointly
Married filing separate return NRA
Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions		2a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		X \$1,000 = 2b	
c. Age 65 or over before 2024 <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse =	2	X \$700 = 2c	1400
d. Blindness You + Spouse =		X \$2,200 = 2d	
e. Medical/dental		2e	
f. Adoption		2f	
g. Total exemptions. Add items 2a through 2f. Enter here and on line 18		2g	10200

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

2023 Form 1, pg. 2

MA23001021019

Massachusetts Resident Income Tax Return

[REDACTED]

3. Wages, salaries, tips	3	603273
4. Taxable pensions and annuities	4	118621
5. Mass. bank interest: a. - b. exemption	= 5	
6a. Business/profession income/loss	6a	36500
6b. Farming income/loss	6b	
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a. Unemployment	8a	
8b. Mass. lottery winnings	8b	
9. Other income from Schedule X, line 7	9	16246
10. TOTAL 5.0% INCOME	10	774640
11a. Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	2000
12. Reserved for future use	12	
13. Reserved for future use	13	
14. Rental deduction. a.	+ 2 = 14	
15. Other deductions from Schedule Y, line 19	15	38285
16. Total deductions. Add lines 11 through 15	16	42285
17. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	732355
18. Exemption amount	18	10200
19. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	722155
20. INTEREST AND DIVIDEND INCOME	20	4579
21. TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	726734
22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	36337
23. INCOME FROM SCHEDULE B. Not less than "0."		
a. x .085 = 23a		
b. x .12 = 23b		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

357011 12-11-23

APRIL 3, 2024

12:38:40

2023 Schedule X
MA23SXX011019

BRUCE

H MANN



Schedule X. Other Income

1. Alimony received		1	
2. Taxable IRA/Keogh and Roth IRA conversion distributions	SEE STATEMENT 1	2	16246
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law		3	
4. Fees and other 5.0% income. Not less than "0"		4	
5. PFML taxable distributions		5	
6. Excess business loss adjustment		6	
7. Total other 5.0% income. Add lines 1 through 6. Not less than "0"		7	16246

357071 12-12-23

APRIL 3, 2024

12:38:40

2023 Schedule Y
MA23SYY011019

BRUCE

H MANN



Schedule Y. Other Deductions

1. (RESERVED FOR FUTURE USE)	1	
2. Penalty for early savings withdrawal	2	
3. Amount of deductible alimony paid	3	
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	
5. Moving expenses for members of the Armed Forces	5	
6. Medical savings account deduction	6	
7. Self-employed health insurance deduction	7	
8. Health savings accounts deduction	8	
9a. Certain qualified deductions from U.S. Form 1040	9a	
9b. Certain business expenses from U.S. Form 1040	9b	
9c. Charitable contributions deduction	9c	38285
10. Student loan interest	10	
11. College Tuition Deduction (full-year residents only)	11	
12. Undergraduate student loan interest deduction	12	
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	
14. Claim of right deduction	14	
15. Commuter deduction	15	
16. Human organ donation deduction (full-year residents only)	16	
17. Certain gambling losses	17	
18a. Prepaid tuition or college savings program deduction	18a	
18b. Student loan repayment assistance deduction	18b	
19. Total other deductions. Add lines 1 through 18	19	38285

APRIL 3, 2024

12:38:40

2023 Schedule B
MA23010011019

BRUCE

H MANN



Part 1. Interest and Dividend Income

1. Total interest income	1	2318
2. Total ordinary dividends	2	2261
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	4579
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	
7. Subtotal	7	4579
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	4579

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	

357041 12-11-23

2023 Schedule B, pg. 2
 MA23010021019

19a. Combine lines 15 through 18	19a
19b. Part-year/Nonresidents only	19b
19c. Exclude line 19b losses from line 19a	19c
20. Short-term losses applied against interest and dividends	20
21. Available short-term losses	21
22. Short-term losses applied against long-term gains	22
23. Short-term losses available for carryover in 2024	23
24. Short-term gains and long-term gains on collectibles	24
25. Long-term losses applied against short-term gain	25
26. Subtotal	26
27. Long-term gains deduction	27
28. Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	4579
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	4579
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	4579
34. Enter the amount from line 28	34	
35. Adjusted gross interest, dividends and certain capital gains	35	4579
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	4579
38. Interest and dividends taxable at 5.0%	38	4579
39. Total taxable 8.5% and 12% capital gains	39	0
40. Available short-term losses for carryover in 2024	40	

2023 Schedule C

MA23011011019

Massachusetts Profit or Loss From Business

ELIZABETH A WARREN
ELIZABETH A WARREN
WRITING

[REDACTED]

711510

CAMBRIDGE

MA [REDACTED]

Accounting method: Cash Accrual Other (specify)

No. of employees

Fill in if you materially participated in the operation of this business during 2023 (see instructions)

Fill in if you started or acquired this business during 2023

Fill in if you made any payments in 2023 that would require you to file Form(s) 1099

Fill in if you have any suspended PAL related to this schedule. See instructions and line 36

Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2023

Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions

1. a. Gross receipts or sales	36264		
b. Returns and allowances		a - b = 1	36264
2. Cost of goods sold and/or operations		2	
3. Gross profit. Subtract line 2 from line 1		3	36264
4. Other income		4	
5. Total income. Add line 3 and line 4		5	36264
6. Advertising		6	
7. Bad debts from sales or services		7	
8. Car and truck expenses		8	
9. a. Commissions and fees			
b. Contract Labor		a + b = 9	
10. Depletion		10	
11. Depreciation and Section 179 deduction		11	
12. Employee benefit programs		12	
13. Insurance		13	

2023 Schedule C, pg. 2
 MA23011021019

14. Interest		
a. mortgage interest paid to financial institutions		
b. other interest	a + b =	14
15. Legal and professional services		15
16. Office expense		16
17. Pension and profit-sharing		17
18. Rent or lease		
a. vehicles, machinery and equipment		
b. other business property	a + b =	18
19. Repairs and maintenance		19
20. Supplies		20
21. Taxes and licenses		21
22. Travel		22
23. Deductible meals. See instructions for appropriate percentage subject to limitations		23
24. Utilities		24
25. Wages		25
26. Other expenses		26
27. Total expenses. Add lines 6 through 26		27
28. Tentative profit or loss. Subtract line 27 from line 5		28
29. Expenses for business use of your home		29
30. Abandoned Building Renovation Deduction		30
31. Net profit or loss. Subtract total of line 29 and line 30 from line 28		31
32. Deductible loss. If you have a loss on line 31 it may be limited. See line 33		32
33. Description of your investment in this activity. If you filled in 33a enter loss on line 32 and go to line 35. If you filled in 33b see instructions for line 32 and go to line 35	33a. All investment at risk. 33b. Some investment is not at risk.	
34. Profit from line 31		34
35. Total profit or loss. Combine lines 32 and 34		35
36. Allowable prior-year suspended PAL you are applying		36
37. Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a		37
		0
		36264
		36264
		36264
		36264

357022 12-11-23

2023 Schedule C, pg. 3

MA23011031019

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other (specify)

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory

1. Inventory at beginning of year		1
2. a. Purchases		
b. Items withdrawn for personal use	a - b =	2
3. Cost of labor		3
4. Materials and supplies		4
5. Other costs		5
6. Add lines 1 through 5		6
7. Inventory at end of year		7
8. Cost of goods sold and/or operations. Subtract line 7 from line 6		8

2023 Schedule C

MA23011011019

Massachusetts Profit or Loss From Business

BRUCE H MANN
BRUCE H MANN
ROYALTIES

[REDACTED]

711510

CAMBRIDGE

MA [REDACTED]

Accounting method: Cash Accrual Other (specify) No. of employees

Fill in if you materially participated in the operation of this business during 2023 (see instructions)

Fill in if you started or acquired this business during 2023

Fill in if you made any payments in 2023 that would require you to file Form(s) 1099

Fill in if you have any suspended PAL related to this schedule. See instructions and line 36

Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2023

Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions

1. a. Gross receipts or sales	236		
b. Returns and allowances		a - b = 1	236
2. Cost of goods sold and/or operations		2	
3. Gross profit. Subtract line 2 from line 1		3	236
4. Other income		4	
5. Total income. Add line 3 and line 4		5	236
6. Advertising		6	
7. Bad debts from sales or services		7	
8. Car and truck expenses		8	
9. a. Commissions and fees			
b. Contract Labor		a + b = 9	
10. Depletion		10	
11. Depreciation and Section 179 deduction		11	
12. Employee benefit programs		12	
13. Insurance		13	

2023 Schedule C, pg. 2
 MA23011021019

14. Interest		
a. mortgage interest paid to financial institutions		
b. other interest	a + b =	14
15. Legal and professional services		15
16. Office expense		16
17. Pension and profit-sharing		17
18. Rent or lease		
a. vehicles, machinery and equipment		
b. other business property	a + b =	18
19. Repairs and maintenance		19
20. Supplies		20
21. Taxes and licenses		21
22. Travel		22
23. Deductible meals. See instructions for appropriate percentage subject to limitations		23
24. Utilities		24
25. Wages		25
26. Other expenses		26
27. Total expenses. Add lines 6 through 26		27
28. Tentative profit or loss. Subtract line 27 from line 5		28
29. Expenses for business use of your home		29
30. Abandoned Building Renovation Deduction		30
31. Net profit or loss. Subtract total of line 29 and line 30 from line 28		31
32. Deductible loss. If you have a loss on line 31 it may be limited. See line 33		32
33. Description of your investment in this activity. If you filled in 33a enter loss on line 32 and go to line 35. If you filled in 33b see instructions for line 32 and go to line 35	33a. All investment at risk. 33b. Some investment is not at risk.	
34. Profit from line 31		34
35. Total profit or loss. Combine lines 32 and 34		35
36. Allowable prior-year suspended PAL you are applying		36
37. Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a		37
		0
		236
		236
		236
		236
		236

357022 12-11-23

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other (specify)

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory

1. Inventory at beginning of year		1
2. a. Purchases		
b. Items withdrawn for personal use	a - b =	2
3. Cost of labor		3
4. Materials and supplies		4
5. Other costs		5
6. Add lines 1 through 5		6
7. Inventory at end of year		7
8. Cost of goods sold and/or operations. Subtract line 7 from line 6		8

2023 Schedule HC
MA23029011019

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

BRUCE

H MANN

[REDACTED]

- 1a. Date of birth [REDACTED] 1b. Spouse's date of birth [REDACTED] 1c. Family size **2**
2. Federal adjusted gross income **2** **885892**
3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3b Spouse:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

If you filled in the full-year or part-year MCC choice, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.
- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 4a. Private insurance, including ConnectorCare (complete line(s) 4f and/or 4g below) | <input checked="" type="checkbox"/> You | <input checked="" type="checkbox"/> Spouse |
| 4b. MassHealth. Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
BLUE CROSS BLUE SHIELD OF MASSAC [REDACTED] [REDACTED]

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
BLUE CROSS BLUE SHIELD OF MASSAC [REDACTED] [REDACTED]

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

APRIL 3, 2024

12:38:40

2023 Schedule HC, pg. 2
MA23029021019

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? **6** Yes No

If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2023, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, check below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? **8a** You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year? **8b** You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2023 tax year? **9** You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

2023 Schedule HC, pg. 3
MA23029031019

BRUCE

H MANN



Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

- | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You | Yes | No |
| | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

2023 M-2210
MA23653011019

Underpayment of Massachusetts Estimated
Income Tax

BRUCE H MANN & ELIZABETH A WARREN

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2024.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2022.

Your estimated payments and withholding equal or exceed your 2022 tax (where taxable year was 12 months and a return was filed).

Part 1. Figuring your underpayment

1. 2023 tax						1	36337
2. Total credits						2	
3. Balance						3	36337
4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman						4	29070
5. Enter 2022 tax liability after credits						5	50650
6. Enter the smaller of line 4 or line 5						6	29070
- Installment due dates -							
7. Installment due dates.		a. April 15, 2023	b. June 15, 2023	c. Sept. 15, 2023	d. Jan. 15, 2024		
Fiscal year filers, see instructions	7	04152023	06152023	09152023	01152024		
8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	8	7268	7268	7268	7266		
9. Estimated taxes paid and taxes withheld for each installment	9	15326	9364	9364	9365		
10. Overpayment of previous installments	10		8058	10154	12250		
11. Total	11	15326	17422	19518	21615		
12. Overpayment	12	8058	10154	12250	14349		
13. Underpayment	13						

APRIL 3, 2024

12:38:40

2023 M-2210, pg. 2

MA23653021019

Underpayment of Massachusetts Estimated
Income Tax

BRUCE H MANN & ELIZABETH A WARREN



Part 2. Figuring your underpayment penalty

- 14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier 14
- 15. Number of days from the due date of installment to the date shown in line 14 15
- 16. Number of days in line 15 after 4/15/23 and before 7/1/23 16
- 17. Number of days in line 15 after 6/30/23 and before 10/1/23 17
- 18. Number of days in line 15 after 9/30/23 and before 1/1/24 18
- 19. Number of days in line 15 after 12/31/23 and before 4/15/24 19
- 20. Underpayment in line 13 x (number of days in line 16 ÷ 365) x 8% 20
- 21. Underpayment in line 13 x (number of days in line 17 ÷ 365) x 8% 21
- 22. Underpayment in line 13 x (number of days in line 18 ÷ 365) x 9% 22
- 23. Underpayment in line 13 x (number of days in line 19 ÷ 365) x 9% 23
- 24. Penalty. Add all amounts shown in lines 20 through 23. 24

2023 M-2210, pg. 3

MA23653031019

Underpayment of Massachusetts Estimated
Income Tax

BRUCE H MANN



Part 3. Annualized income installment method

Installment due dates

		Jan. 1-March 31	Jan. 1-May 31	Jan. 1-August 31	Jan. 1-Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 8.5% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .085	8				
9. Taxable 12% income each period	9				
10. Annualization amount	10	4	2.4	1.5	1
11. Multiply line 9 by line 10	11				
12. Tax on amount in line 11. Multiply line 11 by .12	12				
13. Total tax. Add lines 4, 8, and 12	13				
14. Total credits	14				
15. Total tax after credits	15				
16. Applicable percentage	16	20%	40%	60%	80%
17. Multiply line 15 by line 16	17				
18. Enter the combined amounts of line 17 from all preceding periods	18				
19. Subtract line 18 from line 17. Not less than "0"	19				
20. Divide line 6 of Form M-2210 by 4 and enter result in each column	20				
21. Enter the amount from line 20 of this worksheet for the preceding column	21				
22. Add lines 20 and 21	22				
23. If line 22 is more than line 19, subtract line 19 from line 22. Otherwise enter "0"	23				
24. Enter the smaller of line 19 or line 23 here and on Form M-2210, line 8	24				

APRIL 3, 2024

12:38:40



MA X	TAXABLE IRA/KEOGH PLAN DISTRIBUTIONS	STATEMENT	1
NAME ELIZABETH A WARREN			
LINE 1. TOTAL IRA/KEOGH PLAN DISTRIBUTIONS, QUALIFIED CHARITABLE IRA DISTRIBUTIONS, ROTH IRA CONVERSION DISTRIBUTIONS IN 2023		41,070.	
LINE 2. TOTAL CONTRIBUTIONS PREVIOUSLY TAXED BY MASSACHUSETTS		61,000.	
LINE 3. TOTAL DISTRIBUTIONS RECEIVED IN PREVIOUS YEARS		36,176.	
LINE 4. SUBTRACT LINE 3 FROM LINE 2. IF LINE 3 IS LARGER THAN LINE 2, ENTER "0"		24,824.	
LINE 5. SUBTRACT LINE 4 FROM LINE 1. NOT LESS THAN "0"		16,246.	
LINE 6. TOTAL QUALIFIED CHARITABLE IRA DISTRIBUTIONS IN 2023 INCLUDED IN LINE 1		0.	
LINE 7. TAXABLE IRA/KEOGH DISTRIBUTIONS OR ROTH IRA CONVERSION DISTRIBUTIONS. SUBTRACT LINE 6 FROM LINE 5. ENTER HERE AND IN SCHEDULE X, LINE 2. NOT LESS THAN "0"		16,246.	
