

MILITARY PAY

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																
ID	NAME (Last, First, Mi)			SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED					
	██████████			██████	ES	040211	04	100210	AF	██████	1-31 JUL 08					
ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY				
Type	Amount			Type	Amount			Type	Amount							
A	BASE PAY	2247.30			FEDERAL TAXES	88.46			DISCRETIONARY ALT	1521.00			+Amt Fwd	.00		
B	BAS	294.43			FICA-SOC SECURITY	139.33			TRICARE DENTAL	11.58			+Tot Ent	4266.73		
C	BAH	1726.00			FICA-MEDICARE	32.59							-Tot Ded	1570.22		
D					SGLI	27.00							-Tot Allt	1532.58		
E					AFRH	.50							=Net Amt	1163.93		
F					FAMILY SGLI	5.50							-Cr Fwd	.00		
G					TSP	112.37							=EOM Pay	1163.93		
H					MID-MONTH-PAY	1164.47										
I																
J																
K																
L																
M																
N																
O																
	TOTAL	4266.73				1570.22				1532.58			DIEMS	RETPLAN		
													040211	CHOICE		
LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	Ex	Add'l Tax	Tax YTD	
	25.5	25.0	11	39.5	85.5	.0	.0	.0	2134.93	13682.36	M	02		.00	493.01	
FICA TAXES	Wage Period	Soc Wage YTD			Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD		
	2247.30	14402.50			892.94	14402.50	208.83	AK		.00	.00	N	00	.00		
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN			
	WIDEP	SPOUSE	08641	.00	1	R		0			.00					
THRIFT SAVINGS PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Current	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current								
	5	.00	0	.00	0	.00	0	.00								
	TSP YTD Deductions				Deferred		Exempt									
	720.14				720.14		.00									
REMARKS:	YTD ENTITLE 27768.11				YTD DEDUCT 2557.92											
	IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.								BASE AIRMAN & FAMILY READINESS CTR FOR DETAILS.							
	-LEAVE CARRYOVER INCREASED TO 75 DAYS FOR FY08. NO ACTION REQUIRED BY MEMBERS. DFAS WILL BEGIN RESTORING AFTER 1 OCT 08.								-IF YOU GAMBLE WITH SAFETY...YOU BET YOUR LIFE.							
	-MYPAY HAS ALLOWED MBRS TO ELECT A HARD-COPY LES VIA US MAIL. AF POLICY IS TO PROVIDE AN ELECTRONIC LES. EFF 1 OCT (SEP LES), AF WILL NO LONGER PRINT LES STATEMENTS IF AVAILABLE ON MYPAY. THANK YOU FOR YOUR SUPPORT.								-ELECTIONS ARE COMING! UPDATE YOUR ADDRESS TO GET AN ABSENTEE BALLOT. REQUEST YOUR BALLOT FOR THE PRESIDENTIAL AND STATE ELECTIONS. SEE YOUR VOTING ASST. OFFICER OR WWW.FVAP.GOV.							
	-IF YOUR SPOUSE WANTS INFO ABOUT THE MILITARY LIFESTYLE WE INVITE HIM/HER TO JOIN US FOR THE NEXT HEART LINK SPOUSES ORIENTATION. LUNCH AND CHILD CARE ARE PROVIDED. CALL YOUR								TSP 080701(183) RATE CHG SGLI 080701(183) CHANGE GRADE 080701(184) BAH BASED ON WIDEP, ZIP 08641 BANK ██████████ ACCT # ██████████							

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)		EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
		1259595696	ACTIVE	1-30 JUN 2023	20230622	1
SERVICE DATA	INCOME & TAXES		FEDERAL WITHHOLDING		STATE WITHHOLDING	LEAVE
GRADE E8	CURRENT	YR TO DATE	STATUS	S	STATE CODE MA	BROUGHT FWD 35.0
YOS 20	TAXABLE INCOME \$6,130.20	\$36,781.20	EXEMPTION		MARITAL STATUS S	EARNED 2.5
DEAF 20020430	FEDERAL TAX \$703.69	\$4,222.14			EXEMPTION 03	USED 0.0
AFADBD 20021015	SOC SEC WAGES \$6,130.20	\$36,781.20	BOX 2C	N	SPECIFIC AMOUNT 0	BALANCE 37.5
PEBD 20021015	SOC SEC TAX \$380.07	\$2,280.43	CLAIM DEPENDENTS	\$0.00		EXCESS 0.0
CRA 20021015	MEDICARE WAGES \$6,130.20	\$36,781.20	OTHER INCOME AMOUNT	\$0.00		MAX ACR 20.0
EAS 20240229	MEDICARE TAX \$88.89	\$533.33	OTHER DEDUCTIONS	\$0.00		LOST 0.0
ECC 20240229	STATE WAGES \$6,130.20	\$36,781.20	EXTRA WITHHOLDING	0		SOLD 0.0
RECC 00000000	STATE TAX \$279.84	\$1,579.08				COMBAT 0.0
FORECASTED PAY	UNIT INFORMATION	BAH INFORMATION	CAREER SEA PAY	TSP CONTRIBUTION YTD		
DATE 20230714	PLATOON MAIN	ZIP CODE 92055	DATE 20101217	TAX DEFERRED \$0.00		
AMOUNT \$4,170.89	MCC 1C0	AVIATION INFORMATION		YEARS 00	TAX EXEMPT \$0.00	
DATE 20230601	RUC 20371	ASED 00000000	MONTHS 08	ROTH \$0.00		
AMOUNT \$4,170.87		DIFOP TOT 00 YRS 00 MO 08	DAYS 08	AGENCY CONTRIBUTIONS		
EFT INFORMATION	PAY STATUS INFORMATION	PRIOR DIFOP DATES		EDUCATION DEDUCTIONS	AUTO 1% CURR \$0.00	
USAA FEDERAL SAV NGS BANK	PAY STATUS 00000	START 00000000	TYPE MGBI	MONTHLY AMOUNT \$0.00	AUTO 1% YTD \$0.00	
9800 FREDERICKSBURG ROAD	PAY GROUP 013	STOP 00000000	MONTHLY AMOUNT \$0.00	TOTAL \$1,200.00	MATCHING CURR \$0.00	
SAN ANTONIO TX	DSSN 6187	GATE 1			MATCHING YTD \$0.00	
782880000	POE 12011	GATE 2 LOW			RETIREMENT OPTION	
	DIRECT DEPOSIT	GATE 2 HIGH			HIGH THREE	
RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.						
MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.						
Remarks						
BROUGHT FWD .00						
ENTITLEMENTS						
BASIC PAY	6,130.20	TAXABLE FOR FITW, SITW & FICA				
EAS (MONTHLY)	452.56					
BAH WITH DEPNS	4,062.00					
TOTAL	10,644.76					
DEDUCTIONS						
FITW (FED TAX)	703.69					
SOCIAL SECURITY	380.07					
MEDICARE	88.89					
SITW (STATE TAX MA)	279.84					
SGLI \$500,000	30.00					
TSGLI	1.00					
USN/MC RET HOME	.50					
SUPPORT GARN	819.00	GARNISHMENT 819.00				
		AMANDA THIBEAULT				
TOTAL	2,302.99					
PAYMENTS						
REGULAR PAYMENT	4,170.90	DATE 20230615	DSSN 0777	YOU 0000030017	FSDO/PR 00000617	
REGULAR PAYMENT	4,170.87	20230630	0777	0000030018	00000018	
TOTAL	8,341.77					
CARRIED FWD	.00					
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096.						
*A NEW LAW EXPANDS VA HEALTH CARE AND BENEFITS FOR VETERANS EXPOSED TO BURN PITS, AGENT ORANGE, AND OTHER TOXIC SUBSTANCES. LEARN MORE ABOUT THE PACT ACT: HTTPS://WWW.VA.GOV/RESOURCES/THE-PACT-ACT-AND-YOUR-VA-BENEFITS/ (ALL LOWER CASE) "						
*THE TAX YEAR IS HALF OVER. NOW IS A GREAT TIME TO REVIEW YOUR DEDUCTIONS! FOR MORE INFO VISIT: HTTPS://WWW.IRS.GOV/INDIVIDUALS/TAX-WITHHOLDING-ESTIMATOR						

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																
ID	NAME (Last, First, MI)		SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED						
				O5	90521	19	888888	NAVY	5905	1-31 JAN 19						
ENTITLEMENTS			DEDUCTIONS				ALLOTMENTS				SUMMARY					
Type	Amount		Type	Amount		Type	Amount		+Amt Fwd							
A	BASE PAY	8998.50	FEDERAL TAXES	1161.17	TRICARE DENTAL	29.62			+Tot Ent		13656.89					
B	BAS	254.39	FICA-SOC SECURITY	557.91	INSURANCE ALLOT	162.43			-Tot Ded		7674.23					
C	BAH	3789.00	FICA-MEDICARE	130.43					-Tot Allt		192.05					
D	DEMO PAY	150.00	SGLI	29.00					=Net Amt		5790.61					
E	PARACHUTE PAY	225.00	SGLI FAM/SPOUSE	5.00					-Cr Fwd		.00					
F	DIVE PAY	240.00	MID-MONTH-PAY	5790.67					=EOM Pay		5790.61					
G																
H																
I																
J																
K																
L																
M																
N																
O																
TOTAL		13656.89		7674.23			192.05									
LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	EX	Adtl Tax	Tax YTD	
	41.0	10.0	10	41.0	.0	.0	.0	1.0	9613.50	9613.50	9613.50			.00	1161.17	
FICA TAXES	Wage Period	Soc Wage	YTD	Soc Tax	YTD	Med Wage	YTD	Med Tax	YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	EX	Tax YTD
	8998.50	8998.50	557.91	8998.50	130.43								.00		.01	.00
PAY DATA	BAG Type	BAG Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN			
	WIDEP	SPOUSE	82155	.00	1	R		.00			.00					
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current								
	.00	.00	.00	.00	.00	.00	.00	.00								
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current								
	.00	.00	.00	.00	.00	.00	.00	.00								
CM AGCY CONTR	AGCY-AUTO	AGC-MATCH														
	.00	.00														
CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH										
	.00	.00	.00	.00	.00	.00										
REMARKS:	YTD ENTITLE		13656.89	YTD DEDUCT		1883.56										
<p>IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.</p> <p>-TAX TIME IS HERE, RECEIVE YOUR 1095 AND W2 STATEMENTS VIA MYPAY. ALSO, USE IRS E-FILE FOR A QUICKER REFUND. VISIT IRS.GOV</p> <p>-THE IRS TAXPAYER ADVOCATE SERVICE CAN HELP YOU RESOLVE FEDERAL TAX PROBLEMS THAT YOU HAVE NOT BEEN ABLE TO RESOLVE ON YOUR OWN. LEARN MORE ABOUT YOUR RIGHTS AND FIND OTHER RESOURCES AT WWW.TAXPAYERADVOCATE.IRS.GOV</p> <p>-ANNUAL PAGE 2 VERIFICATION T MEI UPDATE YOUR PAGE 2 FOR ANY MAJOR LIFE CHANGES: MARRIAGE, DIVORCE, BIRTH OF A CHILD, DEATH, UPDATE A COLLEGE STUDENT'S NEW ADDRESS. ENSURE SGLI ELECTION AND BENEFICIARIES ARE ALSO UPDATED.</p> <p>-PCSG THIS YEAR? ATTEND A NAVY HHG WEBINAR. HTTPS://WWW.NAVY.MIL/HHG/SEADUTY</p> <p>SEA DUTY TIME 0001/13</p> <p>MEMBER'S SGLI COVERAGE AMOUNT IS \$400,000</p> <p>FAM/SPOUSE SGLI COVERAGE AMOUNT IS \$100,000</p> <p>USED LEAVE BALANCE ADJUSTED.</p> <p>CURRENT MONTH LEAVE BALANCE ADJUSTED.</p> <p>USED LEAVE BALANCE ADJUSTED.</p> <p>CURRENT MONTH LEAVE BALANCE ADJUSTED.</p> <p>CHARGE LEAVE 181217-181222(001)</p> <p>RATE CHG BASIC PAY 180101(001)</p> <p>RATE CHG BAH 180101(001)</p> <p>CHARGE LEAVE 180108-180111(011)</p> <p>BAH BASED ON WIDEP, ZIP 82155</p> <p>BANK USAA FEDERAL SAVINGS BANK</p>																

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT													
ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED				
		****-**-****	002	200109	03	000000	USAR	5570	CHK DT 230203				
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY				
Type	Amount		Type	Amount		Type	Amount		+Amt Fwd				
A	BASIC PAY 608.36		FED INC TAX	59.92					+TOT ENT 608.36				
B			FICA TAX	46.54									
C			STATE INC TAX	30.64									
D			SGLI	25.00					-TOT DED 256.94				
E			DEBT PAYMENT	28.50									
F			TSP CONTRIBUTION	60.84					-TOT ALMT				
G			SGLI FAM/SPOUSE	4.50									
H									=NET AMT 351.42				
I									-CR FWR				
J									=EOM PAY				
K									DIEMS				
L									RET PLAN				
M													
N													
O													
	TOTAL 608.36			256.94									
FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD			
	608.36	608.36	S	E	00	00	.00	.00		59.92			
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD	
	608.36	608.36	37.72	608.36	8.82	CA		608.36	608.36	S	00	30.64	
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W DEP	SPOUSE	00000									A	
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	0	.00	0	.00	0	.00	0	.00					
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	10	60.84	0	.00	0	.00	0	.00					
CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH							
	60.84	.00	.00	60.84	6.08	24.33							
CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose		
	6.08	24.33		.0	.0	0	.0		.0	.0	.0	.0	
REMARKS:													
YTD ENTITLE 608.36				YTD DEDUCT 256.94									
YOUR CHECK WAS SENT TO: USAA FEDERAL SAVINGS BANK DIRECT DEPOSIT DATE: 02/03/23 AMOUNT: \$351.42 * AS OF 09 JAN 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE) SERV GP LIFE INSURANCE DEBT BALANCE \$.00 ORIGINAL DEBT \$25.00 24 JAN 23 24 JAN 23 FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00 ORIGINAL DEBT \$4.50 24 JAN 23 24 JAN 23 UNPAID DEBT BALANCE *TOTAL*: \$.00 TOTAL PERFORMANCE FY 23: UTA 08 AFTPT 00 ET 00 ATA 00 JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00 MCOFT 00 RMAM 00 AT/ADT 004 FHDA 000 INACTIVE DUTY TRAINING 03 DEC 22 1 03 DEC 22 2 04 DEC 22 1 INACTIVE DUTY TRAINING 04 DEC 22 2						YOUR CURRENT STATE CLAIMED IS: CALIFORNIA SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$400,000 YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) SPOUSE SGLI COVERAGE: \$100,000 PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -NEW VA PACT LAW, VISIT: HTTPS://WWW.VA.GOV/RESOURCES/ THE-PACT-ACT-AND-YOUR-VA-BENEFITS/ -YOUR HEALTH IS IMPORTANT: TO LEARN MORE ABOUT BURN PIT AND REGISTRY, VISIT WWW.HEALTH.MIL/AHBURNPITREGISTRY -SGLI COVERAGE AUTOMATICALLY INCREASES MARCH 1, 2023. VISIT: HTTPS://WWW.BENEFITS.VA.GOV/INSURANCE/SGLI-INCREASE-FAQS.ASP							
WWW.DFAS.MIL													

Profit and Loss (Schedule C)

SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99)

OMB No. 1545-0074

2018 Attachment Sequence No. 09

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

Name of proprietor: **RICK GRIME** Social security number (SSN): **000-00-0000**

A Principal business or profession, including product or service (see instructions): **LANDSCAPING** **B** Enter code from instructions: **571630**

C Business name. If no separate business name, leave blank: **GREEN ACRES LANDSCAPING** **D** Employer ID number (EIN) (see instr.): **0000000000**

E Business address (including suite or room no.): **BUCKSNORT STREET** City, town or post office, state, and ZIP code: **SAN ANTONIO, TX 78208**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) **G** Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses: Yes No

H If you started or acquired this business during 2018, check here: Yes No

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions): Yes No

J If "Yes," did you or will you file required Forms 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.	1	99,200
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	99,200
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	99,200
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	99,200

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

8	Advertising	8	1,160
9	Car and truck expenses (see instructions)	9	5,641
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	1,000
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,000
16	Insurance (other than health)	16	1,200
17	Legal and professional services	17	1,040
18	Office expense (see instructions)	18	1,500
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):	20	
20a	a Vehicles, machinery, and equipment	20a	7,400
20b	b Other business property	20b	
21	Repairs and maintenance	21	1,975
22	Supplies (not included in Part III)	22	12,800
23	Taxes and licenses	23	400
24	Travel and meals:	24	
24a	a Travel	24a	1,435
24b	b Deductible meals (see instructions)	24b	270
25	Utilities	25	2,200
26	Wages (less employment credits)	26	53,850
27a	Other expenses (from line 48)	27a	850
27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	97,021
29	Tentative profit or (loss). Subtract line 28 from line 7	29	2,179
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	2,179

13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,000
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	1,200
16	Interest (see instructions):	16	
16a	a Mortgage (paid to banks, etc.)	16a	300
16b	b Other	16b	
17	Legal and professional services	17	1,040
22	Supplies (not included in Part III)	22	12,800
23	Taxes and licenses	23	400
24	Travel and meals:	24	
24a	a Travel	24a	1,435
24b	b Deductible meals (see instructions)	24b	270
25	Utilities	25	2,200
26	Wages (less employment credits)	26	53,850
27a	Other expenses (from line 48)	27a	850
27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	97,021
29	Tentative profit or (loss). Subtract line 28 from line 7	29	2,179
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	2,179
32	If you have a loss, check the box that describes your investment in this activity (see instructions):	32	
32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
32b	<input type="checkbox"/> Some investment is not at risk.	32b	

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040) 2018

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

Name of proprietor
RICK GRIME

Social security number (SSN)
000-00-0000

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

B Enter code from instructions
▶ **5 7 1 6 3 0**

C Business name. If no separate business name, leave blank.
GREEN ACRES LANDSCAPING

D Employer ID number (EIN) (see instr.)
0 0 0 0 0 0 0 0 0 0

E Business address (including suite or room no.) ▶ **BUCKSNORT STREET**
City, town or post office, state, and ZIP code **SAN ANTONIO, TX 78208**

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

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2018, check here . . . ▶

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . Yes No

J If "Yes," did you or will you file required Forms 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	99,200
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	99,200
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	99,200
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	99,200

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

8	Advertising	8	1,160	18	Office expense (see instructions)	18	1,500
9	Car and truck expenses (see instructions).	9	5,641	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	1,000	20a	a Vehicles, machinery, and equipment	20a	7,400
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	4,000	21	Repairs and maintenance	21	1,975
				22	Supplies (not included in Part III)	22	12,800
				23	Taxes and licenses	23	400
				24	Travel and meals:		

13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,000	22	Supplies (not included in Part III)	22	12,800
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	400
15	Insurance (other than health)	15	1,200	24	Travel and meals:		
16	Interest (see instructions):			a	Travel	24a	1,435
a	Mortgage (paid to banks, etc.)	16a	300	b	Deductible meals (see instructions)	24b	270
b	Other	16b		25	Utilities	25	2,200
17	Legal and professional services	17	1,040	26	Wages (less employment credits)	26	53,850
				27a	Other expenses (from line 48)	27a	850
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	97,021
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	2,179
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		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) 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		31		31	2,179
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 12 (or Form 1040NR, line 13) 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 checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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Schedule C (Form 1040) 2018

