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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Deborah Brooks Durden, Administrative Law Judge

Appellate Case Number: 2023-000521

Glenn C. OdomAppellant,

v.

South Carolina Public Employee Benefit Authority,
South Carolina Retirement SystemsRespondent.

RECORD ON APPEAL

Volume IX of IX

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For the year Jan. 1–Dec. 31, 2016, or other tax year beginning 2016, ending 2016, 20

Your first name and initial: Glenn C Last name: Odom Your social security number: 6591

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions: PO Box 576 Apt. no.: Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): McBee SC 29101

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

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed: 1

Boxes checked on 6a and 6b: 1

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: 0

Add numbers on lines above ▶ 1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	160,331.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	15,860.
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-FZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	753.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	275,162.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	24,575.
b	Taxable amount	20b	20,889.
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	472,995.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	60,000.
b	Recipient's SSN ▶ <u>6528</u>	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	60,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	412,995.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA 1040 (2016)

PETITIONER 2357



**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedules.
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Glenn C Odom

6591

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, line 38 2	2		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	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 (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	13,652.	
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6	6,998.	
7	Personal property taxes	7	264.	
8	Other taxes. List type and amount ►	8		
9	Add lines 5 through 8	9		20,914.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		
		10	4,217.	
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		
		11		
12 Points not reported to you on Form 1098. See instructions for special rules.		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15 Add lines 10 through 14		15		4,217.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		
		16	8,341.	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		
		17		
18 Carryover from prior year		18		
19 Add lines 16 through 18		19		8,341.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
		20		
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		
		21		
22 Tax preparation fees		22		
23 Other expenses—investment, safe deposit box, etc. List type and amount ►		23		
24 Add lines 21 through 23		24		
25 Enter amount from Form 1040, line 38 25		25		
26 Multiply line 25 by 2% (0.02)		26		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27		
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		
		28		
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?		
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30 If you elect to itemize deductions even though they are less than your standard deduction, check here				
		29		28,864.

For Paperwork Reduction Act Notice, see Form 1040 instructions. BAA

REV 01/25/17 PRO

Schedule A (Form 1040) 2016

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
 ▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Name(s) shown on return
 Glenn C Odom

Your social security number
 ██████████ 6591

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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

(See instructions on back and the Instructions for Form 1040A, or Form 1040, line 8a.)

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
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

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

Amount

1

2

3

4

Amount

Part II

Ordinary Dividends

(See instructions on back and the Instructions for Form 1040A, or Form 1040, line 9a.)

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.

5 List name of payer ▶ Regional Bankshares Inc.
Arbor One

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

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

172.
 15,688.

5

6

15,860.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

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 2016, 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

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

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2016, 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 on back

Yes	No
	X
	X

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return
Glenn C Odum

Your social security number
[REDACTED] 6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)
A	49 Oak Street Chesterfield SC 29709
B	22 North 3rd Street Mc Bee SC 29101
C	133 W. Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	0	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	1		0	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		1,275.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		3,050.	
17 Utilities	17			
18 Depreciation expense or depletion	18	3,097.	692.	1.
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	3,097.	3,742.	1.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,097.	-2,467.	-1.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-863.)	(-687.)	0.
23a Total of all amounts reported on line 3 for all rental properties	23a		161,050.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c		102,059.	
d Total of all amounts reported on line 18 for all properties	23d		11,234.	
e Total of all amounts reported on line 20 for all properties	23e		117,976.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			54,814.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(3,268.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ^{NRA}	26			51,546.

For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 01/25/17 PRO 54,814. Schedule E (Form 1040) 2016

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

Glenn C Odum

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)					
A	358 Oak Street Mc Bee SC 29101					
B	166 West Elm Mc Bee SC 29101					
C	119 West Cypress Mc Bee SC 29101					
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV	
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	304	0	<input type="checkbox"/>
B	1		B	0	0	<input type="checkbox"/>
C	1		C	0	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	1,278.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	3,745.	890.	516.
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	3,745.	890.	516.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-2,470.	-890.	-516.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-686.)	(-248.)	(-144.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
23b Total of all amounts reported on line 4 for all royalty properties	23b			
23c Total of all amounts reported on line 12 for all properties	23c			
23d Total of all amounts reported on line 18 for all properties	23d			
23e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 01/25/17 PRO

Schedule E (Form 1040) 2016

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

Glenn C Odum

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)	2	Fair Rental Days	Personal Use Days	QJV
A	McBee SC Mc Bee SC 29101	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	365	<input type="checkbox"/>
B	14 West Juniper Mc Bee SC 29101		B	0	<input type="checkbox"/>
C	129 Cypress Mc Bee SC 29101		C	0	<input type="checkbox"/>
1b	Type of Property (from list below)				
A	5				
B	1				
C	1				

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	758,500.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	102,059.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	1,527.		
17 Utilities	17			
18 Depreciation expense or depletion	18		2,293.	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	183,586.	2,293.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 8198	21	54,914.	-2,293.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-638.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
23b Total of all amounts reported on line 4 for all royalty properties	23b			
23c Total of all amounts reported on line 12 for all properties	23c			
23d Total of all amounts reported on line 18 for all properties	23d			
23e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 01/25/17 PRO

Schedule E (Form 1040) 2016

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Glenn C Odom

6591

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	OK Properties	P	<input type="checkbox"/>	56-2071984	<input type="checkbox"/>
B	Sandhills Restaurant Group, Inc.	S	<input type="checkbox"/>	56-0273128	<input type="checkbox"/>
C	Odom & Associates, Inc.	S	<input type="checkbox"/>	57-1063214	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	3,268.			
B			7,793.	40,151.
C			44,098.	232,088.
D				
29a Totals	3,268.			272,239.
b Totals			51,891.	
30	Add columns (g) and (j) of line 29a			30 275,507.
31	Add columns (f), (h), and (i) of line 29b			31 (51,891.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 223,616.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 16 ▶	41	275,162.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
► Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Glenn E Odom

-6591

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 39, and go to line 7. (If less than zero, enter as a negative amount.)	1	384,131.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	20,914.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	(4,608.)
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	400,437.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household \$119,700 \$53,900 Married filing jointly or qualifying widow(er) 159,700 63,800 Married filing separately 79,850 41,900 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	400,437.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13, you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	31	108,396.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	108,396.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	110,292.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

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

REV 01/25/17 PRO

Form **6251** (2016)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	
43	Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), 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, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 	49	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 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, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (0.15)	55	
56	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56	
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58	
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25)	61	
62	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Business or activity to which this form relates

Identifying number

Name(s) shown on return

Sch B 49 Oak Street

6591

Glenn C Odum

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	2,617.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	10/16	63,400.	27.5 yrs.	MM	S/L	480.
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,097.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 01/25/17 PRO

Form **4562** (2016)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Glenn C Gdom

Section 179 Summary

6591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property from Schedule K-1	(b) Cost (business use only)	(c) Elected cost 51,891.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	51,891.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	51,891.
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	432,570.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	51,891.
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27.5 yrs	MM	S/L	
i	Nonresidential real property		39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 01/25/17 VHO

Form **4562** (2016)

**net Investment Income Tax—
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

▶ Attach to your tax return.

Attachment
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

GLENN C GROOM

6591

- 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	Ordinary dividends (see instructions)		2	15,860.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	275,162.		
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-220,348.		
c	Combine lines 4a and 4b		4c	54,814.
5a	Net gain or loss from disposition of property (see instructions)		5a	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		5c	
d	Combine lines 5a through 5c		5d	
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	70,674.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		9a	
9b	State, local, and foreign income tax (see instructions)	2,336.	9b	
9c	Miscellaneous investment expenses (see instructions)		9c	
d	Add lines 9a, 9b, and 9c		9d	2,336.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	2,336.

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	68,338.
Individuals:				
13	Modified adjusted gross income (see instructions)	412,995.	13	
14	Threshold based on filing status (see instructions)	200,000.	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	212,995.	15	
16	Enter the smaller of line 12 or line 15		16	68,338.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17	2,597.
Estates and Trusts:				
18a	Net investment income (line 12 above)		18a	
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)		18b	
18c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-		18c	
19a	Adjusted gross income (see instructions)		19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)		19b	
19c	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% (.038). Enter here and include on your tax return (see instructions)		21	

Form **8801**

**Credit for Prior Year Minimum Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-1073

2016
Attachment
Sequence No. **74**

Department of the Treasury
Internal Revenue Service (99)

► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.
► Attach to Form 1040, 1040NR, or 1041.

Name(s) shown on return
Glenn C Odom

Identifying number
[REDACTED]-6591

Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2015 Form 6251. Estates and trusts, see instructions	1	206,193.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	32,513.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$246,250 and you were married filing separately for 2015, see instructions	4	238,706.
5	Enter: \$83,400 if married filing jointly or qualifying widow(er) for 2015; \$53,600 if single or head of household for 2015; or \$41,700 if married filing separately for 2015. Estates and trusts, enter \$23,800	5	53,600.
6	Enter: \$158,900 if married filing jointly or qualifying widow(er) for 2015; \$119,200 if single or head of household for 2015; or \$79,450 if married filing separately for 2015. Estates and trusts, enter \$79,450	6	119,200.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	119,506.
8	Multiply line 7 by 25% (0.25)	8	29,877.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2015, see instructions	9	23,723.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	214,983.
11	<ul style="list-style-type: none"> • If for 2015 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2015 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions. 	11	54,179.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	54,179.
14	Enter the amount from your 2015 Form 6251, line 34, or 2015 Form 1041, Schedule I, line 55	14	47,377.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	6,802.

For Paperwork Reduction Act Notice, see instructions. BAA

REV 01/25/17 PPK3

Form **8801** (2016)

Part II Minimum Tax Credit and Carryforward to 2017

16	Enter the amount from your 2015 Form 6251, line 35, or 2015 Form 1041, Schedule I, line 56	16	6,911.
17	Enter the amount from line 15	17	6,802.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	109.
19	2015 credit carryforward. Enter the amount from your 2015 Form 8801, line 26	19	
20	Enter your 2015 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	109.
22	Enter your 2016 regular income tax liability minus allowable credits (see instructions)	22	110,292.
23	Enter the amount from your 2016 Form 6251, line 33, or 2016 Form 1041, Schedule I, line 54	23	108,396.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	1,896.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2016 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	109.
26	Credit carryforward to 2017. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

<p>Caution: If you didn't complete the 2015 Qualified Dividends and Capital Gain Tax Worksheet, the 2015 Schedule D Tax Worksheet, or Part V of the 2015 Schedule D (Form 1041), see the instructions before completing this part.*</p>			
27	<p>Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2015, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions</p> <p>Caution: If for 2015 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.</p>	27	214,383.
28	<p>Enter the amount from line 6 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2015 Schedule D Tax Worksheet, or the amount from line 26 of the 2015 Schedule D (Form 1041), whichever applies*</p> <p>If you figured your 2015 tax using the 2015 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.</p>	28	17,758.
29	<p>Enter the amount from line 19 of your 2015 Schedule D (Form 1040), or line 18b, column (2), of the 2015 Schedule D (Form 1041)</p>	29	
30	<p>Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2015 Schedule D Tax Worksheet</p>	30	17,758.
31	<p>Enter the smaller of line 27 or line 30</p>	31	17,758.
32	<p>Subtract line 31 from line 27</p>	32	197,225.
33	<p>If line 32 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions</p>	33	51,515.
34	<p>Enter:</p> <ul style="list-style-type: none"> • \$74,900 if married filing jointly or qualifying widow(er) for 2015, • \$37,450 if single or married filing separately for 2015, • \$50,200 if head of household for 2015, or • \$2,500 for an estate or trust. <p>Form 1040NR filers, see instructions.</p>	34	37,450.
35	<p>Enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2015 Schedule D Tax Worksheet, or the amount from line 27 of the 2015 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1040, line 43, or 2015 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions</p>	35	184,435.
36	<p>Subtract line 35 from line 34. If zero or less, enter -0-</p>	36	0.
37	<p>Enter the smaller of line 27 or line 28</p>	37	17,758.
38	<p>Enter the smaller of line 36 or line 37</p>	38	0.
39	<p>Subtract line 38 from line 37</p>	39	17,758.
40	<p>Enter:</p> <ul style="list-style-type: none"> • \$413,200 if single for 2015, • \$232,425 if married filing separately for 2015, • \$464,850 if married filing jointly or qualifying widow(er) for 2015, • \$439,000 if head of household for 2015, or • \$12,300 for an estate or trust. <p>Form 1040NR filers, see instructions.</p>	40	413,200.
41	<p>Enter the amount from line 36</p>	41	0.
42	<p>Form 1040 filers, enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2015 Schedule D (Form 1041) or line 18 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions</p>	42	184,435.

* The 2015 Qualified Dividends and Capital Gain Tax Worksheet is in the 2015 instructions for Form 1040. The 2015 Schedule D Tax Worksheet is in the 2015 Instructions for Schedule D (Form 1040) (or the 2015 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates (continued)

43	Add lines 41 and 42	43	184,435.
44	Subtract line 43 from line 40. If zero or less, enter -0-	44	228,765.
45	Enter the smaller of line 39 or line 44	45	17,758.
46	Multiply line 45 by 15% (0.15) ▶	46	2,664.
47	Add lines 38 and 45	47	17,758.
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	0.
49	Multiply line 48 by 20% (0.20) ▶	49	0.
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25) ▶	52	
53	Add lines 33, 46, 49, and 52	53	54,179.
54	If line 27 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions	54	56,487.
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2015, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55	54,179.

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2016
Attachment
Sequence No. **88**

Name(s) shown on return
Glenn C Odum

Identifying number
-6591

Part I 2016 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3,268.
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(5,564.)
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()
d	Combine lines 1a, 1b, and 1c	1d	-2,296.
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
c	Add lines 2a and 2b	2c	()
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0.
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(6,170.)
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
d	Combine lines 3a, 3b, and 3c	3d	-6,170.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	4	-8,466.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	2,296.
6	Enter \$150,000. If married filing separately, see instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	392,106.
8	Subtract line 7 from line 6	8	()
9	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	()
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	()
12	Enter the loss from line 4	12	()
13	Reduce line 12 by the amount on line 10	13	()
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	()

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	3,268.
16	Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	3,268.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
49 Oak Street	0.	3,097.			3,097.
22 North 3rd Street	0.	2,467.			2,467.
OK Properties	3,268.	0.		3,268.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c	3,268.	5,564.			

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
133 W. Cypress	0.	1.			1.
358 Oak Street	0.	2,470.			2,470.
166 West Elm	0.	890.			890.
119 West Cypress	0.	516.			516.
14 West Juniper	0.	2,293.			2,293.
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0.	6,170.			

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
49 Oak Street	E Ln 22	3,097.	0.26393387	2,234.
22 North 3rd Street	E Ln 22	2,467.	0.21024374	1,780.
133 W. Cypress	E Ln 22	1.	0.00008522	1.
358 Oak Street	E Ln 22	2,470.	0.21049940	1,782.
See Passive Wkst 5		3,699.		2,669.
Total		11,734.	1.00	8,466.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
49 Oak Street	E Ln 22	3,097.	2,234.	863.
22 North 3rd Street	E Ln 22	2,467.	1,780.	687.
133 W. Cypress	E Ln 22	1.	1.	0.
358 Oak Street	E Ln 22	2,470.	1,782.	688.
See Passive Wkst 6		3,699.	2,669.	1,030.
Total		11,734.	8,466.	3,268.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total			1.00		

Additional information from your 2016 Federal Tax Return

**Schedule A: Itemized Deductions
Ln 7c, Oth pers prop tax**

Itemization Statement

Description	Amount
Boat	67.
Boat	67.
Boat	105.
Boat	25.
Total	264.

**Form 8582: Passive Activity Loss Limitations
Passive Worksheet 5**

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Ratio	Unallowed Loss
166 West Elm	E Ln 22	890.	0.07584796	642.
119 West Cypress	E Ln 22	516.	0.04397477	372.
14 West Juniper	E Ln 22	2,293.	0.19541503	1,655.
Total		3,699.		2,669.

**Form 8582: Passive Activity Loss Limitations
Passive Worksheet 6**

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Unallowed Loss	Allowed Loss
166 West Elm	E Ln 22	890.	642.	248.
119 West Cypress	E Ln 22	516.	372.	144.
14 West Juniper	E Ln 22	2,293.	1,655.	638.
Total		3,699.	2,669.	1,030.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning . . . 2017, ending . . . 20

Your first name and initial: Glenn C Last name: Odom Your social security number: ██████████-6591
 If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Home address (number and street), if you have a P.O. box, see instructions: PO Box 576 Apt. no.:
 City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions):
McBee SC 29101

Foreign country name: Foreign province/state/county: Foreign postal code:
 Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to the fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) (see instructions)

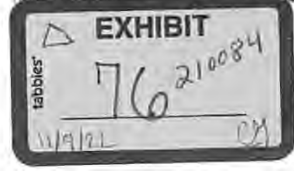
Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here ▶
 d Total number of exemptions claimed: 1
 Add numbers on lines above ▶ 1

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 7 471,684.
 8a Taxable interest. Attach Schedule B if required: 8a
 b Tax-exempt interest. Do not include on line 8a: 8b
 9a Ordinary dividends. Attach Schedule B if required: 9a 17,425.
 b Qualified dividends: 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes: 10
 11 Alimony received: 11
 12 Business income or (loss). Attach Schedule C or C-EZ: 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ : 13
 14 Other gains or (losses). Attach Form 4797: 14
 15a IRA distributions: 15a b Taxable amount: 15b
 16a Pensions and annuities: 16a b Taxable amount: 16b 753.
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 17 41,896.
 18 Farm income or (loss). Attach Schedule F: 18
 19 Unemployment compensation: 19
 20a Social security benefits: 20a 24,649. b Taxable amount: 20b 20,952.
 21 Other income. List type and amount: 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶: 22 552,710.

Adjusted Gross Income
 23 Educator expenses: 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: 24
 25 Health savings account deduction. Attach Form 8889: 25
 26 Moving expenses. Attach Form 3903: 26
 27 Deductible part of self-employment tax. Attach Schedule SE: 27
 28 Self-employed SEP, SIMPLE, and qualified plans: 28
 29 Self-employed health insurance deduction: 29
 30 Penalty on early withdrawal of savings: 30
 31a Alimony paid ▶ Recipient's SSN ▶ ██████████-0628 31a 60,000.
 32 IRA deduction: 32
 33 Student loan interest deduction: 33
 34 Tuition and fees. Attach Form 8917: 34
 35 Domestic production activities deduction. Attach Form 8903: 35
 36 Add lines 23 through 35: 36 60,000.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶: 37 492,710.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA 1040 (2017)

PETITIONER 2378



38 Amount from line 37 (adjusted gross income)		38	492,710.		
Tax and Credits	39a Check <input checked="" type="checkbox"/> You were born before January 2, 1953. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <u>1</u> if: <input type="checkbox"/> Spouse was born before January 2, 1953. <input type="checkbox"/> Blind. checked ▶ 39b <input type="checkbox"/>				
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	59,428.	
	41 Subtract line 40 from line 38		41	433,282.	
	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.		42	0.	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	433,282.	
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44	127,399.	
	45 Alternative minimum tax (see instructions). Attach Form 6251		45	93.	
	46 Excess advance premium tax credit repayment. Attach Form 8962		46		
	47 Add lines 44, 45, and 46 ▶		47	127,492.	
Standard Deduction for— * People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. * All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widower, \$12,700 Head of household, \$9,350	48 Foreign tax credit. Attach Form 1116 if required	48			
	49 Credit for child and dependent care expenses. Attach Form 2441	49			
	50 Education credits from Form 8863, line 19	50			
	51 Retirement savings contributions credit. Attach Form 8880	51			
	52 Child tax credit. Attach Schedule 8812, if required	52			
	53 Residential energy credits. Attach Form 5695	53			
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54			
	55 Add lines 48 through 54. These are your total credits	55			
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	127,492.		
	57 Self-employment tax. Attach Schedule SE		57		
Other Taxes	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59		
	60a Household employment taxes from Schedule H		60a		
	b First-time homebuyer credit repayment. Attach Form 5405 if required		60b		
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>		61		
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions: enter code(s)		62	4,623.	
	63 Add lines 58 through 62. This is your total tax ▶		63	132,115.	
Payments	64 Federal income tax withheld from Forms W-2 and 1099		64	151,387.	
	65 2017 estimated tax payments and amount applied from 2016 return		65		
	If you have a qualifying child, attach Schedule EIC:	66a Earned income credit (EIC)		66a	
		b Nontaxable combat pay election 66b			
		67 Additional child tax credit. Attach Schedule 8812		67	
	68 American opportunity credit from Form 8863, line 8		68		
	69 Net premium tax credit. Attach Form 8962		69		
	70 Amount paid with request for extension to file		70		
	71 Excess social security and tier 1 RRTA tax withheld		71	3,410.	
	72 Credit for federal tax on fuels. Attach Form 4136		72		
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserve c <input type="checkbox"/> 8885 d <input type="checkbox"/>		73			
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	154,797.		
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	22,682.	
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>		76a	0.	
Direct deposit? See instructions.	b Routing number <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number <u>X X X X X X X X X X X X X X X X X X</u>				
77 Amount of line 75 you want applied to your 2018 estimated tax ▶		77	22,682.		
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. ▶		78		
	79 Estimated tax penalty (see instructions)		79		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
	Designee's name ▶ <u>Karen A. Currin, CPA</u>	Phone no. ▶ <u>(843) 332-3585</u>	Personal identification number (PIN) ▶ <u>23006</u>		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature <u>[Signature]</u>	Date	Your occupation <u>Water Company Manager</u> Daytime phone number		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		
Joint return? See instructions. Keep a copy for your records.	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)				
Paid Preparer Use Only	Print/Type preparer's name <u>Karen A. Currin, CPA</u>	Preparer's signature	Date <u>04/17/2018</u> PTIN <u>P01003218</u>		
	Firm's name ▶ <u>Phillips, Currin & Company, CPA's, LLC</u>	Firm's EIN ▶ <u>20-4022303</u>			
	Firm's address ▶ <u>300 W. Home Avenue Hartsville SC 29550-4128</u>	Phone no. <u>(843) 332-3585</u>			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

2017
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

Glenn C Odom

6591

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	5,143.	
	2	Enter amount from Form 1040, line 38	492,710.	
	3	Multiply line 2 by 7.5% (0.075)	36,953.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		0.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	33,669.	
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	8,017.	
	7	Personal property taxes	710.	
	8	Other taxes. List type and amount ▶		
	9	Add lines 5 through 8		42,396.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098		3,794.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶				
12 Points not reported to you on Form 1098. See instructions for special rules				
13 Mortgage insurance premiums (see instructions)				
14 Investment interest. Attach Form 4952 if required. See instructions				
15 Add lines 10 through 14			3,794.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		20,174.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500			
	18 Carryover from prior year			
	19 Add lines 16 through 18			20,174.
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions			
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶			
	22 Tax preparation fees			
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶			
	24 Add lines 21 through 23			
	25 Enter amount from Form 1040, line 38		25	
	26 Multiply line 25 by 2% (0.02)			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶			
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900?			
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			59,428.
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

BAA

REV 02/22/18 PRO

Schedule A (Form 1040) 2017

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2017
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
Glenn C Odom

Your social security number
-6591

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 ▶

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

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.

Amount
1
2
3
4

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

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

Part II **Ordinary Dividends**

5 List name of payer ▶ Arbor One

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

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.

Amount
5 17,425.
6 17,425.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

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

Part III 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.

	Yes	No
Foreign Accounts and Trusts 7a At any time during 2017, 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		X
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		
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
B During 2017, 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		X

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

REV 11/14/17 PRO

Schedule B (Form 1040A or 1040) 2017

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

Glenn C Odom

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	B				
A	49 Oak Street Chesterfield SC 29709		0	0	<input type="checkbox"/>
B	22 North 3rd Street Mc Bee SC 29101		365	0	<input type="checkbox"/>
C	133 W. Cypress Mc Bee SC 29101		0	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		3,600.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15		245.	
16 Taxes	16			
17 Utilities	17	457.	129.	
18 Depreciation expense or depletion	18	4,048.	692.	1.
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	4,515.	1,066.	1.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6196	21	-4,515.	2,534.	-1.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,105.)	(-1,780.)	(-1.)
23a Total of all amounts reported on line 3 for all rental properties	23a		184,125.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c		102,816.	
d Total of all amounts reported on line 18 for all properties	23d		20,291.	
e Total of all amounts reported on line 20 for all properties	23e		162,763.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			52,036.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(14,061.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2NPA	26			37,975.

For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 02/13/18 PRO 41,008. Schedule E (Form 1040) 2017

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number
[REDACTED] 6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	358 Oak Street Mc Bee SC 29101				
B	166 West Elm Mc Bee SC 29101				
C	119 West Cypress Mc Bee SC 29101				
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	1		365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	2,400.	4,000.	1,200.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,575.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	900.		130.
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	300.	201.	381.
18 Depreciation expense or depletion	18	3,214.	860.	420.
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,989.	1,061.	931.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,589.	2,939.	269.
22 Deductible rental real estate loss after limitation. If any, on Form 8582 (see instructions)	22	-1,675.)	-642.)	-301.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Attachment
Sequence No. **13**

Name(s) shown on return
Glenn C Odom

Your social security number
[REDACTED] 6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	McBee SC Mc Bee SC 29101				
B	14 West Juniper Mc Bee SC 29101				
C	129 Cypress Mc Bee SC 29101				
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	5	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B	1		B 0	0	<input type="checkbox"/>
C	1		C 180	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	145,550.		1,100.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	102,816.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	1,726.		
17 Utilities	17			476.
18 Depreciation expense or depletion	18		1,950.	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	104,542.	1,950.	476.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	41,008.	-1,950.	624.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	(-1,125.)	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 02/13/18 PRD

Schedule E (Form 1040) 2017

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

Glenn C Odom

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)
A	206 E. Pine Street Mc Bee SC 29101
B	Pine Street Mc Bee SC 29101
C	17 W. Oak Street Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	4	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 153	0	<input type="checkbox"/>
B	4		B 153	0	<input type="checkbox"/>
C	1		C 60	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	6,000.	10,975.	600.
4 Royalties received	4			

Expenses:		A	B	C
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,377.	1,378.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	9,487.	10,326.	
15 Supplies	15			
16 Taxes	16	2,391.	2,392.	
17 Utilities	17	471.	472.	
18 Depreciation expense or depletion	18	3,376.	3,458.	45.
19 Other (list) ▶ See Line 19 Other Expenses	19	232.	234.	
20 Total expenses. Add lines 5 through 19	20	17,334.	20,260.	45.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-11,334.	-9,285.	555.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-3,536.)	(-2,896.)	

	23a	23b	23c	23d	23e
23a Total of all amounts reported on line 3 for all rental properties					
b Total of all amounts reported on line 4 for all royalty properties					
c Total of all amounts reported on line 12 for all properties					
d Total of all amounts reported on line 18 for all properties					
e Total of all amounts reported on line 20 for all properties					

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

Glenn C Odom

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)					
A	33 East Juniper Mc Bee SC 29101					
B	330 Juniper Mc Bee SC 29101					
C	33 Oak Mc Bee SC 29101					
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV	
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	180	0	<input type="checkbox"/>
B	1		B	180	0	<input type="checkbox"/>
C	1		C	180	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	2,100.	3,000.	1,500.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14		3,000.	1,148.
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	227.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	227.	3,000.	1,148.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,873.	0.	352.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	(0.)	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

Glenn C Odom

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 9th street trailer Mc Bee SC 29101

B

C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	A 0	<input type="checkbox"/>
B			B	B	<input type="checkbox"/>
C			C	C	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 2,100.

4 Royalties received **4**

Expenses:

5 Advertising **5**

6 Auto and travel (see instructions) **6**

7 Cleaning and maintenance **7**

8 Commissions **8**

9 Insurance **9**

10 Legal and other professional fees **10**

11 Management fees **11**

12 Mortgage interest paid to banks, etc. (see instructions) **12**

13 Other interest **13**

14 Repairs **14** 218.

15 Supplies **15**

16 Taxes **16**

17 Utilities **17**

18 Depreciation expense or depletion **18**

19 Other (list) **19**

20 Total expenses. Add lines 5 through 19 **20** 218.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 **21** 1,882.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** () () ()

23a Total of all amounts reported on line 3 for all rental properties **23a**

b Total of all amounts reported on line 4 for all royalty properties **23b**

c Total of all amounts reported on line 12 for all properties **23c**

d Total of all amounts reported on line 18 for all properties **23d**

e Total of all amounts reported on line 20 for all properties **23e**

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** ()

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26**

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number Glenn C Odom 6591

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include OR Properties (EDPA), Sandhills Restaurant Group, Inc., and Odom & Associates, Inc.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows include Totals and sub-totals for lines 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows include Totals and sub-totals for lines 34a, 34b, 35, 36, and 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules O, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V Summary

Table with 2 columns: Description, Amount. Rows 40 (Net farm rental income or (loss) from Form 4835), 41 (Total income or (loss)), 42 (Reconciliation of farming and fishing income), and 43 (Reconciliation for real estate professionals).

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Glenn C Odom

6591

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 39, and go to line 7. (If less than zero, enter as a negative amount.)	1	433,282.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	42,396.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	(6,936.)
7	Tax refund from Form 1040, line 10 or line 21	7	()
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	0.
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	0.
19	Passive activities (difference between AMT and regular tax income or loss)	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$248,450, see instructions.)	28	468,742.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household \$120,700 \$54,300 Married filing jointly or qualifying widow(er) 160,900 84,500 Married filing separately 80,450 42,250 If line 28 is over the amount shown above for your filing status, see instructions	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	468,742.
31	* If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. * If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b, or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. * All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	31	127,492.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	127,492.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	127,399.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	93.

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

BAA

REV 02/22/18 PRO

Form **6251** (2017)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, 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, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37
38	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 or 2555-EZ, see instructions for the amount to enter	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, 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 or 2555-EZ, see instructions for the amount to enter	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42
43	Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), 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, line 43, if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44
45	Subtract line 44 from line 43. If zero or less, enter -0-	45
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47
48	Subtract line 47 from line 46	48
49	Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 	49
50	Enter the amount from line 45	50
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 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, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52	Add line 50 and line 51	52
53	Subtract line 52 from line 49. If zero or less, enter -0-	53
54	Enter the smaller of line 48 or line 53	54
55	Multiply line 54 by 15% (0.15)	55
56	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56
57	Subtract line 56 from line 46	57
58	Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58
59	Add lines 41, 56, and 57	59
60	Subtract line 59 from line 36	60
61	Multiply line 60 by 25% (0.25)	61
62	Add lines 42, 55, 58, and 61	62
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64

Additional Medicare Tax

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

OMB No. 1545-0074

2017
 Attachment
 Sequence No. 71

Name(s) shown on return: **Glenn C Odom** Your social security number: **6591**

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	483,727.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	483,727.	
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 widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		283,727.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		2,554.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
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 widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

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 widow(er) \$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 Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		2,554.
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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	9,073.	
20	Enter the amount from line 1	20	483,727.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	7,014.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		2,059.
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, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		2,059.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017
Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
Glenn C Odom

Business or activity to which this form relates
Sch E 17 W. Oak Street

Identifying number
5591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	11/17	9,913.	27.5 yrs.	MM	S/L	45.
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return
Glenn C Odom

Business or activity to which this form relates
Sch E 33 East Juniper

Identifying number
-6591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	06/17	11,500.	27.5 yrs.	MM	S/L	227.
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	227.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/27/16 PRO

Form **4562** (2017)

**Net Investment Income Tax—
 Individuals, Estates, and Trusts**

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-0227

2017
 Attachment
 Sequence No. **72**

Name(s) shown on your tax return

Glenn C Odom

Your social security number or EIN

-6591

- 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	Ordinary dividends (see instructions)		2	17,425.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	41,896.		
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-886.		
4c	Combine lines 4a and 4b		4c	41,008.
5a	Net gain or loss from disposition of property (see instructions)			
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)			
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
5d	Combine lines 5a through 5c		5d	
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	58,433.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
9b	State, local, and foreign income tax (see instructions)	3,993.		
9c	Miscellaneous investment expenses (see instructions)			
9d	Add lines 9a, 9b, and 9c		9d	3,993.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	3,993.

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	54,440.
13	Modified adjusted gross income (see instructions)	492,710.		
14	Threshold based on filing status (see instructions)	200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	292,710.		
16	Enter the smaller of line 12 or line 15		16	54,440.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		17	2,069.
18a	Net investment income (line 12 above)	18a		
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
18c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
19c	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% (.038). Enter here and include on your tax return (see instructions)		21	

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2017
Attachment
Sequence No. **88**

Name(s) shown on return
Glenn C Odom

Identifying number
6591

Part I 2017 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	13,437.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(25,134.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(5,026.)	
d Combine lines 1a, 1b, and 1c	1d		-16,725.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	624.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(3,540.)	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(3,438.)	
d Combine lines 3a, 3b, and 3c	3d		-8,354.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-25,079.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		16,725.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	471,758.	
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10		0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		14,061.
16 Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		14,061.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
49 Oak Street	0.	4,515.	2,234.		6,749.
22 North 3rd Street	2,534.	0.	1,780.	754.	
166 West Elm	2,939.	0.	642.	2,297.	
119 West Cypress	269.	0.	372.		103.
See Passive Wkst 1	7,695.	20,619.			
Total. Enter on Form 8582, lines 1a, 1b, and 1c	13,437.	25,134.	5,028.		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
133 W. Cypress	0.	1.	1.		2.
358 Oak Street	0.	3,589.	1,782.		5,371.
14 West Juniper	0.	1,950.	1,655.		3,605.
129 Cypress	624.	0.		624.	
Total. Enter on Form 8582, lines 3a, 3b, and 3c	624.	5,540.	3,438.		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
49 Oak Street	E Ln 22	6,749.	0.18516283	4,644.
133 W. Cypress	E Ln 22	2.	0.00005487	1.
358 Oak Street	E Ln 22	5,371.	0.14735658	3,696.
119 West Cypress	E Ln 22	103.	0.00282587	71.
See Passive Wkst 5		24,224.		16,667.
Total		36,449.	1.00	25,079.

Worksheet 6 – Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
49 Oak Street	E Ln 22	6,749.	4,644.	2,105.
133 W. Cypress	E Ln 22	2.	1.	1.
358 Oak Street	E Ln 22	5,371.	3,696.	1,675.
119 West Cypress	E Ln 22	372.	71.	301.
See Passive Wkst 6		24,224.	16,667.	7,557.
Total		36,718.	25,079.	11,639.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total			1.00		

Additional information from your 2017 Federal Tax Return

Schedule A: Itemized Deductions

Ln 7a, Auto registration

Itemization Statement

Description	Amount
2005 chev	140.
2005 Cadillac	152.
1963 Chevrolet	16.
1957 Chevrolet	16.
2010 Chevrolet	239.
2004 Chevrolet	131.
1930 Ford	16.
Total	710.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Bank charges	7.
Miscellaneous	225.
Total	232.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
Bank charges	8.
Miscellaneous	226.
Total	234.

Form 8582: Passive Activity Loss Limitations

Passive Worksheet 1

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
206 E. Pine Street	0.	11,334.			11,334.
Pine Street	0.	9,285.			9,285.
17 W. Oak Street	555.	0.		555.	
33 East Juniper	1,873.	0.		1,873.	
330 Juniper	0.	0.		0.	
33 Oak	352.	0.		352.	
9th street trailer	1,882.	0.		1,882.	
OK Properties	3,033.	0.		3,033.	
Total	7,695.	20,619.			

Form 8582: Passive Activity Loss Limitations
Passive Worksheet 5

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Ratio	Unallowed Loss
14 West Juniper	E Ln 22	3,605.	0.09890532	2,480.
206 E. Pine Street	E Ln 22	11,334.	0.31095503	7,798.
Pine Street	E Ln 22	9,285.	0.25473950	6,389.
Total		24,224.		16,667.

Form 8582: Passive Activity Loss Limitations
Passive Worksheet 6

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Unallowed Loss	Allowed Loss
14 West Juniper	E Ln 22	3,605.	2,480.	1,125.
206 E. Pine Street	E Ln 22	11,334.	7,798.	3,536.
Pine Street	E Ln 22	9,285.	6,389.	2,896.
Total		24,224.	16,667.	7,557.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: Glenn C Last name: Edom Your social security number: ████████ 6591

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. PO Box 576 Apt. no.: _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. McBee SC 29101 If more than four dependents, see inst. and here

Dependents (see instructions):		(7) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: Water Company Manager

Spouse's signature, if a joint return, both must sign: _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer Use Only

Preparer's name: Karen A. Currin, CPA Preparer's signature: [Signature] PTIN: PO1003218 Firm's EIN: 30-4272303 Check if: 3rd Party Designee Self-employed

Firm's name: Phillips, Currin & Company, CPA's, LLC Phone no: (843) 332-3585

Firm's address: 300 W. Home Avenue Hartsville SC 29550-4128

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	316,868.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	629.
3a	Qualified dividends	3a	113.
3b	Ordinary dividends	3b	12,776.
4a	IRAs, pensions, and annuities	4a	
4b	Taxable amount	4b	759.
5a	Social security benefits	5a	25,242.
5b	Taxable amount	5b	21,371.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	28,392.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6	7	520,789.
8	Standard deduction or itemized deductions (from Schedule A)	8	39,639.
9	Qualified business income deduction (see instructions)	9	8,046.
10	Tripple income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	273,106.
11	a Tax (see inst.) <u>71,242.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 6814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here	11	71,242.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	71,242.
14	Other taxes. Attach Schedule 4	14	4,974.
15	Total tax. Add lines 13 and 14	15	76,216.
16	Federal income tax withheld from Forms W-2 and 1099	16	122,308.
17	Refundable credits: a EIC (see inst.) b Sch. 6612 c Form 6863 Add any amount from Schedule 5	17	3,720.
18	Add lines 16 and 17. These are your total payments	18	126,028.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	49,812.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	49,812.
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2018)

PETITIONER 2400



SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Glenn C Odom

Your social security number

██████████ 6591

Additional Income		1-9b		1-9b	
1-9b	Reserved				
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	-7,374.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			13	-3,000.
14	Other gains or (losses). Attach Form 4797			14	29,555.
15a	Reserved			15b	
16a	Reserved			16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	9,211.
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Reserved			20b	
21	Other income. List type and amount ▶			21	
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23			22	28,392.
Adjustments to Income					
23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶ ██████████ 0626	31a	62,000.		
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36			60,000.

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRD

SCHEDULE 4
(Form 1040)

Other Taxes

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

Glenn C Odom

Your social security number

6591

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	4,974.
	63	Section 965 net tax liability installment from Form 965-A 63 _____		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	4,974.	

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

REV 12/21/18 PRO

Schedule 4 (Form 1040) 2018



SCHEDULE 5
(Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Glenn C Odom

Your social security number

6591

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	
and	67a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	3,720.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75	3,720.

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

REV 02/14/19 PRO

Schedule 5 (Form 1040) 2018



**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

2018

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Glenn C Odom

6591

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	1	5,143.
	2 Enter amount from Form 1040, line 7	2	320,789.
	3 Multiply line 2 by 7.5% (0.075)	3	24,059.
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
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 <input type="checkbox"/>	5a	24,171.
	b State and local real estate taxes (see instructions)	5b	0.
	c State and local personal property taxes	5c	0.
	d Add lines 5a through 5c	5d	24,171.
	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 <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	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	8a	12,255.
	b Home mortgage interest not reported to you on Form 1098. 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	8d	
	e Add lines 8a through 8c	8e	12,255.
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	12,255.
Gifts to Charity <small>If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	17,380.
	12 Other than by cash or check. If 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	17,380.
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, line 8	17	39,635.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

BAA

REV. 03/10/18 PRD

Schedule A (Form 1040) 2018

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018
Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
Glenn C Odom

Your social security number
6593

Part I

Interest

(See instructions and the instructions for Form 1040, line 2b.)

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.

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

ira
Mutual

Amount

607.
22.
1

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

2 629.
3
4 629.

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

Amount

Part II

Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)

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.

5 List name of payer
Arthur One
Direct Transfer

172.
12,604.
5
6 12,776.

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

Part III

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.

Yes No

Foreign Accounts and Trusts

(See instructions.)

7a At any time during 2018, 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
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
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located
8 During 2018, 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

X
X

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

REV 12/22/18 PRO

Schedule B (Form 1040) 2018

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ 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 <u>Glenn C Odum</u>		Social security number (SSN) <u>6591</u>
A Principal business or profession, including product or service (see instructions) <u>Director's fees</u>	B Enter code from instructions ▶ <u>541990</u>	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ▶ <u>P.O. Box 576</u> City, town or post office, state, and ZIP code <u>McBee, SC 29101</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2018, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<u>6,400.</u>
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	<u>6,400.</u>
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	<u>6,400.</u>
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	<u>6,400.</u>

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	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
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a 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		27b Reserved for future use	27b
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.		28	<u>6,400.</u>
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.		29	
		30	
		31	<u>6,400.</u>
		32a <input checked="" type="checkbox"/> All investment is at risk.	
		32b <input type="checkbox"/> Some investment is not at risk.	

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0071

2018

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ 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: Glenn C Odom Social security number (SSN): 6591

A Principal business or profession, including product or service (see instructions)
Marina, bait shop and hamper rentals **B** Enter code from instructions
▶ 7 2 1 2 1 0

C Business name. If no separate business name, leave blank.
Jack's Creek Marina **D** Employer ID number (EIN) (see instr.)
6 2 3 5 1 0 1 3 6

E Business address (including suite or room no.) ▶ 2226 Jacks Creek Road
City, town or post office, state, and ZIP code Summerton, SC 29148

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	<u>131,875.</u>
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	<u>131,875.</u>
4 Cost of goods sold (from line 42)	4	<u>66,073.</u>
5 Gross profit. Subtract line 4 from line 3	5	<u>65,802.</u>
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	<u>65,802.</u>

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

8 Advertising	8	<u>1,553.</u>	18 Office expense (see instructions)	18	<u>648.</u>
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	<u>40,800.</u>
13 Depreciation and section 179 expense deduction (not included in Part II) (see instructions)	13		21 Repairs and maintenance	21	<u>9,783.</u>
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	<u>3,094.</u>
15 Insurance (other than health)	15	<u>1,650.</u>	23 Taxes and licenses	23	<u>6,361.</u>
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	<u>781.</u>
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	<u>418.</u>	25 Utilities	25	<u>6,295.</u>
26 Total expenses before expenses for business use of home. Add lines 8 through 27a	26		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	<u>7,836.</u>
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		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31		28 Total expenses. Add lines 18 through 27b	28	<u>79,576.</u>
• 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.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	<u>-13,774.</u>
• If a loss, you must go to line 32.			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	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			31 Net profit or (loss). Subtract line 30 from line 29.	31	<u>-13,774.</u>
• 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.		

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	59,781.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	6,286.
40 Add lines 35 through 39	40	66,073.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	66,073.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

Small equipment (de minimus)	5,455.
postage and freight	17.
Bank charges	218.
Credit card fees	2,149.
48 Total other expenses. Enter here and on line 27a	7,836.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **12**

Name(s) shown on return
Glenn C Odor

Your social security number
[REDACTED] 6591

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 the back				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	0.	5,000.		-5,000.
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 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -5,000.

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

REV 12/16 PRO

Schedule D (Form 1040) 2018

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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. 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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. <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> <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> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> </p>	<p>16 -5,000.</p> <p>18</p> <p>19</p> <p>21 (3,000.)</p>
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**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

Glenn C Odom

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 49 Oak Street Chesterfield SC 29709

B 22 North 3rd Street Mc Bee SC 29101

C 133 W. Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	0	<input type="checkbox"/>
B	1		B	180	<input type="checkbox"/>
C	1		C	30	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 2,230. 200.

4 Royalties received **4**

Expenses:

5 Advertising **5**

6 Auto and travel (see instructions) **6**

7 Cleaning and maintenance **7** 702.

8 Commissions **8**

9 Insurance **9**

10 Legal and other professional fees **10**

11 Management fees **11**

12 Mortgage interest paid to banks, etc. (see instructions) **12**

13 Other interest **13**

14 Repairs **14** 350. 310. 770.

15 Supplies **15** 1,083.

16 Taxes **16**

17 Utilities **17** 5,469. 447. 1,168.

18 Depreciation expense or depletion **18** 3,635. 692. 1.

19 Other (list) ▶ See Line 18 Other Expenses **19** 652. 2,098.

20 Total expenses. Add lines 5 through 19 **20** 11,689. 1,249. 4,747.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 **21** -11,689. 981. -4,547.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (-16,333.) (-) (-4,548.)

23a Total of all amounts reported on line 3 for all rental properties **23a** 257,947.

b Total of all amounts reported on line 4 for all royalty properties **23b**

c Total of all amounts reported on line 12 for all properties **23c** 75,281.

d Total of all amounts reported on line 18 for all properties **23d** 32,946.

e Total of all amounts reported on line 20 for all properties **23e** 178,138.

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24** 115,391.

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (-50,661.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. **26** 64,730.

For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 03/05/16 PRO 82,415 Schedule E (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (IRS)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Steven C Odom

Your social security number

8591

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 358 Oak Street Mc Bee SC 29101

B 166 West Elm Mc Bee SC 29101

C 118 West Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV	
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	75	0	<input type="checkbox"/>
B	1		B	120	0	<input type="checkbox"/>
C	1		C	30	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 1,000. 1,200. 400.

4 Royalties received **4**

Expenses:

5 Advertising **5**

6 Auto and travel (see instructions) **6**

7 Cleaning and maintenance **7** 100.

8 Commissions **8**

9 Insurance **9**

10 Legal and other professional fees **10**

11 Management fees **11**

12 Mortgage interest paid to banks, etc. (see instructions) **12**

13 Other interest **13**

14 Repairs **14**

15 Supplies **15** 95.

16 Taxes **16**

17 Utilities **17** 1,677. 633. 2,359.

18 Depreciation expense or depletion **18** 2,953. 860. 420.

19 Other (list) ▶ See Line 19 Other Expenses **19** 2,625. 168.

20 Total expenses. Add lines 5 through 19 **20** 7,546. 1,661. 1,809.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 **21** -6,546. -461. -1,359.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (-10,242.) (-461.) (-1,430.)

23a Total of all amounts reported on line 3 for all rental properties **23a**

b Total of all amounts reported on line 4 for all royalty properties **23b**

c Total of all amounts reported on line 12 for all properties **23c**

d Total of all amounts reported on line 18 for all properties **23d**

e Total of all amounts reported on line 20 for all properties **23e**

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (-11,702.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. **26**

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment
Sequence No. **13**

Names shown on return

Glenn C Odom

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A McBee SC Mc Bee SC 29101

B 14 West Juniper Mc Bee SC 29101

C 129 Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	365	0	<input type="checkbox"/>
B	1		180	0	<input type="checkbox"/>
C	1		30	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	157,696.	3,000.	120.
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9		980.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	75,261.		
13 Other interest	13			
14 Repairs	14		660.	
15 Supplies	15			
16 Taxes	16			
17 Utilities	17		54.	187.
18 Depreciation expense or depletion	18		1,830.	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	75,261.	3,729.	187.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	82,435.	-729.	-67.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		-3,203.	-67.

23a Total of all amounts reported on line 3 for all rental properties	23a	
b Total of all amounts reported on line 4 for all royalty properties	23b	
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (-3,203.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. **26**

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 03/05/19 PRO

Schedule E (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return:
Glenn C Doom

Your social security number
[REDACTED] 6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 206 E. Pine Street Mc Bee SC 29101
B Pine Street Mc Bee SC 29101
C 17 W. Oak Street Mc Bee SC 29101

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
			A	B	A	B	<input type="checkbox"/>
A	4			365	0	<input type="checkbox"/>	
B	2			365	0	<input type="checkbox"/>	
C	1			180	0	<input type="checkbox"/>	

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	56,900.	29,501.	2,650.
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	5,657.	5,922.	
10 Legal and other professional fees	10	377.	378.	
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	6,255.	5,255.	
14 Repairs	14	5,000.	6,410.	3,900.
15 Supplies	15			
16 Taxes	16		926.	
17 Utilities	17		1,957.	818.
18 Depreciation expense or depletion	18	8,104.	13,039.	360.
19 Other (list) ▶ See Line 19 Other Expenses	19	312.	1,118.	
20 Total expenses. Add lines 5 through 19	20	25,903.	36,204.	5,078.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198
21 (30,598.) (-6,703.) (-2,426.)

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)
22 (-7,198.) (-13,092.) (-2,426.)

23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			

24 **Income.** Add positive amounts shown on line 21. Do not include any losses
24

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
25 (-9,624.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.
26 (20,976.)

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (991)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return
Glenn C Odum

Your social security number
[REDACTED]-6597

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	33 East Juniper Mc Bee SC 29101
B	330 Juniper Mc Bee SC 29101
C	33 Oak Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 60	0	<input type="checkbox"/>
B	1		B 60	0	<input type="checkbox"/>
C	1		C 8	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		1,300.	0.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	418.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	418.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-418.	1,000.	0.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-418.)		0.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return
Glenn C Odom

Your social security number
[REDACTED] 6591

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)		Fair Rental Days	Personal Use Days	QJV
A	14 Oak Street Mc Bee SC 29101		9	0	<input type="checkbox"/>
B	Brunson Road LLC Mc Bee SC 29101		0	0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		2,000.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	635.		
19 Other (list) ▶ incorrect 1099	19		6,000.	
20 Total expenses. Add lines 5 through 19	20	635.	2,000.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-635.	0.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-635.)	(0.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
23b Total of all amounts reported on line 4 for all royalty properties	23b			
23c Total of all amounts reported on line 12 for all properties	23c			
23d Total of all amounts reported on line 18 for all properties	23d			
23e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Glenn C Odom

6591

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations – Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8562), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Sandhillis Restaurant Group, Inc.	S	<input type="checkbox"/>	56-0273128	<input type="checkbox"/>	<input type="checkbox"/>
B	Odom & Associates, Inc.	S	<input type="checkbox"/>	57-1063214	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 6582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		45,519.		
B				0.
C				
D				
29a Totals				0.
b Totals		45,519.		
30 Add columns (h) and (k) of line 29a.				30 0.
31 Add columns (g), (i), and (j) of line 29b.				31 (45,519.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -45,519.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 6582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 13	41	9,211.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return: Glenn C Odor Identifying number: 6591

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						-20,445.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	819.
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	-9,626.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	9,626.
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	79,161.
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	29,555.
18a	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(i), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
18b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b	29,555.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	Equipment	12/31/1998	01/30/2018
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20 40,000.			
21	Cost or other basis plus expense of sale	21 39,181.			
22	Depreciation (or depletion) allowed or allowable	22 39,181.			
23	Adjusted basis. Subtract line 22 from line 21	23 0.			
24	Total gain. Subtract line 23 from line 20	24 40,000.			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a 39,181.			
b	Enter the smaller of line 24 or 25a.	25b 39,181.			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions.	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1989 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a.	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30 40,000.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31 39,181.
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32 819.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

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, 1040NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

2018
Attachment
Sequence No. **71**

Name(s) shown on return

Glenn C Osborn

Your social security number

6391

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	342,273.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	342,273.	
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 widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		142,273.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,280.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
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 widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

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 widow(er) \$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 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		1,280.
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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	1,103.	
20	Enter the amount from line 1	20	342,273.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,963.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		740.
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, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		740.

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

BAA

REV 10/2018 PRO

Form **8959** (2018)

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

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

Name(s) shown on your tax return

Glenn C Odom

Your social security number or EIN

6591

- 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	629.
2	Ordinary dividends (see instructions)		2	12,776.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 3,211.	4c	64,788.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 18,319.		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a 28,855.	5d	37,000.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b 25,445.		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
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	105,535.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	7,921.
b	State, local, and foreign income tax (see instructions)	9b 7,921.		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	7,921.

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	97,614.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 320,789.	16	87,614.
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 120,789.		
16	Enter the smaller of line 12 or line 15			
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	3,694.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	19a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 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	

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
 Glenn C Odum

Identifying number
 6591

Part I 2018 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	72,976.
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(32,400.)
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(15,876.)
1d	Combine lines 1a, 1b, and 1c	1d	27,498.
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
2c	Add lines 2a and 2b	2c	()
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0.
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(5,142.)
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
3d	Combine lines 3a, 3b, and 3c	3d	-5,142.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	4	12,356.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions	6	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total.	15	
16	Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
43 Oak Street	0.	11,689.	4,644.		16,333.
22 North 3rd Street	981.	0.		981.	
336 Oak Street	0.	8,646.	3,696.		12,342.
166 West Elm	0.	461.			461.
See Passive Wkst. 1	71,995.	11,704.	16,738.		
Total. Enter on Form 8582, lines 1a, 1b, and 1c	72,976.	30,405.	25,078.		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
133 W. Cypress	0.	4,517.	1.		4,518.
14 Oak Street	0.	635.			635.
Brunson Road LLC	0.	0.		0.	
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0.	5,152.	1.		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
Glenn C. Odum

Business or activity to which this form relates
Sch. B 14 Oak Street

Identifying number
6591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	01/18	18,220.	27.5 yrs	MM	S/L	633.
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	633.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Additional information from your 2018 Federal Tax Return

Schedule C (Marina, bait shop and camper rentals): Profit or Loss from Business

Ln 1a: Other receipts

Itemization Statement

Description	Amount
Sales	85,406.
Camper rental	46,469.
Total	131,875.

Schedule C (Marina, bait shop and camper rentals): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
Utilities	2,371.
Waste Disposal	2,077.
Telephone	1,756.
Total	6,198.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	652.
Total	652.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
pest control	75.
deminimus	2,023.
Total	2,098.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	125.
deminimus	2,500.
Total	2,625.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
deminimus	168.
Total	168.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Bank charges	62.
Miscellaneous	0.
pest control	250.
Total	312.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
Bank charges	63.
Miscellaneous	0.
pest control	795.
contract labor	260.
Total	1,118.

Form 8582: Passive Activity Loss Limitations (Copy 1)

Passive Worksheet 1

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
119 West Cypress	0.	1,359.	71.		1,430.
14 West Juniper	0.	729.	2,480.		3,209.
129 Cypress	0.	67.			67.
206 E. Pine Street	70,995.	0.	7,798.	63,197.	
Pine Street	0.	6,703.	6,389.		13,092.
17 W. Oak Street	0.	2,428.			2,428.
33 East Juniper	0.	418.			418.
330 Juniper	1,000.	0.		1,000.	
33 Oak	0.	0.		0.	
Total	71,995.	11,704.	16,738.		

1555



dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2018 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 10/23/18)

3075

Your Social Security Number [Redacted] 6591	Check if deceased <input type="checkbox"/>
Spouse's Social Security Number	Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2018, or fiscal tax year beginning 2018 and ending 2019

First name and middle initial Glenn C	Last name Odom	Suffix
Spouse's first name, if married filing jointly	Last name	Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) PO Box 576	County code 13
City McBee	State SC	Zip 29101
Daytime phone number with area code		
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code	

- Check this box if you are filing SC Schedule NR (Part-year/Nonresident).....
- Check this box only if filing a composite return on behalf of a partnership or S corporation. Do not check this box if you are an individual.....
- Check this box if you have filed a federal or state extension.....
- Check this box if you served in a military combat zone during the filing period.....
Name of the combat zone: _____
- Check this box if this return is affected by a federally declared disaster area.....
Name of the disaster area: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head-of-household (5) <input type="checkbox"/> Widow(er) with dependent child

Number of dependents claimed on your 2018 federal return 0

Number of dependents listed above that were under the age of 6 years on December 31, 2018 1

Number of taxpayers age 65 or older, as of December 31, 2018

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)

30751184

REV 11/25/18 PRO



INCOME AND ADJUSTMENTS

2018

1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.	Dollars	
			1 273,106 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (see instructions)	a	10,000 00
b	Out-of-state losses. Type: _____	b	00
c	Expenses related to National Guard and Military Reserve Income	c	00
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00
e	Other additions to income. Attach explanation. (see instructions)	e	8,048 00
2	Add lines a through e and enter the total here. These are your total additions .	2	18,048 00
3	Add lines 1 and 2 and enter the total here.	3	291,154 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	f	00
g	Total and permanent disability retirement income, if taxed on your federal return	g	00
h	Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00
i	44% of net capital gains held for more than one year	i	00
j	Volunteer deductions (see instructions) Type: _____	j	00
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program	k	00
l	Active Trade or Business Income deduction (see instructions)	l	00
m	Interest income from obligations of the US government	m	00
n	Certain nontaxable National Guard or Reserve pay	n	00
o	Social Security and/or railroad retirement, if taxed on your federal return	o	21,371 00
p	Retirement Deduction (see instructions)		
p-1	Taxpayer date of birth: <u>06-26-1949</u>	p-1	753 00
p-2	Spouse date of birth: _____	p-2	00
p-3	Surviving spouse date of birth of deceased spouse: _____	p-3	00
	Military Retirement Deduction (see instructions)		
p-4	Taxpayer date of birth: _____	p-4	00
p-5	Spouse date of birth: _____	p-5	00
p-6	Surviving spouse date of birth of deceased spouse: _____	p-6	00
q	Age 65 and older deduction (see instructions)		
q-1	Taxpayer date of birth: <u>06-26-1949</u>	q-1	24,347 00
q-2	Spouse date of birth: _____	q-2	00
r	Negative amount of federal taxable income	r	00
s	Subsistence allowance _____ days @ \$8.00	s	00
t	Dependents under the age of 6 years on December 31 of the tax year	t	00
u	Consumer Protection Services	u	00
v	Other subtractions (see instructions)	v	00
w	South Carolina Dependent Exemption (see instructions)	w	0 00
4	Add lines f through w and enter the total here. These are your total subtractions .	4	< 36,371 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5	254,783 00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	17,330 00
7	TAX on Lump Sum Distribution (attach SC4972)	7	00
8	TAX on Active Trade or Business Income (attach I-335)	8	00
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10	17,330 00

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REV 11/25/18 PRO



NON-REFUNDABLE CREDITS		2018
11 Child and Dependent Care (see instructions)	11	00
12 Two Wage Earner Credit (see instructions)	12	00
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13	00
14 Add lines 11 through 13 and enter the total here. These are your total nonrefundable credits	14	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	15	17,330

PAYMENTS AND REFUNDABLE CREDITS	
16 SC income tax withheld (attach W-2 or SC41)	16 24,169 00
17 2018 estimated tax payments	17 00
18 Amount paid with extension	18 00
19 Nonresident sale of real estate	19 00
20 Other SC withholding (attach form 1099)	20 00
21 Tuition tax credit (attach I-319)	21 00
22 Other refundable credit(s)	
22a Anhydrous Ammonia (attach I-333)	22a 00
22b Milk Credit (attach I-334)	22b 00
22c Classroom Teacher Expenses (attach I-360)	22c 00
22d Parental Refundable Credit (attach I-361)	22d 00
22e Motor Fuel Income Tax Credit (attach I-385)	22e 00
Add lines 22a through 22e and enter the total here. These are your total refundable credits	22 00
23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS	23 24,169 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24 6,839 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due	25 00
26 USE TAX due on online, mail-order, or out-of-state purchases	26 0 00

Use Tax is based on your county's Sales Tax rate. See instructions for more information.
If you certify that no Use Tax is due, check here

27 Amount of line 24 to be credited to your 2019 Estimated Tax	27 00
28 Total Contributions for Check-offs (attach I-330)	28 00
29 Add lines 26 through 28 and enter the total here	29 0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 30a check box entry is required) REFUND	30 6,839 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: Direct Deposit (30b required) Debit Card* Paper Check
*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America.

30b Direct Deposit (for US accounts only) Type: Checking Savings

Routing Number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Bank Account Number (BAN) 1-17 digits

31 Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the total. This is your tax due	31 00
32 Late filing and/or late payment; Penalties Interest Enter total here	32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210) Enter exception code from instructions here if applicable	33 00
34 Add lines 31 through 33 and enter the amount you owe here BALANCE DUE	34 00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Preparer's printed name Karen A. Currin, CPA
Paid Preparer's Signature	Date 04-16-2019	Check if self-employed <input type="checkbox"/> PTIN P01003218
Use Only	Firm name (or yours if self-employed), address, Zip code Phillips, Currin & Company, CPA's, LLC 300 W. Home Avenue Hartsville SC 29530-4128	FEIN 20-4022503 Phone No. (843) 332-3585

MAIL TO: REFUNDS OR ZERO TAX: SC 1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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REV 11/2016 PRO

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

Your first name and middle initial Glenn C	Last name Odom	Your social security number [REDACTED] 6591
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
PO Box 576 Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
McBee SC 29101

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

If more than four dependents, see instructions and ✓ here.

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	285,225.
2a	Tax-exempt interest	2a	2b	353.
3a	Qualified dividends	3a 172.	3b	22,021.
4a	IRA distributions	4a	4b	
5a	Pensions and annuities	5a	4d	753.
5b	Social security benefits	5b 25,846.	5b	21,969.
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6	-2,000.
7a	Other income from Schedule 1, line 9		7a	80,258.
7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 5, and 7a. This is your total income ▶		7b	408,579.
8a	Adjustments to income from Schedule 1, line 22		8a	60,144.
8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	348,435.
9	Standard deduction or itemized deductions (from Schedule A)	9 49,607.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 3,284.		
11a	Add lines 9 and 10		11a	52,891.
11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	295,544.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

PETITIONER 2432



12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 3 <input type="checkbox"/>	12a	78,600.	
b Add Schedule 2, line 3, and line 12a and enter the total	12b		78,600.
13a Child tax credit or credit for other dependents	13a		
b Add Schedule 3, line 7, and line 13a and enter the total	13b		
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	78,600.	
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15	4,547.	
16 Add lines 14 and 15. This is your total tax	16	83,147.	
17 Federal income tax withheld from Forms W-2 and 1099	17	113,302.	

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

18 Other payments and refundable credits:			
a Earned income credit (EIC)	18a		
b Additional child tax credit. Attach Schedule 8812	18b		
c American opportunity credit from Form 8863, line 8	18c		
d Schedule 3, line 14	18d	3,720.	
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e	3,720.	
19 Add lines 17 and 18e. These are your total payments	19	117,022.	

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**

20 33,875.

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here

21a 33,875.

Direct deposit? See instructions.

b Routing number [REDACTED] **c** Type: Checking Savings

d Account number [REDACTED]

22 Amount of line 20 you want **applied to your 2020 estimated tax**

22

Amount You Owe

23 Amount you owe. Subtract line 18 from line 16. For details on how to pay, see instructions

23

24 Estimated tax penalty (see instructions)

24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		Water Company Manager	<input type="text"/>
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"/>

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Karen A. Currin, CPA	[Signature]	7/14/20	P01003218	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.	<input type="checkbox"/> Self-employed		
Phillips, Currin & Company, CPA's, LLC	(843) 332-3585			
Firm's address	Firm's EIN			
300 W. Home Avenue Hartsville SC 29550	20-4022503			

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on Form 1040 or 1040-SR
Glenn C Odom

Your social security number
[REDACTED] 6591

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income		
1 Taxable refunds, credits, or offsets of state and local income taxes		0.
2a Alimony received		
b Date of original divorce or separation agreement (see instructions) ▶		
3 Business income or (loss). Attach Schedule C		10,757.
4 Other gains or (losses). Attach Form 4797		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		69,501.
6 Farm income or (loss). Attach Schedule F		
7 Unemployment compensation		
8 Other income. List type and amount ▶		
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		80,258.

Part II Adjustments to Income		
10 Educator expenses		
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		
12 Health savings account deduction. Attach Form 8889		
13 Moving expenses for members of the Armed Forces. Attach Form 3903		
14 Deductible part of self-employment tax. Attach Schedule SE		144.
15 Self-employed SEP, SIMPLE, and qualified plans		
16 Self-employed health insurance deduction		
17 Penalty on early withdrawal of savings		
18a Alimony paid		60,000.
b Recipient's SSN ▶ [REDACTED] 0628		
c Date of original divorce or separation agreement (see instructions) ▶ 06/12/2006		
19 IRA deduction		
20 Student loan interest deduction		
21 Tuition and fees. Attach Form 8917		
22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a		60,144.

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

REV 05/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

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

Glenn C Odom

Your social security number

6591

Part I Tax		
1	Alternative minimum tax. Attach Form 6251	1
2	Excess advance premium tax credit repayment. Attach Form 8962	2
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3
Part II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4 288.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6
7a	Household employment taxes. Attach Schedule H	7a
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8 4,259.
9	Section 965 net tax liability installment from Form 965-A	9
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10 4,547.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 05/19/20 PRO Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on Form 1040 or 1040-SR
Glenn C Odom

Your social security number
6591

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	3,720.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	3,720.

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

REV 05/19/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

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

Glenr. C Odom

6591

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	6,143.		
	2 Enter amount from Form 1040 or 1040-SR, line 8b 2 348,435.	2			
	3 Multiply line 2 by 7.5% (0.075)	3	26,133.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.	
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 <input type="checkbox"/>	5a	21,735.		
	b State and local real estate taxes (see instructions)	5b	3,605.		
	c State and local personal property taxes	5c	0.		
	d Add lines 5a through 5c	5d	25,340.		
	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 <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	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	3,507.		
	b Home mortgage interest not reported to you on Form 1088. 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 Mortgage insurance premiums (see instructions)	8d			
	e Add lines 8a through 8d	8e	3,507.		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
10 Add lines 8e and 9	10			3,507.	
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	36,100.		
	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			36,100.
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 9	17			49,607.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. BAA REV 05/19/19 Schedule A (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
Glenn C Odom

Your social security number
[REDACTED] 6591

Part I			Amount
Interest (See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.) 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.	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 ▶ Mutual Mutual	18. 335.
	2	Add the amounts on line 1	353.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	353.

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

Part II			Amount
Ordinary Dividends (See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.) 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.	5	List name of payer ▶ Issuer Direct Arbor One	172. 21,849.
	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	22,021.

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

Part III		Yes	No
Foreign Accounts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.			
7a	At any time during 2019, 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		X
	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		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
B	During 2019, 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		X

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 05/19/20 PRO Schedule B (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

CMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor Glenn C Odom		Social security number (SSN) -6591
A Principal business or profession, including product or service (see instructions) Director's fees	B Enter code from instructions ▶ 5 4 1 9 9 0	
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.) ▶ PO Box 576 City, town or post office, state, and ZIP code McBee, SC 29101		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/>	16,880.
2 Returns and allowances		
3 Subtract line 2 from line 1		16,880.
4 Cost of goods sold (from line 42)		
5 Gross profit. Subtract line 4 from line 3		16,880.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7 Gross income. Add lines 5 and 6		16,880.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	16,880.	27a Other expenses (from line 4B)	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 Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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	16,880.			
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 or 1040-SR), line 3 (or Form 1040-NR, 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 All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 05/19/20 PRO

Schedule C (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor Glenn C Odum		Social security number (SSN) 6591
A Principal business or profession, including product or service (see instructions) Marina, bait shop and camper rentals	B Enter code from instructions ▶ 7 2 1 2 1 0	
C Business name. If no separate business name, leave blank. Jack's Creek Marina	D Employer ID number (EIN) (see instr.) 8 2 3 3 1 0 1 3 6	
E Business address (including suite or room no.) ▶ 2226 Jacks Creek Road City, town or post office, state, and ZIP code Summerton, SC 29148		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2019, check here <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	0.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	0.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	0.
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	0.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		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	2,520.
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	2,250.
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	277.
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	0,115.	25 Utilities	25	961.
18 Office expense (see instructions)	18		26 Wages (less employment credits)	26	
19 Pension and profit-sharing plans	19		27a Other expenses (from line 4B)	27a	
20 Rent or lease (see instructions):			b Reserved for future use	27b	
a Vehicles, machinery, and equipment	20a	2,520.	28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	6,123.
b Other business property	20b		29 Tentative profit or (loss). Subtract line 28 from line 7	29	-6,123.
21 Repairs and maintenance	21	2,250.	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	
22 Supplies (not included in Part III)	22		31 Net profit or (loss). Subtract line 30 from line 29.	31	-6,123.
23 Taxes and licenses	23	277.	• If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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 .		
24 Travel and meals:			• If a loss, you must go to line 32.		
a Travel	24a		32 If you have a loss, check the box that describes your investment in this activity (see instructions).		
b Deductible meals (see instructions)	24b		• If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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 .		
25 Utilities	25	961.	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.		
26 Wages (less employment credits)	26				
27a Other expenses (from line 4B)	27a		32a <input checked="" type="checkbox"/> All investment is at risk.		
b Reserved for future use	27b		32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 05/19/20 PRO

Schedule C (Form 1040 or 1040-SR) 2019

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **12**

Name(s) shown on return
Stefin C Odom

Your social security number
[REDACTED] 6591

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 B 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 the back				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 (8,900.)
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -2,900.

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

BAA REV 07/19/20 PRO

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-2,000.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
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.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(2,000.)
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

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

Attachment
Sequence No. **13**

Name(s) shown on return

Glenn C Odom

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 49 Oak Street (GM) Chesterfield SC 29709
B 22 North 3rd Street Mc Bee SC 29101
C 133 W. Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	0	<input type="checkbox"/>
B	1		B	365	<input type="checkbox"/>
C	1		C	0	<input type="checkbox"/>

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		2,450.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		3,158.	
17 Utilities	17		484.	
18 Depreciation expense or depletion	18	3,527.	692.	1.
19 Other (list) ▶ See line 19 Other Expenses	19	0.		0.
20 Total expenses. Add lines 5 through 19	20	3,527.	4,334.	1.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,527.	-1,884.	-1.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-3,527.)	(-1,884.)	(-1.)
23a Total of all amounts reported on line 3 for all rental properties	23a		240,691.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c		90,606.	
d Total of all amounts reported on line 18 for all properties	23d		36,132.	
e Total of all amounts reported on line 20 for all properties	23e		171,190.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			90,364.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(-20,863.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			69,501.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 05/19/20 PRO

Schedule E (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

Clenn, C Odum

6591

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	358 Oak Street Mc Bee SC 29101
B	166 West Elm Mc Bee SC 29101
C	McBee SC Mc Bee SC 29101

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	5		365	0	<input type="checkbox"/>

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	4,800.	2,700.	131,269.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	416.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			65,610.
13 Other interest	13			
14 Repairs	14	140.	250.	
15 Supplies	15			
16 Taxes	16			894.
17 Utilities	17	2,057.	463.	
18 Depreciation expense or depletion	18	2,922.	4,360.	
19 Other (list ▶ See line 19 Other Expenses)	19	2,170.	0.	
20 Total expenses. Add lines 5 through 19	20	6,705.	5,073.	66,504.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-1,905.	-2,373.	64,765.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-1,905.)	(-2,373.)	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return
Gleam C Odom

Your social security number
[REDACTED] 6591

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 14 West Juniper Mc Bee SC 29101
B 129 Cypress Mc Bee SC 29101
C 206 E. Pine Street Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B	2		B 0	0	<input type="checkbox"/>
C	4		C 365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	4,412.		54,900.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	728.		
10 Legal and other professional fees	10			3,400.
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			12,498.
13 Other interest	13			
14 Repairs	14		4,493.	
15 Supplies	15			
16 Taxes	16			12,316.
17 Utilities	17	224.	1,547.	253.
18 Depreciation expense or depletion	18	1,792.	98.	8,103.
19 Other (list) ▶ See Line 19 Other Expenses	19			360.
20 Total expenses. Add lines 5 through 19	20	2,734.	6,138.	34,930.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,678.	-6,138.	19,970.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-6,138.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 05/19/20 PRD

Schedule E (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Your social security number
[REDACTED] 6591

Name(s) shown on return
Glenn C Odem

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A Pine Street Mc Bee SC 29101
B 17 W. Oak Street Mc Bee SC 29101
C 340 East Juniper Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	1		0	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	33,285.	3,400.	3,835.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	12,498.		
13 Other interest	13			
14 Repairs	14	4,702.		2,899.
15 Supplies	15			
16 Taxes	16		3,089.	
17 Utilities	17	8,803.		18.
18 Depreciation expense or depletion	18	13,089.	360.	387.
19 Other (list) ▶ See line 19 Other Expenses	19	993.		34.
20 Total expenses. Add lines 5 through 19	20	33,485.	1,449.	3,936.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-2,200.	3,551.	-1.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,200.)		(-1.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

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

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

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Glenn C Odom

Your social security number

6592

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 14 Oak Street Mc Bee SC 29101
B 341 W. Oak Ave Mc Bee SC 29101
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A		For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	0	0	<input type="checkbox"/>
B			0	0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14		300.	
15 Supplies	15			
16 Taxes	16			
17 Utilities	17		1,661.	
18 Depreciation expense or depletion	18	663.		
19 Other (list) ▶ See line 19 Other Expenses	19		300.	
20 Total expenses. Add lines 5 through 19	20	663.	2,161.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-663.	-2,161.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-663.)	(-2,161.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Glenn C Odom

Your social security number

6591

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations – Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Odom & Associates, Inc.	S	<input type="checkbox"/>	57-1063214	<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"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				0.
B				
C				
D				
29a Totals				0.
b Totals				
30 Add columns (h) and (k) of line 29a.				30 0.
31 Add columns (g), (i), and (j) of line 29b.				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 0.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 29, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 13	41	69,501.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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

Glenn C Orton

Social security number of person with self-employment income ▶

6391

Section B—Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for 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 4351, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions)

1a

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

1b ()

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note:** Skip this line if you use the nonfarm optional method (see instructions)

2 10,510

3 Combine lines 1a, 1b, and 2

3 30,750

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. **Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

4a 9,934

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 9,934

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income

5a

5b 0

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b 0

6 Add lines 4c and 5b

6 9,934

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 2019

7 132,900

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 \$132,900 or more, skip lines 8b through 10, and go to line 11

8a 132,900

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)

11 288

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55

12 486

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27

13 244

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

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,691.

14 Maximum income for optional methods

14 5,440

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,440. Also include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

17

¹ From Sch. F, line 8, and Sch. K-1 (Form 1065), box 14, code B

² From Sch. C, line 31 and Sch. K-1 (Form 1065), box 14, code A

³ 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.

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

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
[REDACTED] 6591

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	Timber	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]-6591	<input type="checkbox"/>
B	Pine Needles	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]-6591	<input type="checkbox"/>
C	Rental House (old ARW building)	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]-6591	<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	0.	45,424.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	9,085.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	0.	0.	25,115.
8 Multiply line 7 by 2.5% (0.025)	0.	0.	628.
9 Add lines 6 and 8	0.	0.	628.
10 Enter the greater of line 5 or line 9	0.	0.	628.
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	0.
16 Total qualified business income component. Add all amounts reported on line 15 ▶	3,284.	[REDACTED]	[REDACTED]

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

REV 05/19/20 PRO

Form **8995-A** (2019)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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			
18	Enter the amounts from line 10			
19	Subtract line 18 from line 17			
20	Taxable income before qualified business income deduction			
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly)			
22	Subtract line 21 from line 20			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)			
24	Phase-in percentage. Divide line 22 by line 23			
25	Total phase-in reduction. Multiply line 19 by line 24			
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			

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	3,284.	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	(0.)	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		3,284.
33	Taxable income before qualified business income deduction	33	298,628.	
34	Net capital gain. See instructions	34	172.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		298,656.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		59,731.
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		3,284.
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		3,284.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0.)	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
[REDACTED] 6591

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	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]-6591	<input type="checkbox"/>
B	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]-6591	<input type="checkbox"/>
C	Jack's Creek Marina	<input type="checkbox"/>	<input type="checkbox"/>	82-3510136	<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	0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	71,200.	26,309.	0.
8 Multiply line 7 by 2.5% (0.025)	1,780.	658.	0.
9 Add lines 6 and 8	1,780.	658.	0.
10 Enter the greater of line 5 or line 9	1,780.	658.	0.
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	0.
16 Total qualified business income component. Add all amounts reported on line 15 ▶			[REDACTED]

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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 \$160,700 (\$160,725 if married filing separately; \$321,400 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

► Attach to your tax return.
► Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

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	Rental house	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	20,000.	64.	90,170.
8 Multiply line 7 by 2.5% (0.025)	500.	2.	2,254.
9 Add lines 6 and 8	500.	2.	2,254.
10 Enter the greater of line 5 or line 9	500.	2.	2,254.
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	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.

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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 \$160,700 (\$160,725 if married filing separately; \$321,400 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
6591

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	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Rental house	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Huddle House Building	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	1,177.	14,006.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$180,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	235.	2,801.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	5,000.	42,924.	316,576.
8 Multiply line 7 by 2.5% (0.025)	125.	1,073.	7,914.
9 Add lines 6 and 8	125.	1,073.	7,914.
10 Enter the greater of line 5 or line 9	125.	1,073.	7,914.
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	0.	235.	2,801.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	235.	2,801.
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.	235.	2,801.
16 Total qualified business income component. Add all amounts reported on line 15 ▶			

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

REV 05/19/20 PRO

Form **8995-A** (2019)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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 \$160,700 (\$160,725 if married filing separately; \$321,400 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

► Attach to your tax return.
► Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return
Glenn C Odum

Your taxpayer identification number
[REDACTED] 6591

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	Rental house	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED] 6591	<input type="checkbox"/>
B	Apartments/commercial building	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED] 6591	<input type="checkbox"/>
C	14 Oak Street	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED] 6591	<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	2 2,771.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 554.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0.	0.	0.
5 Multiply line 4 by 50% (0.50)	5 0.	0.	0.
6 Multiply line 4 by 25% (0.25)	6 0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 3,913.	466,314.	15,220.
8 Multiply line 7 by 2.5% (0.025)	8 248.	11,658.	456.
9 Add lines 6 and 8	9 248.	11,658.	456.
10 Enter the greater of line 5 or line 9	10 248.	11,658.	456.
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	11 248.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 248.	0.	0.
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 248.	0.	0.
16 Total qualified business income component. Add all amounts reported on line 15	16	[REDACTED]	[REDACTED]

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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 \$160,700 (\$160,725 if married filing separately; \$321,400 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
-6591

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	Glenn C Odom	<input type="checkbox"/>	<input type="checkbox"/>	-6591	<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	2 0.		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 0.		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0.		
5 Multiply line 4 by 50% (0.50)	5 0.		
6 Multiply line 4 by 25% (0.25)	6 0.		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 0.		
8 Multiply line 7 by 2.5% (0.025)	8 0.		
9 Add lines 6 and 8	9 0.		
10 Enter the greater of line 5 or line 9	10 0.		
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	11 0.		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 0.		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 0.		
16 Total qualified business income component. Add all amounts reported on line 15 ▶	16		

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

REV 05/19/20 PRO

Form **8995-A** (2019)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 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 \$160,700 (\$160,725 if married filing separately; \$321,400 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

**SCHEDULE C
(Form 8995-A)**

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019
Attachment
Sequence No. **55D**

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
[REDACTED] 6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Timber	0.		0.
	Pine Needles	64,765.	-19,341.	45,424.
	Rental House (old ARW building)	-1,884.		0.
2	Qualified business net (loss) carryforward from prior years. See instructions			2 (0.)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 (26,986.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4 90,364.
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions			5 (26,986.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 (0.)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. REV 05/19/20 PRO Schedule C (Form 8995-A) 2019

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

2

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019
Attachment
Sequence No. **55D**

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Residential Rental	-1,905.		0.
	Residential Rental	-2,373.		0.
	Jack's Creek Marina	-6,123.		0.
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 ()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions			5 ()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 ()

**SCHEDULE C
(Form 8995-A)**

3

Loss Netting and Carryforward

GMB No. 1545-0123

2019

Attachment
Sequence No. **55D**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8995-A.

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

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
[REDACTED] 6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Rental house	-1.		0.
	Mobile Home	-1.		0.
	Residential Rental	-3,527.		0.
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 ()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions			5 ()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 ()

**SCHEDULE C
(Form 8995-A)**

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019
Attachment
Sequence No. **55D**

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Mobile Home	-6,138.		0.
	Rental house	1,678.	-501.	1,177.
	Huddle House Building	19,970.	-5,964.	14,006.
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 ()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions			5 ()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 ()

**SCHEDULE C
(Form 8995-A)**

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019
Attachment
Sequence No. **55D**

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
[REDACTED] 6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-)
	Rental House	3,951.	-1,180.	2,771.
	Apartments/commercial building	-2,210.		0.
	14 Oak Street	-663.		0.

2	Qualified business net (loss) carryforward from prior years. See instructions	2	()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions	5	()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	()

**SCHEDULE C
(Form 8995-A)**

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment
Sequence No. **55D**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
Trade, business, or aggregation name Glenn C Odom	-2,161.		0.

2	Qualified business net (loss) carryforward from prior years. See instructions	2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3 ()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions	5 ()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6 ()

Form **8959**

Additional Medicare Tax

OMB No. 1545-0074

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, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

2019
Attachment
Sequence No. **71**

Name(s) shown on return
Glenn C. Odom

Your social security number
[REDACTED] 6591

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	307,500.
2	Unreported tips from Form 4137, line 6	2	
3	Wages from Form 8919, line 6	3	
4	Add lines 1 through 3	4	307,500.
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 widow(er) \$200,000	5	200,000.
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	107,500.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7	968.
Part II Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	9,934.
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 widow(er) \$200,000	9	200,000.
10	Enter the amount from line 4	10	307,500.
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	9,934.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13	89.
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 widow(er) \$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 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V	18	1,057.
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	4,886.
20	Enter the amount from line 1	20	307,500.
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,459.
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22	427.
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 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions)	24	427.

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

BAA

REV 05/19/20 PRO

Form **8959** (2019)

**Net Investment Income Tax—
 Individuals, Estates, and Trusts**

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2019
 Attachment
 Sequence No. **72**

Name(s) shown on your tax return
 Glenn C Odom

Your social security number or EIN
 6592

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	353.
2	Ordinary dividends (see instructions)		2	22,021.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 69,501.	4c	69,501.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a -2,000.	5d	-2,000.
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			
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	39,875.

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 5,605.	9d	5,605.
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	5,605.

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	84,270.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 348,435.	16	84,270.
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 148,435.		
16	Enter the smaller of line 12 or line 15			
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	3,202.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	18c	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)	19a	20	
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			
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	

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

BAA

REV 05/19/20 PRD

Form **8960** (2019)

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2019
Attachment
Sequence No. **88**

Name(s) shown on return
Glenn C Odom

Identifying number
6591

Part I 2019 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	25,599.	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	(18,038.)	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	()	
1d	Combine lines 1a, 1b, and 1c		7,561.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	()	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	()	
2c	Add lines 2a and 2b		()

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	0.	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	(2,825.)	
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	()	
3d	Combine lines 3a, 3b, and 3c		-2,825.

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.		4,736.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		5
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions		9
10	Enter the smaller of line 5 or line 9		10
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		11
12	Enter the loss from line 4		12
13	Reduce line 12 by the amount on line 10		13
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		14

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		15
16	Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		16

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 09/19/20 PRO.

Form **8582** (2019)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
49 Oak Street (GM)	0.	3,527.			3,527.
22 North 3rd Street	0.	1,884.			1,884.
356 Oak Street	0.	1,905.			3,905.
166 West Elm	0.	2,373.			2,373.
See Passive Wkst 1	25,599.	8,349.			
Total. Enter on Form 8582, lines 1a, 1b, and 1c	25,599.	18,038.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
133 W. Cypress	0.	1.			1.
14 Oak Street	0.	663.			663.
341 W. Oak Ave	0.	2,161.			2,161.
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0.	2,825.			

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0072

2019

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return
Sierra C Odum

Business or activity to which this form relates
Sch B 188 West Elm

Identifying number
6892

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	3,500.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	AC UNIT	3,500.	3,500.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,500.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,500.
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions.	11	395,982.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	3,500.
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	860.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			29 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0,300.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 03/19/20 PRO

Form **4562** (2019)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which the form relates

Identifying number

Glenn C. Olson

Sch. B 129 Cypress

6397

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	06/19	9,000.	27.5 yrs	MM	S/L	96.
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	50.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 05/19/20 PRO

Form **4562** (2019)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0072

2019

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service (109)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
Glenn C Olson

Business or activity to which this form relates
Sch E, 340 East Juniper

Identifying number
6531

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	5,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,350,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	416.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment tax only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	06/19	8,500.	27.5 yrs.	MM	S/L	167.
i Nonresidential real property			27.5 yrs.	MM	S/L	
			38 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	589.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 08/19/20 PRO

Form **4562** (2019)

Name(s) Shown on Return Glenn D Odom	Social Security Number [REDACTED] 6591
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Part I State and Local Income Tax Refunds from 2018 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2018	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	SC	6,889.			24,169.		
	Totals	6,889.			24,169.		

- 2 Total state and local refunds. Total line 1 column (b). 6,889.
- 3 Refund allocated to tax paid after 12/31/2018. Total line 1 columns (f) and (g).
(Include net tax paid after 12/31/2018 on Schedule A, line 5a.) 0.
- 4 Net refund. Line 2 less line 3. 6,889.

Part II Recovery Amount

The recovery amount is the state and local income tax deducted in 2018 refunded in 2019.

- 5 Total state and local income tax deduction from line 5a of your 2018 Schedule A 24,171.
- 6 Recovery amount. Lesser of line 4 or line 5. 6,889.

Part III Recovery Exclusion

The recovery exclusion is the part of the recovery amount which did not reduce tax in 2018.


- 7 Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:
 - a Allowable itemized deductions, from 2018 Schedule A, line 17 39,635.
 - b Allowable itemized deductions, refigured by excluding recovery amount:
 - (1) Refigured state and local tax deduction (Schedule A, line 5a)
 - (a) Refigured state income tax deduction 17,282.
 - (b) Sales tax deduction 2,257.
 - (c) Refigured deduction. Larger of (a) or (b) 17,282.
 - (2) Refigured total itemized deductions 39,635.
 - (3) Refigured allowable itemized deductions from line 7b(2) 39,635.
 - c 2018 standard deduction based on 2018 filing status and deductions. 13,600.
 - d Larger of lines 7b(3) or 7c. 39,635.
 - e Subtract line 7d from line 7a 0.
 - f Subtract line 7e from line 6 6,889.
- 8 Recovery exclusion from negative taxable income. If 2018 taxable income was negative, enter here as a positive number, else enter zero. 0.
- 9 Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2018 enter zero. If did pay AMT in 2018, enter amt from line 24 0.
- 10 Recovery exclusion from unused tax credits. If no unused credits in 2018, enter zero. If there were unused credits in 2018, enter amount from line 35 0.
- 11 Total recovery exclusion. Add lines 7f, 8, 9, and 10. 6,889.

Part IV Taxable Refund

The recovery amount less the recovery exclusion is a taxable refund.

- 12 Taxable refund from 2018. Line 6 less line 11. 0.
- 13 Total taxable refunds from 2017 or prior tax returns. Total line 36 column (d). 0.
- 14 Total taxable refunds. Add lines 12 and 13. Enter here and on Schedule 1, line 1 0.

INDIVIDUAL ELECTIONS SUMMARY

QuickZoom here to access elections 

Description of Elections

Note: Adjustments may need to be made to the tax return to reflect the election taken

1	IRC Section 59(e): Election to amortize certain preference items	1	_____
2	IRC Section 83(b): Election to include in gross income in year of transfer	2	_____
3	IRC Section 165(i): Election to carry back casualty loss sustained in a federally warranted disaster area	3	_____
4	IRC Section 168(b)(2)(C): Election to use the 150% declining balance depreciation method	4	_____
5	IRC Section 168(b)(3)(D): Election to use the straight line depreciation method	5	_____
6	IRC Section 168(g)(7): Election to use the alternative depreciation system (ADS)	6	_____
7	IRC Section 168(k)(5): Elections to take special depreciation allowance on specified plant(s)	7	_____
8	IRC Section 168(k)(7): Election for Special Depreciation Allowance	8	_____
9	IRC Section 172(b)(3): Election to forego any carryback period for net operating loss	9	_____
10	IRC Section 179(e): Election to treat qualified real property as Section 179 property	10	_____
11	IRC Section 195(b)(1): Election to amortize start-up expenditures	11	_____
12	IRC Section 307(b)(2): Election to apportion basis to stock rights	12	_____
13	IRC Section 451(f): Election to defer crop insurance proceeds for Schedule F	13	_____
14	IRC Section 451(f): Election to defer crop insurance proceeds for Form 4835	14	_____
15	IRC Section 451(g): Election to defer livestock sale proceeds	15	_____
16	IRC Section 469(c)(7)(A): Election to treat all interests in real estate as a single rental real estate activity	16	_____
17	IRC Section 1033(a)(2)(A): Election to defer gain on involuntary conversion	17	_____
18	IRC Regulation 1.266-1: Election to capitalize carrying charges	18	_____
19	IRC Regulation 1.1012-1(e)(1)(i): Election to value certain regulated investment company stock	19	_____
20	Regulation 1.263(a)-1(f): De Minimis Safe Harbor Election	20	_____
21	Regulation 1.263(a)-3(h): Safe Harbor Election for Small Taxpayers	21	<input checked="" type="checkbox"/>
22	Regulation 1.263(a)-3(n): Election to Capitalize Repair and Maintenance costs	22	_____

Additional information from your 2019 Federal Tax Return

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	0.
Total	0.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
pest control	0.
deminimus	0.
Total	0.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	170.
deminimus	2,000.
Total	2,170.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
deminimus	0.
Total	0.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 3)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
Bank charges	0.
Miscellaneous	0.
pest control	360.
Total	360.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Bank charges	0.
Miscellaneous	625.
contract labor	0.
pest control	368.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Total	993.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
Miscellaneous	34.
Total	34.

Schedule E: Supplemental Income and Loss (Copy 1) -- Page 1 (Copy 5)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
Pest control	100.
Miscellaneous	100.
Total	200.

Form 8582: Passive Activity Loss Limitations (Copy 1)

Passive Worksheet 1

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
14 West Juniper	1,678.	0.		1,678.	
129 Cypress	0.	6,138.			6,138.
206 E. Pine Street	19,970.	0.		19,970.	
Pine Street	0.	2,210.			2,210.
17 W. Oak Street	3,951.	0.		3,951.	
340 East Juniper	0.	1.			1.
Total	25,599.	8,349.			

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

Your first name and middle initial: Glenn C Last name: Odom Your social security number: ██████████-6591
 If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. PO Box 576
 City, town, or post office. If you have a foreign address, also complete spaces below. State: SC ZIP code: 29101
 Foreign country name: Foreign province/state/county: Foreign postal code: Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien
Age/Blindness You: Were born before January 2, 1956 Are blind
 Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	208,325.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	644.
3a	Qualified dividends	3a	183.
3b	Ordinary dividends	3b	13,232.
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	753.
6a	Social security benefits	6a	25,846.
6b	Taxable amount	6b	21,969.
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0.
8	Other income from Schedule 1, line 9	8	70,408.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	315,331.
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	60,294.
b	Charitable contributions if you take the standard deduction. See instructions	10b	
c	Add lines 10a and 10b. These are your total adjustments to income	10c	60,294.
11	Subtract line 10c from line 9. This is your adjusted gross income	11	255,037.

PETITIONER 2482



Standard Deduction
See *Standard Deduction Chart* on the last page of this form.

12	Standard deduction or itemized deductions (from Schedule A)	12	39,498.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	3,133.
14	Add lines 12 and 13	14	42,631.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	212,406.
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	49,100.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	49,100.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	49,100.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	2,675.
24	Add lines 22 and 23. This is your total tax ▶	24	51,775.
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	94,625.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	1.
	d Add lines 25a through 25c	25d	94,626.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	4,030.
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	4,030.
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	98,656.

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

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** 46,881.

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a** 46,881.

Direct deposit? **b** Routing number [redacted] **c** Type: Checking Savings
See instructions. **d** Account number [redacted]

36 Amount of line 34 you want **applied to your 2021 estimated tax** **36**

Amount You Owe 37 Subtract line 33 from line 24. This is the **amount you owe now** . . . **37**

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty (see instructions) **38**

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 **Karen A. Currin, CPA** Phone no. **(843) 332-3585** Personal identification number (PIN) **2 3 0 0 6**

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		Water Company Manager	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name Karen A. Currin, CPA	Preparer's signature <i>[Signature]</i>	Date 10/14/21	PTIN P01003218	Check if: <input type="checkbox"/> Self-employed
Firm's name Phillips, Currin & Company, CPA's, LLC	Phone no. (843) 332-3585		Firm's EIN 20-4022503	
Firm's address 300 W. Home Avenue Hartsville SC 29550				

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 ►

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	\$14,050
	2	15,700
Married filing jointly	1	\$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	\$26,100
	2	27,400
Head of household	1	\$20,300
	2	21,950
Married filing separately**	1	\$13,700
	2	15,000
	3	16,300
	4	17,600

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

BAA

REV 08/30/21 PRO

Form **1040-SR** (2020)

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

2020
Attachment
Sequence No. **01**

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

Your social security number
[REDACTED] 6591

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	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	21,920.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	48,488.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	70,408.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	294.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	60,000.
	b Recipient's SSN ▶ [REDACTED] 0628		
	c Date of original divorce or separation agreement (see instructions) ▶ 06/12/2005		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	60,294.

**SCHEDULE 2
(Form 1040)**

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2020
Attachment
Sequence No. **02**

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

Your social security number
[REDACTED] 6591

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	587.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	2,086.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	2,675.

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

BAA

REV 08/30/21 PRO

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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

2020
Attachment
Sequence No. **03**

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

Your social security number
[REDACTED] 6591

Part I Nonrefundable Credits

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

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	4,030.
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	4,030.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

2020
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Glenn C Odom

██████████-6591

Medical and Dental Expenses	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 <input type="checkbox"/>	5a	15,803.
	b State and local real estate taxes (see instructions)	5b	0.
	c State and local personal property taxes	5c	0.
	d Add lines 5a through 5c	5d	15,803.
	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 Caution: Your mortgage interest deduction may be limited (see instructions).	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	3,695.
	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 Mortgage insurance premiums (see instructions)	8d	
	e Add lines 8a through 8d	8e	3,695.
9 Investment interest. Attach Form 4952 if required. See instructions	9	13,693.	
10 Add lines 8e and 9	10	17,388.	
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	12,110.
	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	12,110.
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	39,498.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. BAA REV 08/21 PRO

Schedule A (Form 1040) 2020

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2020
Attachment
Sequence No. **08**

Name(s) shown on return
Glenn C Odom

Your social security number
6591

Part I

Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

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.

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

Amount	
108.	
0.	
536.	
644.	

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

Part II

Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

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.

- 5 List name of payer ▶ Issuer Direct
Arbor One
- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

Amount	
183.	
13,049.	
13,232.	

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. See instructions.

- 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 2020, 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
 - 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
 - b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
 - 8 During 2020, 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
	X
	X

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2020
Attachment
Sequence No. **09**

Name of proprietor Glenn C Odum		Social security number (SSN) 6591
A	Principal business or profession, including product or service (see instructions) Director's fees	B Enter code from instructions 541990
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.) PO Box 576 City, town or post office, state, and ZIP code McBee, SC 29101	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)	
G	Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2020, check here <input type="checkbox"/> Yes <input type="checkbox"/> No	
I	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	21,920.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	21,920.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	21,920.
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	21,920.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		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	
26	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	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			b	Reserved for future use	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.			28		28	
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.			29		29	21,920.
				30		30	
				31		31	21,920.

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

For Paperwork Reduction Act Notice, see the separate instructions.

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REV 08/20/21 PRO

Schedule C (Form 1040) 2020

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (96)

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

2020
Attachment
Sequence No. 12

Name(s) shown on return
Glenn C Odom

Your social security number
[REDACTED] 6591

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	81,700.	81,700.		0.
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 the back				7 0.

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 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

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

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REV 08/2021 PRO

Schedule D (Form 1040) 2020

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. <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> <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> <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> </p>	<p>16</p> <p>18</p> <p>19</p> <p>21 (</p>	<p>0.</p> <p></p> <p></p> <p>0.)</p>
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Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Glenn C Odom

Social security number or taxpayer identification number

6591

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (b) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	Timber	06/01/20	12/20/20	81,700.	81,700.			0.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				81,700.	81,700.			0.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return: Name and SSN or taxpayer identification no. not required if shown on other side
Glenn C Odom Social security number or taxpayer identification number [redacted] 6591

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Glenn C Odom

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 49 Oak Street (GM) Chesterfield SC 29709
B 22 North 3rd Street Mc Bee SC 29101
C 133 W. Cypress Mc Bee SC 29101

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	B	C
A	1		365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C	1		365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3		579.	1,200.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	3,728.	360.	1,388.
18 Depreciation expense or depletion	18	3,471.	692.	1.
19 Other (list) ▶ See Line 19 Other Expenses	19	0.		0.
20 Total expenses. Add lines 5 through 19	20	7,199.	1,052.	1,389.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,199.	-473.	-189.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,246.)	(-345.)	(-138.)
23a Total of all amounts reported on line 3 for all rental properties	23a		177,212.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c		83,873.	
d Total of all amounts reported on line 18 for all properties	23d		32,900.	
e Total of all amounts reported on line 20 for all properties	23e		137,338.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			71,626.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(23,138.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			48,488.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

48,488.

Schedule E (Form 1040) 2020

BAA REV 03/02/21 PRD

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return
Glenn C Odom

Your social security number
6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	358 Oak Street Mc Bee SC 29101
B	166 West Elm Mc Bee SC 29101
C	McBee SC Mc Bee SC 29101

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B	1		B 365	0	<input type="checkbox"/>
C	5		C 365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	2,150.	900.	107,365.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			58,877.
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	662.	510.	
18 Depreciation expense or depletion	18	2,787.	860.	
19 Other (list) ▶ See Line 19 Other Expenses	19	300.	0.	
20 Total expenses. Add lines 5 through 19	20	3,749.	1,370.	58,877.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-1,599.	-470.	48,488.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-1,165.)	(-342.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here, if Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

BAA REV 08/2021 PRO

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Glenn C Odom

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	B				
A	14 West Juniper Mc Bee SC 29101		365	0	<input type="checkbox"/>
B	129 Cypress Mc Bee SC 29101		365	0	<input type="checkbox"/>
C	206 E. Pine Street Mc Bee SC 29101		365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	0.		44,100.
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9	922.		
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			12,498.
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17	1,156.	1,859.	
18	Depreciation expense or depletion	18	1,447.	182.	8,104.
19	Other (list) ▶ See Line 19 Other Expenses	19			360.
20	Total expenses. Add lines 5 through 19	20	3,525.	2,041.	20,962.
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,525.	-2,041.	23,138.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,569.)	(-1,407.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

BAA REV 08/30/21 PRO

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

2020
Attachment
Sequence No. **13**

Name(s) shown on return

Glenn C Odom

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

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

1a Physical address of each property (street, city, state, ZIP code)

A Pine Street Mc Bee SC 29101

B 17 W. Oak Street Mc Bee SC 29101

C 340 East Juniper Mc Bee SC 29101

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental	Personal Use	QJV
				Days	Days	
A	2			365	0	<input type="checkbox"/>
B	1			365	0	<input type="checkbox"/>
C	1			365	0	<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

	Properties:	A	B	C
3 Rents received	3	18,418.	1,350.	1,150.
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	12,498.		
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		2,054.	
17 Utilities	17	4,673.	84.	295.
18 Depreciation expense or depletion	18	13,038.	361.	1,294.
19 Other (list ▶ See Line 19 Other Expenses)	19	0.		40.
20 Total expenses. Add lines 5 through 19	20	30,209.	2,499.	1,629.

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198

21		-11,791.	-1,149.	-479.
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22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

22	(-8,592.)	(-837.)	(-349.)
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23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			

24 **Income.** Add positive amounts shown on line 21. Do not include any losses

24				
----	--	--	--	--

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

25	(
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26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26		
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For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

BAA REV 08/02/21 PRO

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

2020
Attachment
Sequence No. **13**

Name(s) shown on return

Glenn C Odum

Your social security number

6591

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

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

1a Physical address of each property (street, city, state, ZIP code)

A 14 Oak Street Mc Bee SC 29101

B 341 W. Oak Ave Mc Bee SC 29101

C

1b	Type of Property (from list below)	2	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		
			Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B	1		365	0	<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

	Properties:	A	B	C
3 Rents received	3		0.	
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17		2,174.	
18 Depreciation expense or depletion	18	663.		
19 Other (list) ▶ See Line 19 Other Expenses	19		0.	
20 Total expenses. Add lines 5 through 19	20	663.	2,174.	

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

21	-663.	-2,174.	
22	(-483.)	(-1,595.)	
23a	Total of all amounts reported on line 3 for all rental properties		
23b	Total of all amounts reported on line 4 for all royalty properties		
23c	Total of all amounts reported on line 12 for all properties		
23d	Total of all amounts reported on line 18 for all properties		
23e	Total of all amounts reported on line 20 for all properties		

24 **Income.** Add positive amounts shown on line 21. Do not include any losses

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

BAA REV 08/30/21 PRO

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Glenn C Odom

Your social security number

6591

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Odom & Associates, Inc.	S	<input type="checkbox"/>	57-1063214	<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"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				0.
B				
C				
D				
29a Totals				0.
b Totals				
30	Add columns (h) and (k) of line 29a.			30 0.
31	Add columns (g), (i), and (j) of line 29b.			31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32 0.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a.		35
36	Add columns (c) and (e) of line 34b.		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36.		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	48,488.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

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

Glenn C Odom

Social security number of person
with self-employment income ▶

6591

Part I Self-Employment Tax

Note: If you 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 Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	21,920.
3 Combine lines 1a, 1b, and 2	3	21,920.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	20,243.
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	20,243.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0.
6 Add lines 4c and 5b	6	20,243.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	202,700.
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	587.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	587.
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 14	13	294.

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

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

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

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,107 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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.

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

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

BAA

REV 08/2021 PRO

Schedule SE (Form 1040) 2020

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	0.
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	
21	Combine lines 19 and 20	
If line 5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	
23	Multiply line 22 by 92.35% (0.9235)	0.
24	Add lines 21 and 23	0.
25	Enter the smaller of line 9 or line 24	0.
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	0.

BAA

REV 08/30/21 PRO

Schedule SE (Form 1040) 2020

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4952 for the latest information.
▶ Attach to your tax return.

2020
Attachment
Sequence No. **51**

Name(s) shown on return
Glenn C Odom

Identifying number
6591

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2020 (see instructions)	1	122,745.
2	Disallowed investment interest expense from 2019 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	122,745.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	13,876.		
b	Qualified dividends included on line 4a	4b	183.		
c	Subtract line 4b from line 4a			4c	13,693.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	13,693.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	13,693.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-	7	109,052.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	13,693.

For Paperwork Reduction Act Notice, see page 4.

BAA

REV 08/30/21 PRO

Form **4952** (2020)

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

2020

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

Attachment
Sequence No. **55A**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

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 \$163,300 (\$326,600 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	Timber	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Pine Needles	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Rental House (old ARW building)	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	32,824.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	6,565.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	0.	0.	25,115.
8 Multiply line 7 by 2.5% (0.025)	0.	0.	628.
9 Add lines 6 and 8	0.	0.	628.
10 Enter the greater of line 5 or line 9	0.	0.	628.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	0.
16 Total qualified business income component. Add all amounts reported on line 15 ▶	3,133.		

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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			
18	Enter the amounts from line 10			
19	Subtract line 18 from line 17			
20	Taxable income before qualified business income deduction			
21	Threshold. Enter \$163,300 (\$326,600 if married filing jointly)			
22	Subtract line 21 from line 20			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)			
24	Phase-in percentage. Divide line 22 by line 23			
25	Total phase-in reduction. Multiply line 19 by line 24			
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			

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	3,133.	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32	3,133.	
33	Taxable income before qualified business income deduction	33	215,539.	
34	Net capital gain. See instructions	34	183.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	215,356.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36	43,071.	
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	3,133.	
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	3,133.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0.)	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

2020
Attachment
Sequence No. **55A**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

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 \$163,300 (\$326,600 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	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Rental house	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	71,200.	26,309.	22,835.
8 Multiply line 7 by 2.5% (0.025)	1,780.	658.	571.
9 Add lines 6 and 8	1,780.	658.	571.
10 Enter the greater of line 5 or line 9	1,780.	658.	571.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	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.

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 ▶	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	{ }	

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

2020
Attachment
Sequence No. **55A**

Name(s) shown on return

Glenn C Odor

Your taxpayer identification number

6591

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 \$163,300 (\$326,600 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	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Residential Rental	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	64.	90,170.	5,000.
8 Multiply line 7 by 2.5% (0.025)	2.	2,254.	125.
9 Add lines 6 and 8	2.	2,254.	125.
10 Enter the greater of line 5 or line 9	2.	2,254.	125.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	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.

REV 08/30/21 PRO

Form **8995-A** (2020)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

2020
Attachment
Sequence No. **55A**

Name(s) shown on return
Glenn C Odum

Your taxpayer identification number
6591

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 \$163,300 (\$326,600 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	Rental house	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	Huddle House Building	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Rental House	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	15,664.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	3,133.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	41,924.	316,576.	9,913.
8 Multiply line 7 by 2.5% (0.025)	1,048.	7,914.	248.
9 Add lines 6 and 8	1,048.	7,914.	248.
10 Enter the greater of line 5 or line 9	1,048.	7,914.	248.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	0.	3,133.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	3,133.	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.	3,133.	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.

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

2020
Attachment
Sequence No. **55A**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

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 \$163,300 (\$326,600 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	Apartments/commercial building	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
B	14 Oak Street	<input type="checkbox"/>	<input type="checkbox"/>	6591	<input type="checkbox"/>
C	Glenn C Odom	<input type="checkbox"/>	<input type="checkbox"/>	6591	<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	0.	0.	0.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	0.	0.	0.
4 Allocable share of W-2 wages from the trade, business, or aggregation	0.	0.	0.
5 Multiply line 4 by 50% (0.50)	0.	0.	0.
6 Multiply line 4 by 25% (0.25)	0.	0.	0.
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	466,314.	18,220.	0.
8 Multiply line 7 by 2.5% (0.025)	11,658.	456.	0.
9 Add lines 6 and 8	11,658.	456.	0.
10 Enter the greater of line 5 or line 9	11,658.	456.	0.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	0.	0.	0.
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	0.	0.	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.	0.	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.

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

2020
Attachment
Sequence No. **55A**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

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 \$163,300 (\$326,600 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		<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	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$163,300 or less (\$326,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15 ▶	16		

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$163,300 but not \$213,300 (\$326,600 and \$426,600 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 \$163,300 (\$326,600 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	28		
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		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
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		
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		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2020
Attachment
Sequence No. **55D**

Name(s) shown on return
Glenn C Odom

Your taxpayer identification number
-6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Timber	0.	()	0.
	Pine Needles	48,488.	(15,664.)	32,824.
	Rental House (old ARW building)	-345.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2 ()	
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3 (23,138.)	
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4 71,626.	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5 (23,138.)	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6 (0.)	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 08/30/21 PRO Schedule C (Form 8995-A) 2020

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2020
Attachment
Sequence No. **55D**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Residential Rental	-1,165.	()	0.
	Residential Rental	-342.	()	0.
	Rental house	-349.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2 ()	
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3 ()	
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5 ()	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6 ()	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 08/30/21 PRO Schedule C (Form 8995-A) 2020

SCHEDULE C
(Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

2020
Attachment
Sequence No. **55D**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Mobile Home	-138.	()	0.
	Residential Rental	-5,246.	()	0.
	Mobile Home	-1,487.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2 ()	
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3 ()	
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5 ()	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6 ()	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 06/30/21 PRO Schedule C (Form 8995-A) 2020

SCHEDULE C
(Form 8995-A)

4

Loss Netting and Carryforward

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8995-A.

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

2020
Attachment
Sequence No. **55D**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/loss	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Rental house	-2,569.	()	0.
	Huddle House Building	23,138.	(7,474.)	15,664.
	Rental House	-837.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2	()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3	()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5	()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	()

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 08/30/21 PRO Schedule C (Form 8995-A) 2020

SCHEDULE C
(Form 8995-A)

5

Loss Netting and Carryforward

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8995-A.

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

2020
Attachment
Sequence No. **55D**

Name(s) shown on return

Glenn C Odom

Your taxpayer identification number

6591

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Apartment/commercial building	-8,592.	()	0.
	14 Oak Street	-483.	()	0.
	Glenn C Odom	-1,585.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions		2 ()	
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3 ()	
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5 ()	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6 ()	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 08/30/21 PRO Schedule C (Form 8995-A) 2020

Form **8959**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Glenn C Odom

Additional Medicare Tax

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

DMB No. 1545-0074

2020
Attachment
Sequence No. **71**

Your social security number

6591

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	222,500.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	222,500.	
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 widow(er)		\$200,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	5	200,000.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	6		22,500.
		7		203.

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- (Form 1040-PR or 1040-SS filers, see instructions.)	8	20,243.	
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 widow(er)		\$200,000	
10	Enter the amount from line 4	9	200,000.	
11	Subtract line 10 from line 8. If zero or less, enter -0-	10	222,500.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	11	0.	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	12		20,243.
		13		192.

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 widow(er)		\$200,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	15		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	16		
		17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		385.
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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	3,227.	
20	Enter the amount from line 1	20	222,500.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,226.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1.
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-PR or 1040-SS filers, see instructions)	24		1.

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

BAA

REV 08/20/21 PRD

Form **8959** (2020)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

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

OMB No. 1545-2227

2020
Attachment
Sequence No. **72**

Name(s) shown on your tax return

Glenn C Odom

Your social security number or EIN

6591

- 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	644.
2	Ordinary dividends (see instructions)		2	13,232.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 48,488.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	48,488.
5a	Net gain or loss from disposition of property (see instructions)	5a 0.		
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	0.
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	62,364.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a 13,693.		
b	State, local, and foreign income tax (see instructions)	9b 3,864.		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	17,557.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	17,557.

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	44,807.
13	Modified adjusted gross income (see instructions)	13 255,037.		
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 55,037.		
16	Enter the smaller of line 12 or line 15		16	44,807.
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	1,703.
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 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	

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

BAA

REV 06/30/21 PRO

Form **8960** (2020)

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2020
Attachment
Sequence No. **858**

Name(s) shown on return
Glenn C Odom

Identifying number
6591

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	23,138.
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(29,389.)
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()
1d	Combine lines 1a, 1b, and 1c	1d	-6,251.
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
2c	Add lines 2a and 2b	2c	()
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	0.
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(2,363.)
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
3d	Combine lines 3a, 3b, and 3c	3d	-2,363.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	4	-8,614.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	6,251.
6	Enter \$150,000. If married filing separately, see instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	233,362.
8	Subtract line 7 from line 6	8	()
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	()
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	()
12	Enter the loss from line 4	12	()
13	Reduce line 12 by the amount on line 10	13	()
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	()

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	23,138.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	23,138.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
49 Oak Street (GM)	0.	7,199.			7,199.
22 North 3rd Street	0.	473.			473.
358 Oak Street	0.	1,599.			1,599.
166 West Elm	0.	470.			470.
See Passive Wkst 1	23,138.	19,648.			
Total. Enter on Form 8582, lines 1a, 1b, and 1c	23,138.	29,389.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
133 W. Cypress	0.	189.			189.
341 W. Oak Ave	0.	2,174.			2,174.
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0.	2,363.			

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
49 Oak Street (GM)	E Ln 22	7,199.	0.22672588	1,953.
22 North 3rd Street	E Ln 22	473.	0.01489670	128.
133 W. Cypress	E Ln 22	189.	0.00595238	51.
358 Oak Street	E Ln 22	1,599.	0.05035903	434.
See Passive Wkst 5		22,292.		6,048.
Total		31,752.	1.00	8,614.

Worksheet 6—Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
49 Oak Street (GM)	E Ln 22	7,199.	1,953.	5,246.
22 North 3rd Street	E Ln 22	473.	128.	345.
133 W. Cypress	E Ln 22	189.	51.	138.
358 Oak Street	E Ln 22	1,599.	434.	1,165.
See Passive Wkst 6		22,292.	6,048.	16,244.
Total		31,752.	8,614.	23,138.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total			1.00		

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020
Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
Glenn C Odum

Business or activity to which this form relates
Sch 3 340 East Juniper

Identifying number
6591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	3,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	727.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	2,835.	5.0	BY	200 DB	567.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 29	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,294.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. BAA

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Form **4562** (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C, if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Name(s) Shown on Return Glenn C Odom	Social Security Number [REDACTED]-6591
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Part I State and Local Income Tax Refunds from 2019 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2019	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	SC	3,685.			21,735.		
	Totals	3,685.			21,735.		

2	Total state and local refunds. Total line 1 column (b).	3,685.
3	Refund allocated to tax paid after 12/31/2019. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2019 on Schedule A, line 5a.)	
4	Net refund. Line 2 less line 3.	3,685.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2019 refunded in 2020.

5	Total state and local income tax deduction from line 5a of your 2019 Schedule A	21,735.
6	Recovery amount. Lesser of line 4 or line 5.	3,685.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2019.

7	Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:	
a	Allowable itemized deductions, from 2019 Schedule A, line 17	49,607.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction (Schedule A, line 5a):	
(a)	Refigured state income tax deduction	18,050.
(b)	Sales tax deduction	2,449.
(c)	Refigured deduction. Larger of (a) or (b)	18,050.
(2)	Refigured total itemized deductions	49,607.
(3)	Refigured allowable itemized deductions from line 7b(2)	49,607.
c	2019 standard deduction based on 2019 filing status and deductions	13,850.
d	Larger of lines 7b(3) or 7c	49,607.
e	Subtract line 7d from line 7a	0.
f	Subtract line 7e from line 6	3,685.
8	Recovery exclusion from negative taxable income. If 2019 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2019 enter zero. If did pay AMT in 2019, enter amt from line 24	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2019, enter zero. If there were unused credits in 2019, enter amount from line 35.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	3,685.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2019. Line 6 less line 11.	0.
13	Total taxable refunds from 2018 or prior tax returns. Total line 36 column (d).	
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Schedule 1, line 1	0.

Part V Recovery Exclusion From Alternative Minimum Tax

Complete this part only if you paid Alternative Minimum Tax in 2019.

15	Enter your alternative minimum tax from 2019 Form 1040, Sch 2, line 45	0.
16	Enter your excess advance premium tax credit from 2019 Form 1040, Sch 2, ln 46	_____
17	Enter your regular tax from 2019 Form 1040, line 11	78,600.
18	Total original regular, excess APTC and AMT. Add lines 15, 16 and 17	78,600.
If line 15 is zero, skip lines 34 through 36 and enter line 6 on line 23.		
19 a	Enter your recomputed alternative minimum tax (see help)	_____
b	Enter your recomputed excess advance prem tax credit (see help)	_____
20	Recomputed AMT plus excess advance prem tax credit (Line 19a plus 19b)	_____
21	Enter your recomputed regular tax (see help)	_____
22	Total recomputed regular, excess APTC and AMT. Add lines 20 and 21	_____
23	If line 18 is equal to line 22, enter zero. If line 18 is less than line 22, enter the amount of the recovery that reduced total tax (see help)	3,685.
24	Recovery exclusion. Line 6 less line 23	0.

Part VI Recovery Exclusion From Unused Tax Credits

Complete this part only if you had unused tax credits in 2019.

25	Original unused credits (see help)	_____
26	Original tax after credits from 2019 Form 1040, line 13	78,600.
If line 25 is zero or line 26 is not zero, skip lines 27 thru 31, enter 100% on line 32.		
27	Enter your recomputed tax before credits (see help)	_____
28	Enter your original tax before credits from 2019 Form 1040, line 11	78,600.
29	Increase in tax before credits. Line 27 less 28	_____
30	Enter your recomputed tax after credits (see help)	_____
31	Enter your recomputed unused credits (see help)	_____
32	Percent. Divide line 30 by line 29. Do not enter more than 100%	100.000000
33	Enter recovery amount from line 6	3,685.
34	Enter the amount of the recovery that reduced tax (see help)	3,685.
35	Recovery exclusion. Line 33 less line 34	0.

Part VII State and Local Income Tax Refunds from 2018 or Prior Year Tax Returns

36	(a) State or local code	(b) Tax Year	(c) 2018 or prior year refund	(d) Taxable amount
Totals				

Additional information from your 2020 Federal Tax Return

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	0.
Total	0.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
pest control	0.
Deminimus	0.
Total	0.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
pest control	300.
deminimus	0.
Total	300.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
deminimus	0.
Total	0.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 3)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
Bank charges	0.
Miscellaneous	0.
pest control	360.
Total	360.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Bank charges	0.
Miscellaneous	0.
contract labor	0.
pest control	0.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Total	0.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 4)

Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
Miscellaneous	40.
Total	40.

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 5)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
Pest control	0.
Miscellaneous	0.
Total	0.

Form 4952: Investment Interest Expense

Line 1

Itemization Statement

Description	Amount
Arborone	68,226.
Arborone	23,594.
ARborone	30,925.
Total	122,745.

Form 8582: Passive Activity Loss Limitations

Passive Worksheet 1

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
14 West Juniper	0.	3,525.			3,525.
129 Cypress	0.	2,041.			2,041.
206 E. Pine Street	23,138.	0.		23,138.	
Pine Street	0.	11,791.			11,791.
17 W. Oak Street	0.	1,149.			1,149.
340 East Juniper	0.	479.			479.
14 Oak Street	0.	663.			663.
Total	23,138.	19,648.			

Form 8582: Passive Activity Loss Limitations

Passive Worksheet 5

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Ratio	Unallowed Loss
166 West Elm	E Ln 22	470.	0.01480222	128.

Form 8582: Passive Activity Loss Limitations
Passive Worksheet 5

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Ratio	Unallowed Loss
14 West Juniper	E Ln 22	3,525.	0.11101663	956.
129 Cypress	E Ln 22	2,041.	0.06427942	554.
Pine Street	E Ln 22	11,791.	0.37134669	3,199.
17 W. Oak Street	E Ln 22	1,149.	0.03618670	312.
340 East Juniper	E Ln 22	479.	0.01508566	130.
14 Oak Street	E Ln 22	663.	0.02088057	180.
341 W. Oak Ave	E Ln 22	2,174.	0.06846813	589.
Total		22,292.		6,048.

Form 8582: Passive Activity Loss Limitations
Passive Worksheet 6

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Unallowed Loss	Allowed Loss
166 West Elm	E Ln 22	470.	128.	342.
14 West Juniper	E Ln 22	3,525.	956.	2,569.
129 Cypress	E Ln 22	2,041.	554.	1,487.
Pine Street	E Ln 22	11,791.	3,199.	8,592.
17 W. Oak Street	E Ln 22	1,149.	312.	837.
340 East Juniper	E Ln 22	479.	130.	349.
14 Oak Street	E Ln 22	663.	180.	483.
341 W. Oak Ave	E Ln 22	2,174.	589.	1,585.
Total		22,292.	6,048.	16,244.

1555



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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2020 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 10/14/20)
3075

Your Social Security Number [REDACTED] 6591	Check if deceased <input type="checkbox"/>
Spouse's Social Security Number	Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2020, or fiscal tax year beginning _____, 2020 and ending _____, 2021

First name and middle initial Glenn C	Last name Odom	Suffix
Spouse's first name, if married filing jointly	Last name	Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) PO Box 576	County code 13
City McBee	State SC	ZIP 29101
Daytime phone number with area code		
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code	

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2020 federal return

Number of dependents claimed that were under the age of 6 years as of December 31, 2020

Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)

30751200

REV 05/20/21 PRO



INCOME AND ADJUSTMENTS Your SSN [REDACTED] 6591 2020

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Dollars 212,406 00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions) 10,000 00
b Out-of-state losses Type:
c Expenses related to National Guard and Military Reserve Income
d Interest income on obligations of states and political subdivisions other than South Carolina
e Other additions to income. (attach explanation - see instructions) 3,133 00
2 Total additions (add line a through line e) 13,133 00
3 Add line 1 and line 2 and enter the total here 225,539 00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return 0 00
g Total and permanent disability retirement income, if taxed on your federal return
h Out-of-state income/gain (do not include personal service income)
Check type of income/gain: Rental Business Other
i 44% of net capital gains held for more than one year.
j Volunteer deductions (see instructions) Type:
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program
l Active Trade or Business Income deduction (see instructions)
m Interest income from obligations of the US government
n Certain nontaxable National Guard or Reserve pay
o Social Security and/or railroad retirement, if taxed on your federal return 21,969 00
p Retirement Deduction (see instructions)
p-1 Taxpayer (date of birth: 06-26-1949) 753 00
p-2 Spouse (date of birth:)
p-3 Surviving spouse (date of birth of deceased spouse:)
Military Retirement Deduction (see instructions)
p-4 Taxpayer (date of birth:)
p-5 Spouse (date of birth:)
p-6 Surviving spouse (date of birth of deceased spouse:)
q Age 65 and older deduction (see instructions)
q-1 Taxpayer (date of birth: 06-26-1949) 14,247 00
q-2 Spouse (date of birth:)
r Negative amount of federal taxable income
s Subsistence allowance (multiply days by \$8)
t Dependents under the age of 6 years on December 31 of the tax year
u Consumer Protection Services
v Other subtractions (see instructions)
w South Carolina Dependent Exemption (see instructions) 0 00

4 Total subtractions (add line f through line w) 36,969 00

5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR. line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 188,570 00

6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) 12,677 00

7 TAX on Lump Sum Distribution (attach SC4972) 00

8 TAX on Active Trade or Business Income (attach I-335) 00

9 TAX on excess withdrawals from Catastrophe Savings Accounts 00

10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 12,677 00

30752208

REV 05/29/21 PRO



Your SSN [REDACTED] 6591

NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	▶ 11	00
12 Two Wage Earner Credit (see instructions)	▶ 12	00
13 Other nonrefundable credits, Attach SC1040TC and other state returns	▶ 13	00
14 Total nonrefundable credits (add line 11 through line 13)	▶ 14	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	▶ 15	12,677 00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	▶ 16	15,803 00
17 2020 Estimated Tax payments	▶ 17	00
18 Amount paid with extension	▶ 18	00
19 Nonresident sale of real estate	▶ 19	00
20 Other SC withholding (attach 1099)	▶ 20	00
21 Tuition tax credit (attach I-319)	▶ 21	00
22 Other refundable credits:		
22a Anhydrous Ammonia (attach I-333)	▶ 22a	00
22b Milk Credit (attach I-334)	▶ 22b	00
22c Classroom Teacher Expenses (attach I-360)	▶ 22c	00
22d Parental Refundable Credit (attach I-361)	▶ 22d	00
22e Motor Fuel Income Tax Credit (attach I-385)	▶ 22e	00
Total refundable credits (add line 22a through line 22e)	▶ 22	00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

23 Add line 16 through line 22 and enter the total here. These are your TOTAL PAYMENTS	▶ 23	15,803 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	▶ 24	3,126 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due	▶ 25	00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

26 USE TAX due on online, mail-order, or out-of-state purchases	▶ 26	0 00
Use Tax is based on your county's Sales Tax rate. See instructions for more information.		
If you certify that no Use Tax is due, check here <input checked="" type="checkbox"/>		
27 Amount of line 24 to be credited to your 2021 Estimated Tax	▶ 27	00
28 Total Contributions for Check-offs (attach I-330)	▶ 28	00
29 Add line 26 through line 28 and enter the total here	▶ 29	0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 30a check box entry is required) This is your REFUND	▶ 30	3,126 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: Direct Deposit (SOB required) Debit Card Paper Check

30b Direct Deposit (for US accounts only) Type: Checking Savings

Routing Number (RTN) ▶ 253272261 Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) ▶ 00057728 1-17 digits

31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due	▶ 31	00
32 Late filing and/or late payment: Penalties _____ Interest _____ Enter total here	▶ 32	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210) Enter exception code from instructions here if applicable	▶ 33	00
34 Add line 31 through line 33 and enter the total here. This is your BALANCE DUE	▶ 34	00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

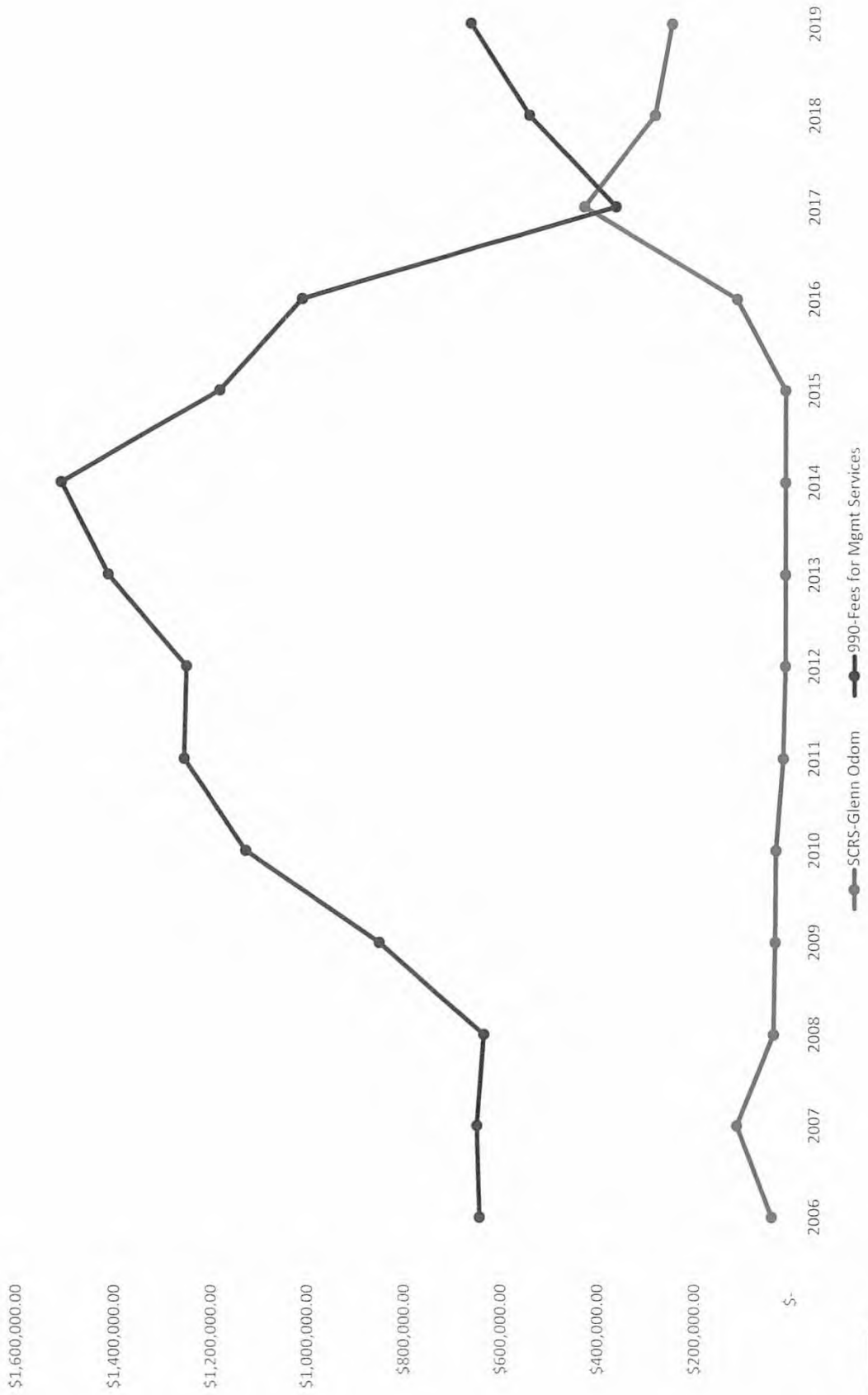
Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Preparer's printed name
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Karen A. Currin, CPA
Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
<i>Karen A. Currin</i>	10/14/21	P01003218
Use Only	Firm name (or yours if self-employed), address, ZIP	FEIN Phone
	Phillips, Currin & Company, CPA's, LLC 300 W. Home Avenue Hartsville SC 29550	20-4022503 (843) 332-3585

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753206

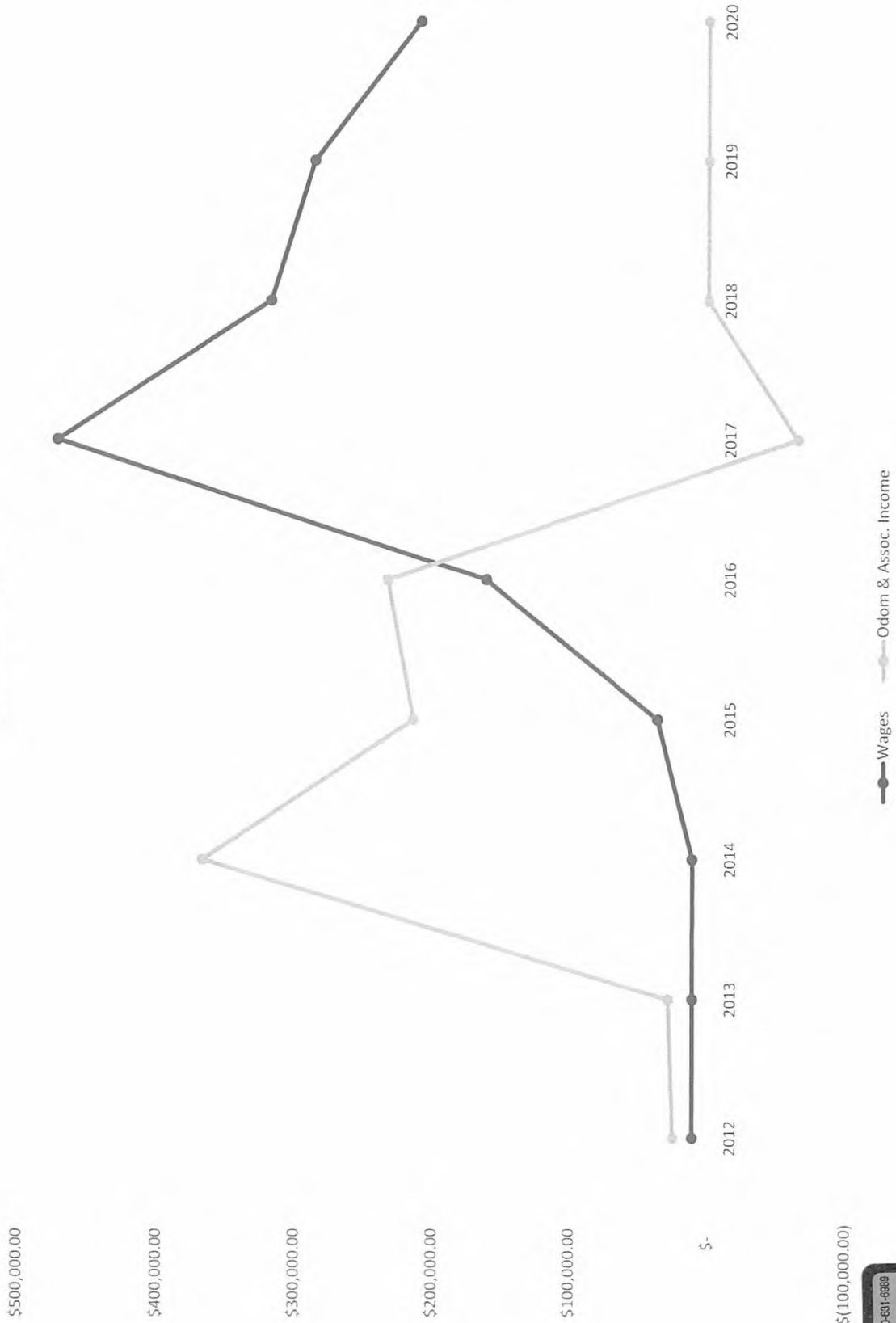
REV 05/29/21 PRO

ARWS Reporting



RESPONDENT'S
EXHIBIT
210084
11/9/22
092

Odom Tax Returns



PENGAD 800-631-6886
 RESPONDENT'S EXHIBIT
 210084 81
 11/9/22
 (CS)

South Carolina ^{SC USA} DRIVER'S LICENSE 

DL #: [REDACTED] ODOM, GLENN C
647 SANDY POINT LN
HARTSVILLE SC 295500373

DOB: [REDACTED]
Issued: 05-21-2018
Expires: 06-26-2021
Class: D
Sex: M
Weight: 240
Height: 6-07
Restrict: A
Endorse: None


130659 RB2
Governor

tabbles®
RESPONDENT'S
EXHIBIT
82 210084
11/15/22 (2)

PETITIONER 1499

1

Jones Family Eyecare

Jordi S Jones, OD
122 S 4th St
Hartsville SC 295504220
(843) 332-8323

Eyeglass Rx

License #: 1242

Patient: Glenn Odom
DOB: [REDACTED]
Address: 49 W. Oak Street
Mc Bee SC 29101

Date: 10/03/2019
Expires: 07/16/2020
Rx #: 117968123

Rx Details

	Sphere	Cyl	Axis	Near Add	Int Add	H Prism	V Prism
OD	-4.75	-0.75	165	+2.50			
OS	-5.75	-0.25	060	+2.50			

Jordi S. Jones, OD

Jordi S Jones, OD

Jones Family Eyecare

Jordi S Jones, OD
122 S 4th St
Hartsville SC 295504220
(843) 332-8323

Eyeglass Rx

License #: 1242

Patient: Glenn Odom
DOB: [REDACTED]
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Mc Bee SC 29101

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Jordi S. Jones, OD

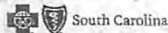
Jordi S Jones, OD



GLENN C
ODOM

Member ID [REDACTED]

State Health Plan



Providers, file claims with the local BlueCross and/or BlueShield Plan where member received services. BlueCross BlueShield of South Carolina provides administrative services only and does not assume any financial risk for claims.

BlueCross BlueShield of South Carolina
State Claims Processing Unit
P.O. Box 100665
Columbia, SC 29260-0665
An independent licensee of the Blue Cross and Blue Shield Association.

StateSC.SouthCarolinaBlues.com

Customer Service: In Columbia: 803.736.1576
Toll Free: 800.868.2520
Provider Services: In Columbia: 803.736.9822
In SC: 800.844.4311
Outside of SC: 800.876.2583

Preauthorization Medical - Call Medi-Cal:
In Columbia: 803.699.3337
Toll Free: 800.925.9734
Behavioral Health Services: 800.868.1032
Advanced Radiological Services: 866.500.7664

ST1

COBRA INITIAL NOTICE
INSTRUCTIONS FOR ISSUING THIS NOTICE

This notice should be provided each time an individual begins coverage under an EIP health plan, the State Dental Plan, Dental Plus, the State Vision Plan, and/or a MoneyPlu\$ medical flexible spending account.

Coverage Level:	Where name is indicated, use first AND last name(s):	Where to send (via Mail 1st Class):
Subscriber only	John Smith	Send to last known address.
Subscriber/Spouse	John Smith/Mary Smith	Send one letter to last known address if residence is the same. If employee and spouse live at separate addresses, then send separately to both addresses.
Subscriber/Child(ren)	John Smith/Mary Smith and Covered Dependent(s)*	Same as above.
Full Family	John Smith/Mary Smith and Covered Dependent(s)*	Same as above.

*Please note: You may use the term, *Covered Dependent(s)*, in the address on the envelope. However, use the *first and last name(s)* of the covered dependent(s) in the notification letter, wherever indicated.

Remember! Hand delivery to an employee is NOT notice to a covered dependent or spouse!

You can print the notice on the front and back to reduce the amount of paper used.

CHECKLIST:

- Filled in all areas indicated in red
- Included a copy of "Your Rights and Obligations under COBRA"
- Copied entire notice with enclosures for the employee's file

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INITIAL NOTICE
*** CONTINUATION COVERAGE RIGHTS UNDER COBRA ***

TO: Glenn C. Odom
ADDRESS: 517 Sandy Point Rd Hartsville, SC 29550
FROM: Gail C. Edwards Benefits Administrator
Alligator Rural Water & Sewer Co.
DATE: *December 20, 2010*

You are receiving this notice because you recently became covered under one or more of the group health benefits offered by the State of South Carolina Employee Insurance Program (the Plan). This notice applies individually to each of the participants listed above, who are covered under one or more of the group health benefits offered by the Plan. The group health benefits include Health, Dental, Dental Plus, Vision, and MoneyPlus medical flexible spending account. This notice applies only to the group health benefits and does not apply to any other benefits offered through the Plan.

This notice does not mean you are losing your group health benefits! This notice contains important information about your right to continue your group health benefits under certain circumstances when coverage would otherwise end. It also explains your notification obligations so that you can protect your right to continue coverage.

- Step #1:** Please read this notice carefully. It is important that each individual covered under the Plan read this notice and be familiar with the information.
- Step #2:** If there is a covered dependent whose legal residence is different from the above address, you are required to provide written notification to the benefits office so that a separate notice can be sent to that covered dependent. If you ever move, please keep the benefits office informed so you can continue to receive important information.
- Step #3:** **Understand Your Notification Obligations!** Under the rules of the Plan and federal law, you are required to notify the benefits office of certain events (divorce or legal separation from the employee or a covered dependent ceases to be an eligible dependent under the terms of the Plan). Please read carefully the section in the notice that details your notification obligations and the appropriate steps to take when making this notification. If you fail to follow the outlined notification procedures, any available rights will be lost.
- Step #4:** File this notice in your records for future reference.

If you have any questions concerning this notice or your notification obligations, please call me in the benefits office at 843-335-5189. If you are required to provide a notice to the benefits office, please mail or hand-deliver it to: 378 W. Pine Ave. McBee, SC 29101.

Enclosure: Your Rights and Obligations under COBRA

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* YOUR RIGHTS AND OBLIGATIONS UNDER COBRA *

What is COBRA coverage?

Under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), coverage under the Plan's group health benefits may be continued when it otherwise would end due to a qualifying event. This continuation of coverage is typically referred to as "COBRA coverage" but it is actually the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving COBRA coverage. Each qualified beneficiary who elects COBRA coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

COBRA (and the description of COBRA coverage contained in this notice) applies only to the group health benefits offered under the Plan (the Health, Dental, Dental Plus, Vision, and MoneyPlu\$ medical flexible spending account components) and not to any other benefits offered under the Plan.

The Plan provides no greater COBRA rights than what COBRA requires—nothing in this notice is intended to expand your rights beyond COBRA's requirements.

Who is entitled to elect COBRA coverage?

If a qualified beneficiary loses coverage under group health benefits due to one of the qualifying events listed below, the qualified beneficiary will be allowed to continue group health benefits for a specified period of time at group rates. After a qualifying event occurs and any required notice of that event is properly provided to the benefits office, COBRA coverage will be offered to each qualified beneficiary who is losing coverage as a result of that event.

Who is a qualified beneficiary?

To be a qualified beneficiary, a person:

- Must have been covered (under Health, Dental, Dental Plus, Vision, and/or MoneyPlu\$ medical flexible spending account) on the day before the qualifying event; AND
- Must be a covered employee, the covered spouse of the employee, or a covered dependent child of the employee.

There are two situations that may occur during the COBRA coverage period that would cause a child (who was not covered at the time of the qualifying event) to gain the status of a qualified beneficiary. These are addressed later in this notice.

What is a qualifying event?

A qualifying event is a life event that occurs that would cause a qualified beneficiary to lose coverage under group health benefits offered by the Plan (Health, Dental, Dental Plus, Vision, and/or MoneyPlu\$ medical flexible spending account).

For a Covered Employee – If you are the covered employee, you will experience a qualifying event and will have the right to elect COBRA coverage if you lose your group health benefits because any of the following happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

For a Covered Spouse – If you are the covered spouse of an employee, you will experience a qualifying event and will have the right to elect COBRA coverage if you lose your group health benefits because any of the following happens:

- Your spouse dies;

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- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his gross misconduct; or
- You become divorced or legally separated from your spouse. Also, if your spouse (the employee) reduces or eliminates your group health benefits in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for you even though your coverage was reduced or eliminated before the divorce or separation.

For a Covered Dependent Child – If you are the covered dependent child of an employee, you will experience a qualifying event and will have the right to elect COBRA coverage if you lose your group health benefits because any of the following happens:

- Your parent (the employee) dies;
- Your parent's (the employee) hours of employment are reduced;
- Your parent's (the employee) employment ends for any reason other than his gross misconduct; or
- You stop being eligible for coverage under the Plan as a dependent child (for example, you get married, you turn age 25, you lose full-time student status, or you graduate). For more information about when a dependent ceases to be eligible for coverage under the terms of the Plan, please refer to your Insurance Benefits Guide.

What do you do when a qualifying event occurs?

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS: divorce, legal separation, and dependent child losing eligibility for coverage. For these qualifying events, the benefits office will offer you COBRA coverage only if you notify the benefits office within 60 days after the later of: (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. To notify the benefits office of these qualifying events, complete the "Notice of COBRA Qualifying Event" form and deliver it to the benefits office at the address on the first page of this document. See "How do you provide a proper and timely notice?" for details.

When the qualifying event is the end of employment or reduction of hours of employment, you do not need to notify the benefits office of any of these qualifying events. The benefits office will offer COBRA coverage to the appropriate qualified beneficiaries. When the qualifying event is the death of the employee, the benefits office will offer survivor coverage. Refer to the Insurance Benefits Guide for details.

How do you provide a proper and timely notice?

Any notice that you provide must be in writing and must be submitted on the forms provided by the Plan. These forms are available at no cost from the benefits office or the Employee Insurance Program at 803-734-0678 (toll-free outside Columbia at 888-260-9430) or can be downloaded from www.eip.sc.gov under COBRA Subscribers. Oral notice, including notice by telephone, is not acceptable. Procedures for making a proper and timely notice are:

- Step 1- Complete the proper form
- Step 2- Make a copy of the forms for your records.
- Step 3- Attach the required documentation depending upon the qualifying event (as indicated on the form).
- Step 4- Mail or hand-deliver the form and required documentation.
- Step 5- Call within 10 days to ensure the form and required documentation have been received.

If mailed, your notice must be postmarked no later than the last day of the applicable notice period. If hand-delivered, your notice must be received by the individual at the address specified for delivery no later than the last day of the applicable notice period.

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How can you elect COBRA coverage?

Once the benefits office learns a qualifying event has occurred, the qualified beneficiaries will be notified of their rights to elect COBRA coverage. Each qualified beneficiary has an independent election right and will have 60 days to elect coverage. The 60-day election window is measured from the later of the date coverage is lost due to the event or from the date of notification to the qualified beneficiaries. This is the maximum period allowed to elect COBRA coverage. The Plan does not provide an extension of the election period beyond what is required by law.

The covered employee or the employee's covered spouse can elect continuation coverage on behalf of all of the qualified beneficiaries. A parent may elect to continue coverage on behalf of a covered dependent child who is losing coverage as a result of the qualifying event. For each qualified beneficiary who elects to continue group health benefits, COBRA coverage will begin on the date that coverage under the Plan would be lost because of the event. **If COBRA coverage is not elected for a qualified beneficiary within the 60-day election window, he will lose all rights to elect COBRA coverage and will cease to be a qualified beneficiary.**

How long does COBRA coverage last for Health, Dental, Dental Plus, and/or Vision?

COBRA coverage is a temporary continuation of coverage. The COBRA coverage periods described here are maximum coverage periods.

18 months – When the loss of coverage is due to end of employment (other than for reasons of gross misconduct) or reduction in hours of employment, coverage under the Health, Dental, Dental Plus, and Vision components generally may be continued up to 18 months. There are three possible situations that may provide coverage beyond 18 months when loss of coverage is due to end of employment or reduction in hours of employment.

1. Medicare Entitlement Rule (for covered dependents only) – When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits during the last 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) can last up to 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months prior to the date on which employment terminates, the dependent qualified beneficiaries who lost coverage as a result of his termination will be offered 28 months of continuation coverage (36-8=28). The covered employee, however, is offered only 18 months. This COBRA coverage period is available only if the covered employee becomes entitled to Medicare during the 18 months prior to termination of employment or reduction of hours.

2. Social Security Disability Extension – If any of the qualified beneficiaries is determined by the Social Security Administration to be disabled, the maximum COBRA coverage period that results from a covered employee's termination of employment or reduction of hours (generally 18 months) may be extended to a total of up to 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the employee's termination of employment or reduction of hours. The Social Security Administration must determine that the qualified beneficiary's disability started at some time before the 61st day after the covered employee's termination of employment or reduction of hours *and* the disability must last until at least the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify your COBRA ADMINISTRATOR in writing at the address where you deliver your COBRA premium payments of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

You also must provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. In providing this notice, you must use the Plan's form entitled "Notice to Extend COBRA Continuation Coverage" (you may obtain a copy of this form from the benefits office or the Employee Insurance Program at no charge, or you can download the form at www.eip.sc.gov under COBRA Subscribers), and you must follow the notice procedures outlined in the section entitled "How do you provide a proper and timely notice?" **If these procedures are not followed or if the notice is not provided during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.**

3. *Second Qualifying Event Extension* – If your family experiences a second qualifying event during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours, the maximum COBRA coverage period may be extended to a total of up to 36 months from the date of the original qualifying event. Such second qualifying events may include the death of the employee, divorce or legal separation from the employee, or dependent child losing eligibility for coverage under the Plan.

This extension due to a second qualifying event is available only if you notify your COBRA ADMINISTRATOR in writing at the address where you deliver your COBRA premium payments of the second qualifying event within 60 days after the date of the second qualifying event. In providing this notice, you must use the Plan's form entitled "Notice to Extend COBRA Continuation Coverage" (you may obtain a copy of this form from the Employee Insurance Program at no charge, or you can download the form at www.eip.sc.gov under COBRA Subscribers), and you must follow the procedures specified in the section entitled "How do you provide a proper and timely notice?" **If these procedures are not followed or if the notice is not provided during the 60-day notice period, THEN THERE WILL BE NO EXTENSION OF COBRA COVERAGE DUE TO A SECOND QUALIFYING EVENT.**

36 months – When the loss of coverage is due to the death of the employee, divorce or legal separation from the employee, or dependent child losing eligibility for coverage under the Plan, each qualified dependent beneficiary will have the opportunity to continue coverage under the Health, Dental, Dental Plus, and Vision components for 36 months from the date of the original qualifying event.

How long does COBRA coverage last for the MoneyPlu\$ medical flexible spending account?

COBRA coverage under the MoneyPlu\$ medical flexible spending account can last only until the end of the plan year in which the qualifying event occurred. The period of COBRA coverage under the MoneyPlu\$ medical flexible spending account cannot be extended under any circumstances. COBRA coverage under the MoneyPlu\$ medical flexible spending account will be offered only to qualified beneficiaries losing coverage who have underspent accounts. A qualified beneficiary has an underspent account if the annual limit elected under the MoneyPlu\$ medical flexible spending account by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the contributions for MoneyPlu\$ medical flexible spending account COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the MoneyPlu\$ medical flexible spending account coverage in force at the time of the qualifying event (i.e., the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year. Unless otherwise elected, all qualified beneficiaries who were covered under the MoneyPlu\$ medical flexible spending account will be covered together for continuation under COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only, with a separate annual limit and a separate contribution.

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How much does COBRA coverage cost?

Generally, each qualified beneficiary is required to pay 100% of the applicable premium payment for the coverage that is continued, plus a 2% administration charge. The premium includes both the employee's and employer's share of the total premium. In the case of an extension of continuation coverage due to a disability, if the disabled qualified beneficiary has elected the extension, then the applicable premium rate is 150% of the applicable premium payment. If only non-disabled qualified beneficiaries extend coverage, the premium rate will remain at 102%.

More information about individuals who may be qualified beneficiaries

Children born to or placed for adoption with the covered employee during COBRA coverage period

A child born to, adopted by, or placed for adoption with a covered employee during a period of COBRA coverage is considered to be a qualified beneficiary provided that, if the covered employee is a qualified beneficiary, the covered employee has elected COBRA coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

Alternate recipients under QMCSOs or NMSNs

A child of the covered employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) received by the Employee Insurance Program during the covered employee's period of employment is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

For more information

This notice is a summary and does not fully describe COBRA coverage, other rights under the Plan, or details about your group health benefits. More information is available in your Insurance Benefits Guide, from the benefits office, or from the Employee Insurance Program.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your Insurance Benefits Guide, contact your benefits office, contact the Employee Insurance Program at 803-734-0678 (toll-free outside Columbia at 888-260-9430), or visit the Employee Insurance Program's website (www.eip.sc.gov).

For more information about your rights under COBRA, contact the Centers for Medicare & Medicaid Services at www.cms.hhs.gov/COBRAContinuationofGov/ or phig@cms.hhs.gov

Keep the Benefits Office Informed of Address Changes

In order to protect your rights, you should notify the benefits office of any changes in the employee's address and the addresses of covered family members as soon as possible.

Plan Administrator/EIP

The Employee Insurance Program is the plan administrator for the group health benefits, which includes Health, Dental, Dental Plus, Vision, and MoneyPlus® medical flexible spending account. You can contact the Employee Insurance Program by calling 803-734-0678 (toll-free outside Columbia at 888-260-9430) or visiting the Employee Insurance Program's web site (www.eip.sc.gov). The Employee Insurance Program's mailing address is P.O. Box 11661, Columbia, South Carolina 29211.

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Serving those who serve South Carolina

September 27, 2018

Glenn C. Odom, General Manager
Alligator Rural Water and Sewer Co.
Post Office Box 810
McBee, SC 29101

Dear Mr. Odom:

Recently, the South Carolina Public Employee Benefit Authority (PEBA) became aware of certain irregularities in the compensation reported to PEBA for employees of Alligator Rural Water and Sewer (Alligator) in connection with its participation in the South Carolina Retirement System (SCRS). As a result of those irregularities, PEBA has conducted an audit of Alligator's participation in SCRS and the State Health Plan, with a particular focus on whether Alligator was properly reporting employee compensation to PEBA. We are writing you today to provide the results of that review.

Based upon our review, it appears that, since July 1, 2010, Alligator Rural Water and Sewer has no longer directly employed its workers, but has contracted with a private entity, Odom and Associates, Inc., to provide the personnel for its operations. This arrangement is reflected in Alligator's reporting to PEBA beginning in July 2010, which not only reduced the number of reported employees for Alligator to three, but also appears to have significantly underreported the compensation for one of those reported employees, showing an annual compensation of only \$12,000 for the General Manager. Federal tax reporting made by Alligator to the Internal Revenue Service also reflects that Alligator no longer pays any salaries or wages to employees, but instead pays fees for services to a contractor for its operations. Correspondence from Alligator's accountant also indicates that Odom and Associates provides the personnel for Alligator's operations under a management contract between the parties.

By law, participation in SCRS and the State Health Plan is limited to employees of the public entities that participate in those programs. Therefore, because it appears that the personnel for Alligator's operations are not directly employed by Alligator, but are contracted through, and employees of, Odom and Associates, those personnel are not eligible to participate in SCRS and the State Health Plan as public employees. Accordingly, effective January 1, 2019, PEBA intends to terminate the participation of all of Alligator's reported personnel in SCRS and the State Health Plan going forward. In addition, any SCRS credit awarded to Alligator's reported personnel since July 1, 2010, will be canceled and all member and employer contributions for that service will be refunded to Alligator.

If you disagree with this determination and believe that the personnel reported to PEBA for your operations are, in fact, employees of Alligator, and not Odom and Associates, you may submit additional documentation to PEBA in support of your position. At a minimum, this documentation should include full payroll and tax reporting records for both Alligator Rural Water and Sewer and Odom and Associates

Executive Director Peggy G. Boykin, CPA
803.737.6800 | 888.260.9430 | www.peba.sc.gov
202 Arbor Lake Dr., Columbia, SC 29223

for the period between July 1, 2010, and the present; any and all management contracts or other agreements between Alligator and Odom and Associates in effect for the period between July 1, 2010, and the present; and, any other relevant records that would reflect the employment status of the affected personnel from July 1, 2010, to the present, including, for example, workers compensation coverage records, unemployment insurance coverage records, and the like. Any such additional documentation may be submitted to my attention at the address on the letterhead and should be submitted as soon as possible. Please keep in mind that, if an individual is determined to be an employee of Alligator, that individual's full earnable compensation for all services performed for Alligator must be reported and contributed upon for the entire period; the compensation for the services cannot be bifurcated between Alligator and Odom and Associates.

Further, we are in receipt of the letter dated August 30, 2018 from Mr. Wade Huggins, Board President, returning the check previously issued to Alligator Rural Water and Sewer for ineligible retirement contributions and asking this office to accept and post these funds. Given that resolution of the issues spelled out above will be required before any funds for the period after July 1, 2010 will be allowed to remain in retirement accounts for employees of Alligator, we are returning the check to your office as these funds will not be accepted until this matter is fully resolved.

In closing, let me emphasize that we are mindful of the significance of this determination and the concerns it may cause with the affected personnel. However, PEBA has an obligation to ensure that our benefit plans remain in compliance with federal requirements for governmental plans and a responsibility to maintain the fiscal integrity of our plans. If you have any questions regarding this matter, feel free to contact me.

Sincerely,



Travis J. Turner, CPA
Chief Financial Officer
South Carolina Public Employee Benefit Authority
Phone: 803.734.0574 Email: tturner@peba.sc.gov

cc: Gail C. Edwards, Office Manager

Account Name: GAIL C EDWARDS
 Group ID: 7741300 - Alligator Rural Water & Sewer Company

Subscriber Inquiry - Coverage

SSN [REDACTED]
 Name GLENN C ODOM

Group 7741300
 Type ACTIVE - REGULAR

Coverage

	Status	Plan Category	Effective & End Dates	Employee Premium	Waiver Date
Health	Active	STANDARD PLAN - Enrollee	07-01-2006	97.68	
Dental	Active	Enrollee	07-01-2006	0.00	
Vision	Refused		01-01-2010	0.00	
Dental Plus	Refused		07-01-2006	0.00	
DL Child	Refused		07-01-2006	0.00	
Basic Life	Active		07-01-2006	0.00	
LTD	Active		07-01-2006	0.00	
Tobacco Premium	Refused		01-01-2010	0.00	

Pre Existing End Date: Leave Without Pay End Date:

	Status	Cover	Age Group	Salary	Effective & End Dates	Employee Premium	Waiver Date
SLTD	Refused			\$0.00	07-01-2006	0.00	
Optional Life	Active	60000	60 - 64		01-01-2010	38.66	
DL Spouse	Refused		55 - 59		07-01-2006	0.00	

Beneficiaries
 Angela 1/2
 Shawn ✓
 daughter
 son

Mailed 12-7-13

Form 1102 Revised 7/6/2012 Page 1 Print or type in black ink Please read the instructions on the reverse (Page 2) before completing this form.		ACTIVE MEMBER BENEFICIARY FORM BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201 SC Public Employee Benefit Authority South Carolina Retirement Systems P.O. Box 11960, Columbia, SC 29211-1960 <small>Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.</small>		CHECK ONE: <input type="checkbox"/> New Enrollee <input checked="" type="checkbox"/> Change of Beneficiary Retirement System (check one) <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> GARS <input type="checkbox"/> JSRS	
Section I PERSONAL INFORMATION					
1. Last Name & Suffix Odom		2. First/Middle Name Glenn L		3. Social Security Number [REDACTED]	
4. Date of Birth [REDACTED]		5. Address 547 Sandy Pt Lane #			
6. City Hartsville			7. State SC	8. ZIP+4 29101-0547	
ALL SECTIONS MUST BE COMPLETED					
Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.					
1. Name of Beneficiary (ONE PERSON) Angela astraila		Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship daughter
2. Name of Beneficiary (ONE PERSON) Bryan S Odom		Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship SON
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex	Date of Birth	Relationship
Section II-B Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.					
1. Name of Beneficiary (ONE PERSON)		Social Security #	Sex	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)		Social Security #	Sex	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex	Date of Birth	Relationship
Section III BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the Incidental Death Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems Incidental Death Benefit:					
1. Name of Beneficiary (ONE PERSON) Angela Astraila		Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship daughter
2. Name of Beneficiary (ONE PERSON) Bryan S. Odom		Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship SON
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex	Date of Birth	Relationship
Section IV CERTIFICATION AND CONDITIONS					
IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.					
MEMBER'S SIGNATURE S Odom		WITNESS _____			
STATE OF South Carolina		COUNTY OF Chesterfield			
Acknowledged before me this date 12-4-13		NOTARY NAME Dou Robinson Sr			
My Commission Expires March 6th 2023		NOTARY SIGNATURE Dou Robinson Sr <small>(Out of state, requires Seal)</small>			
THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.					
PAGE ____ OF ____					

Form 1102 Revised 03/25/2005 Page 1 Print or type in black ink Please read the instructions on the reverse (page 2) before completing this form.	ACTIVE MEMBER BENEFICIARY FORM BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY - RETIREES USE FORM 7201 South Carolina Retirement Systems State Budget and Control Board Box 11960, Columbia, SC 29211-1960 Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.	CHECK ONE: <input type="checkbox"/> New Enrollee <input checked="" type="checkbox"/> Change of Beneficiary Retirement System (check one) <input checked="" type="checkbox"/> SCRS <input checked="" type="checkbox"/> PORS <input type="checkbox"/> GARS <input type="checkbox"/> JSRS			
Section I PERSONAL INFORMATION					
1. Last Name & Suffix <i>odum</i>		2. First/Middle Name <i>Glenn Carlye</i>		3. Social Security Number [REDACTED]	
4. Date of Birth [REDACTED]		5. Address <i>547 Sandy Pt Lane</i>			
6. City <i>Hartsville</i>		7. State <i>SC</i>		8. ZIP+4 <i>29550</i>	
ALL SECTIONS MUST BE COMPLETED					
Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive the Retirement Systems refund of contributions or survivor benefits if eligible.					
1. Name of Beneficiary (ONE PERSON) <i>Karen Odum</i>		Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <i>Wife</i>
2. Name of Beneficiary (ONE PERSON) <i>Angela Astralla</i>		Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <i>daughter</i>
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
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1. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
Section III BENEFICIARY(IES) FOR GROUP LIFE INSURANCE (You may not designate contingent beneficiaries for Group Life) I designate the following beneficiary(ies) to receive the Retirement Systems Group Life Insurance:					
1. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)		Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
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MEMBER'S SIGNATURE _____			WITNESS _____		
(Do not print)			(Required only when signed by mark)		
STATE OF _____			COUNTY OF _____		
Acknowledged before me this date _____			NOTARY NAME _____		
My Commission Expires _____			NOTARY SIGNATURE _____		
(Out of state, requires Seal)					
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Form 1102 Revised 7/6/2012 Page 1 Print or type in black ink Please read the instructions on the reverse (Page 2) before completing this form.	ACTIVE MEMBER BENEFICIARY FORM BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY - RETIREES USE FORM 7201 SC Public Employee Benefit Authority South Carolina Retirement Systems P.O. Box 11960, Columbia, SC 29211-1960 Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.	CHECK ONE: <input type="checkbox"/> New Enrollee <input checked="" type="checkbox"/> Change of Beneficiary Retirement System (check one) <input checked="" type="checkbox"/> SCRS <input checked="" type="checkbox"/> PORS <input type="checkbox"/> GARS <input type="checkbox"/> JSRS	
Section I PERSONAL INFORMATION			
1. Last Name & Suffix <i>Odum</i>		2. First/Middle Name <i>Glenn C</i>	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED]	5. Address <i>547 Sandy Pt Lane #</i>		
6. City <i>Hartsville</i>	7. State <i>SC</i>	8. ZIP+4 <i>29101-0547</i>	
ALL SECTIONS MUST BE COMPLETED			
Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.			
1. Name of Beneficiary (ONE PERSON) <i>Angela Astralla</i>	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED] Relationship <i>daughter</i>
2. Name of Beneficiary (ONE PERSON) <i>Bryan S Odum</i>	Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED] Relationship <i>SON</i>
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Relationship
Section II-B Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.			
1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Relationship
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1. Name of Beneficiary (ONE PERSON) <i>Angela Astralla</i>	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED] Relationship <i>daughter</i>
2. Name of Beneficiary (ONE PERSON) <i>Bryan S. Odum</i>	Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED] Relationship <i>SON</i>
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Relationship
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MEMBER'S SIGNATURE <i>S Odum</i>		WITNESS _____	
STATE OF <i>South Carolina</i> (Do not print)		COUNTY OF <i>Chesterfield</i> (Required only when signed by mark)	
Acknowledged before me this date <i>12-4-13</i>		NOTARY NAME <i>Dan Robinson Sr</i>	
My Commission Expires <i>March 14 2023</i>		NOTARY SIGNATURE <i>Dan Robinson Sr</i> (Out of state, requires Seal)	
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PAGE ____ OF ____			

Form 1102
Revised 03/25/2005
Page 1

ACTIVE MEMBER BENEFICIARY FORM

BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY - RETIREES USE FORM 7201

South Carolina Retirement Systems
State Budget and Control Board
Box 11950, Columbia, SC 29211-1950

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

CHECK ONE:
 New Enrollee
 Change of Beneficiary

Retirement System (check one)
 SCRS PORS
 GARS JSRS

Print or type in black ink

Please read the instructions on the reverse (page 2) before completing this form.

Section I PERSONAL INFORMATION

1. Last Name & Suffix odom 2. First/Middle Name Glenn Carlyle 3. Social Security Number [REDACTED]

4. Date of Birth [REDACTED] 5. Address 547 Sandy Pt Lane

6. City Hartsville 7. State SC 8. ZIP+4 29550

ALL SECTIONS MUST BE COMPLETED

Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive the Retirement Systems refund of contributions or survivor benefits if eligible.

1. Name of Beneficiary (ONE PERSON) <u>Karen Odom</u>	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <u>Wife</u>
2. Name of Beneficiary (ONE PERSON) <u>Angela Astralla</u>	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <u>daughter</u>
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section II-B Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive the Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.

1. Name of Beneficiary (ONE PERSON) <u>Boyan S. Odom</u>	Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <u>Son</u>
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section III BENEFICIARY(IES) FOR GROUP LIFE INSURANCE (You may not designate contingent beneficiaries for Group Life) I designate the following beneficiary(ies) to receive the Retirement Systems Group Life Insurance:

1. Name of Beneficiary (ONE PERSON) <u>Karen Odom</u>	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth [REDACTED]	Relationship <u>Wife</u>
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section IV CERTIFICATION AND CONDITIONS

IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE Glenn C Odom WITNESS _____

STATE OF South Carolina (Do not print) COUNTY OF Chesterfield (Required only when signed by notary)

Acknowledged before me this date _____ NOTARY NAME _____

My Commission Expires _____ NOTARY SIGNATURE _____ (Out of state, requires Seal)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

PAGE ____ OF ____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
GLENN C ODUM

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions)

4 Address (number, street, and apt. or suite no.)
547 Sandy Point Lake

5 City, state, and ZIP code
Hartsville SC 29550

7 List account number(s) here (optional)

Requester's name and address (optional)

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any)
 Exemption from FATCA reporting code (if any)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	[REDACTED]
or	
Employer identification number	[REDACTED]

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person [Signature]

Date 1-26-16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing this filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or:
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Clarify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What is FATCA reporting?* on page 2 for further information.

NAME: Glenn C Odom SSN#: [REDACTED] GROUP #: 7741300

E. DEPENDENT INFORMATION

LIST SPOUSE AT ALL TIMES. LIST CHILDREN TO BE COVERED UNDER EITHER HEALTH/DENTAL OR DEPENDENT LIFE PLAN. IF THEY ARE NOT LISTED, THEY WILL NOT BE COVERED. IS YOUR SPOUSE A STATE EMPLOYEE OR EMPLOYED BY A STATE COVERED ENTITY? Yes No

ADD (A) OR DELETE (D)	30. DEPENDENT SSN #	LAST NAME	FIRST NAME	SEX M/F	RELATION	DATE OF BIRTH MM DD YYYY	COMPLETE BELOW IF CHILD IS OVER 19
Spouse							<input type="checkbox"/> Full-time Student <input type="checkbox"/> Incapacitated
Child							<input type="checkbox"/> Full-time Student <input type="checkbox"/> Incapacitated
Child							<input type="checkbox"/> Full-time Student <input type="checkbox"/> Incapacitated
Child							<input type="checkbox"/> Full-time Student <input type="checkbox"/> Incapacitated
Child							<input type="checkbox"/> Full-time Student <input type="checkbox"/> Incapacitated

IF FULL-TIME STUDENT WAS CHECKED AND YOU ARE ENROLLING THE DEPENDENT FOR THE FIRST TIME, ATTACH A FULL-TIME CERTIFICATION FROM THE SCHOOL. IF INCAPACITATED WAS CHECKED, ATTACH THE INCAPACITATED CHILD FORM.

F. BENEFICIARY INFORMATION - REQUIRED FOR BASIC LIFE AND OPTIONAL LIFE

BASIC LIFE OR OPTIONAL LIFE (Check one or both)	31. LAST NAME *	FIRST NAME	SSN #	RELATIONSHIP	DATE OF BIRTH MM DD YYYY	PRIMARY OR CONTINGENT
<input checked="" type="checkbox"/> BASIC LIFE <input checked="" type="checkbox"/> OPTIONAL LIFE	<u>Astralla</u>	<u>Angela</u>	[REDACTED]	<u>daughter</u>	[REDACTED]	<u>Primary</u>
<input type="checkbox"/> BASIC LIFE <input type="checkbox"/> OPTIONAL LIFE						
<input type="checkbox"/> BASIC LIFE <input type="checkbox"/> OPTIONAL LIFE						

* IF BENEFICIARY IS AN ORGANIZATION OR TRUST, COMPLETE THE FOLLOWING :
 ORGANIZATION/TRUST _____
 ADDRESS _____
 IF TRUST, DATE SIGNED _____
 UNLESS OTHERWISE PROVIDED HEREIN, IF TWO OR MORE BENEFICIARIES ARE NAMED, THE PROCEEDS SHALL BE PAID IN EQUAL SHARES TO THE NAMED SURVIVORS. CONTINGENT BENEFICIARIES HAVE NO RIGHTS UNLESS ALL PRIMARY BENEFICIARIES HAVE DIED.

32. CERTIFICATION: I have read this NOE and made the authorizations herein and have selected the coverage noted. I have provided social security numbers and documentation establishing my dependent's eligibility for the plan(s) selected. I understand that I may only cancel my coverage and/or my dependent's coverage during an open enrollment period every two years, unless otherwise provided for in the Plan. Should I refuse health coverage or fail to enroll all eligible dependents in health coverage when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period, unless otherwise provided in the Plan. I also understand that I will be able to add or cancel dental coverage only during the open enrollment period every two years unless otherwise provided in the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the state reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan.

AUTHORIZATION: I hereby authorize my employer to deduct from my salary premiums necessary to pay for all plans selected and verify my salary when necessary for enrollment. I hereby authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process all claims for any benefits.

Employee Signature: [Signature] Date: 6-6-06

33. I hereby attest that the employee meets eligibility requirements of plan, proper premiums are being collected, form is complete and accurate, and all required documentation is attached in order to process NOE form.
 Benefits Administrator Signature: Ariel C. Edwards Date: 6-6-06

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY

PEBA

David K. Avam
Interim Executive Director
Retirement Benefits

November 20, 2013

GLENN C ODOM
547 SANDY POINT LANE
HARTSVILLE SC 29550

RE: XXX-XX- [REDACTED]

Dear Member:

You recently submitted a beneficiary designation form on which the following information was provided. Please review this information carefully to ensure that it is correct. If you find a mistake or note that some of the information is missing, please strike through the incorrect information and/or write in the correct information with an ink pen. Following is a summary of beneficiary data reflected on our records for all of your active retirement accounts.

South Carolina Retirement System
Name

Name	SSN	DOB	Relation	Sex
Primary Beneficiaries:				
5090 ANGELA ASTNALLA	XXX-XX-[REDACTED]	[REDACTED]	Dependent	F
KAREN ODOM	XXX-XX-[REDACTED]	[REDACTED]	Spouse	F
Contingent Beneficiaries: Primary				
5090 BRYAN S ODOM	XXX-XX-[REDACTED]	[REDACTED]	Dependent	M
Incident or Death Beneficiary:	[REDACTED]	[REDACTED]	Spouse	F

Police Officers' Retirement System
Name

Name	SSN	DOB	Relation	Sex
Primary Beneficiaries:				
ANGELA ASTRALLA	XXX-XX-[REDACTED]	[REDACTED]	Daughter	F
BRYAN S ODOM	XXX-XX-[REDACTED]	[REDACTED]	Son	M
Contingent Beneficiaries:				

No contingent beneficiaries were identified on the most currently received beneficiary designation form; therefore, your contingent beneficiary is considered ESTATE by default.

Please make the changes I have indicated above to my retirement record.

Member Signature: *Glenn C Odom*

Date: *12-1-2013*

Only return this document to South Carolina Retirement Systems if corrections need to be made. If you need to add, delete, or change a beneficiary designation, you must complete a notarized Beneficiary Form. If no corrections are necessary please use this letter as confirmation of your beneficiary designation and do not return it to the South Carolina Retirement Systems.

FORM 1112 - RCOEN001 DATE REVISED 1/18/2011

Street Address:
202 Arbor Lake Drive
Columbia, South Carolina 29223

www.retirement.sc.gov
803-737-6800
800-868-9002 (within S.C. only)

Mailing Address:
Post Office Box 11960
Columbia, South Carolina 29211-1960

REQUEST FOR PUBLIC/EDUCATIONAL SERVICE VERIFICATION
 SC Public Employee Benefit Authority
 South Carolina Retirement Systems
 Service Department
 P.O. Box 11960 Columbia, SC 29211-1960

Please Print or
 Type in Black Ink

PART I - MEMBER INFORMATION - To be completed by the member. A separate form must be completed for each employer verification to be made.

Last Name & Suffix (Sr., Jr., etc.): Adom		First Name/Middle Name: Glenn		Social Security Number: [REDACTED]
Date of Birth: [REDACTED]	Address: 547 Sandy Pt Lane		City: Wentzville	
State: SC	Zip+4: 29550	Telephone: Work: 843 680 1471	Home: _____	

1. List the employer name, address and dates of service:

Employer Name: Alligator Rural Water + Sewer Co	From MM DD YYYY	To MM DD YYYY
Address: PO Box 810		
City: McBee	State: SC	Zip: 29101

2. Full name at time service was rendered, if different from above: _____

3. Position/Title Manager	4. Was this service full time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	--

5. Did you contribute to a retirement/pension plan? Yes No If "yes", give name of plan: _____

6. Additional comments that may help in verifying this service (if any):

7. Indicate any additional employer(s) for which you are seeking to obtain service verification other than that listed above:
Chesterfield County SC

I hereby request and authorize the release of the information requested on this form and any additional information necessary to document this claim for service.

Member Signature: **Glenn Adom** Date: **10-1-15**

PLEASE FORWARD THIS FORM TO THE EMPLOYER FROM WHICH YOU ARE SEEKING VERIFICATION TO COMPLETE PART II.

For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within SC only), or www.retirement.sc.gov

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY

PEBA

Peggy G. Boykin, CPA
Executive Director
Retirement Benefits

GAIL C EDWARDS
OFFICE MANAGER
ALLIGATOR RURAL WATER & SEWER CO
P O BOX 810
MCBEE SC 29101-0000

May 22, 2015

RE: GLENN C ODOM
SSN: [REDACTED]

The employee named above has submitted a request to purchase additional service credit. In order to calculate the payment required we must have salary **and** employee status information as requested below. Current annual salary includes base salary plus any additional compensation subject to retirement withholdings (i.e. overtime pay, summer school, additional course load, differentials, stipends, coaching supplement).

- ◆ I certify the base annual salary during fiscal year 2014-2015 for this employee to be

\$ 12,000.00

- ◆ I certify this employee will also earn additional compensation during fiscal year 2014-2015 in

the amount of \$ _____

for _____

(Indicate reason for additional payment)

- ◆ I certify the **current** status of this employee to be: (check applicable box)

- Actively employed and earning compensation
 Leave of absence with pay (on paid annual leave and/or paid sick leave)
 Leave of absence without pay ___/___/___ (provide date lwop began)
 Leave of absence without pay ___/___/___ (provide date lwop began), but making supplemental contributions due to: (check applicable box)
 Serving on active military duty Participating in an approved furlough program
 Receiving workers' compensation benefits
 Terminated ___/___/___ (provide date of termination)

6-1-15
Date
843-335-6464
Telephone Number

Gail C Edwards
Signature
Office Manager
Title
713.15
Employer Code

SERVICE DEPARTMENT

Form 2209 RCOSP009 (Revised 2/04/2011)

Street Address:
202 Arbor Lake Drive
Columbia, South Carolina 29223

www.retirement.sc.gov
803-737-6800
800-868-9002 (within S.C. only)

Mailing Address:
Post Office Box 11960
Columbia, South Carolina 29211-1960

PETITIONER 1521

23

SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD
Employee Insurance Program
Certification Regarding Tobacco Use

SUBSCRIBER NAME: <i>Glenn Edom</i>	SUBSCRIBER BIN OR SSN: [REDACTED]
NON-TOBACCO-USER PREMIUM	<input checked="" type="checkbox"/> I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to the Employee Insurance Program ("EIP"). By checking this box, I certify truth and understanding of the following: <ul style="list-style-type: none"> ❖ I certify that all persons covered on my health insurance coverage through EIP (including myself and any dependents) are not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last 6 months. ❖ I certify that if this information changes at any time in the future, while I have health insurance coverage through EIP, I will notify EIP of such change within 30 days through completion and re-submission of this form. ❖ I certify that this information is true and correct to the best of my knowledge. ❖ I understand that if it is determined that I (or any of my covered dependents) have used tobacco products within the last 6 months or if I (or any of my covered dependents) start using tobacco products subsequent to the date of this certification without notifying EIP, I will be subject to penalties including, but not limited to, payment of premium difference since last certification plus a 10% penalty and elimination of tobacco user's out-of-pocket maximum for current year and subsequent year. ❖ I understand that all premium changes will be prospective. I will not be refunded any part of the Tobacco-User Premiums I have already paid.
TOBACCO-USER PREMIUM	<input type="checkbox"/> I acknowledge that I will pay the Tobacco-User Premium by checking this box . I declare that one or more persons covered on my health insurance coverage through EIP uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Glenn Edom

SUBSCRIBER SIGNATURE

6-1-09

DATE

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE TERMS AND CONDITIONS OF THIS DOCUMENT IN WHOLE OR IN PART AT ANY TIME. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

04/09 If you have any questions, please call Customer Service at 803-734-0676 or toll-free at 888-260-9430.
Return this completed form to the Employee Insurance Program, P.O. Box 11661, Columbia, SC 29211.



PEBA
 SC Retirement Systems
 and State Health Plan

South Carolina Public Employee Benefit Authority
 202 Arbor Lake Drive | Columbia, SC 29223
 803.737.6800 | 888.260.9430
 www.peba.sc.gov

June 7, 2022

JMY06/07/22

GLENN C ODOM
 PO BOX 576
 MC BEE SC 29101-0576

RE: XXX-XX-XXXXXXXXXX
 South Carolina Retirement System

Dear Payee:

We are pleased to provide information regarding the monthly benefit check you are to receive from the South Carolina Retirement Systems. Your retirement account has been updated and current information is listed below.

The check you receive this month may be more, or less, than the normal monthly benefit amount you are to receive. Your normal monthly benefit amount is \$2,419.27.

Following is a summary of current information regarding your retirement benefits.

Status of Account:	Finalized Benefit
Type of Retirement:	Service
Date of Retirement:	01-06-2022
Service Credit:	21 years, 1 month, and 16 days
Monthly Benefit:	\$2,419.27

You selected the maximum benefit formula which provides the largest monthly benefit available to be paid to you as a retired member for your life. If you should die prior to recovering the total amount of your contributions plus interest, the balance of your account will be refunded in one payment to the designated beneficiary(ies).

Contributions-Tax Paid:	2,825.93
Contributions-Deferred	26,510.50
Interest:	<u>16,805.58</u>
Total Contributions plus Interest	\$ 46,142.01

FORM 7320 – RCOPS081 2/2/2017

Serving those who serve South Carolina

Health insurance | Retirement benefits | 401(k) | 457(b) | Dental | Vision | Life insurance | Long term disability | Flexible spending accounts.



Your average final compensation (AFC) reflects the 12 highest consecutive quarters of salary posted through your date of termination, including the dollar amount of unused annual leave as permitted by law and reported by your employer.

QTR	Year	Salary		
Dec	2009	\$ 9,000.00	Current Salary	\$ 12,000.00
Sep	2009	7,500.00	Paid Leave Days	
Jun	2009	13,000.00	Leave allowed	\$ 0.00
Mar	2009	9,000.00		
Jun	2008	12,000.00		
Mar	2008	24,000.00		
Dec	2007	36,000.00		
Sep	2007	20,000.00		
Jun	2007	30,000.00		
Mar	2007	26,000.00		
Dec	2006	24,000.00		
Sep	2006	16,000.00		

Calculation: \$ 226,500.00 / 3.00 years = AFC of \$ 75,500.00

Beneficiary selection for lump sum payment:
ANGELA ODOM ASTRALLA BRYAN SHAWN ODOM

Beneficiary selection for retiree Incidental Death Program:
ANGELA ODOM ASTRALLA BRYAN SHAWN ODOM

For federal and state tax purposes, \$17.66 of your monthly benefit is tax free until your tax paid contributions are recovered after which all amounts, including cost-of-living increases, will be fully taxable.

The Retirement Systems is committed to serving members promptly and efficiently. Please call our Customer Contact Center at (803) 737-6800 or 888-260-9430 if you have any questions regarding your benefit.

Sincerely,

Benefit Payments Department



PEBA
 SC Retirement Systems
 and State Health Plan

South Carolina Public Employee Benefit Authority
 202 Arbor Lake Drive | Columbia, SC 29223
 803.737.6800 | 888.260.9430
 www.peba.sc.gov

June 7, 2022

JMY06/07/22

GLENN C ODOM
 PO BOX 576
 MC BEE SC 29101-0576

RE: XXX-XX [REDACTED]
 Police Officers Retirement System

Dear Payee:

We are pleased to provide information regarding the monthly benefit check you are to receive from the South Carolina Retirement Systems. Your retirement account has been updated and current information is listed below.

The check you receive this month may be more, or less, than the normal monthly benefit amount you are to receive. Your normal monthly benefit amount is \$1,222.97.

Following is a summary of current information regarding your retirement benefits.

Status of Account:	Finalized Benefit
Type of Retirement:	Service
Date of Retirement:	01-06-2022
Service Credit:	9 years, 1 month, and 0 days
Monthly Benefit:	\$1,222.97

You selected the maximum benefit formula which provides the largest monthly benefit available to be paid to you as a retired member for your life. If you should die prior to recovering the total amount of your contributions plus interest, the balance of your account will be refunded in one payment to the designated beneficiary(ies).

Contributions-Tax Paid:	0.00
Contributions-Deferred:	39,994.60
Interest:	<u>32,671.55</u>
Total Contributions plus Interest:	\$ 72,666.15



FORM 7320 - RCOPS081 2/2/2017

Serving those who serve South Carolina

Health insurance | Retirement benefits | 401(k) | 457(b) | Dental | Vision | Life insurance | Long term disability | Flexible spending accounts

Your average final compensation (AFC) reflects the 12 highest consecutive quarters of salary posted through your date of termination, including the dollar amount of unused annual leave as permitted by law and reported by your employer.

QTR	Year	Salary		
Dec	2009	\$ 9,000.00	Current Salary	\$ 12,000.00
Sep	2009	7,500.00	Paid Leave Days	
Jun	2009	13,000.00	Leave allowed	\$ 0.00
Mar	2009	9,000.00		
Jun	2008	12,000.00		
Mar	2008	24,000.00		
Dec	2007	36,000.00		
Sep	2007	20,000.00		
Jun	2007	30,000.00		
Mar	2007	26,000.00		
Dec	2006	24,000.00		
Sep	2006	16,000.00		

Calculation: \$ 226,500.00 / 3.00 years = AFC of \$ 75,500.00

Beneficiary selection for lump sum payment:
ANGELA ODOM ASTRALLA BRYAN SHAWN ODOM

Beneficiary selection for retiree Incidental Death Program:
ANGELA ODOM ASTRALLA BRYAN SHAWN ODOM

The Retirement Systems is committed to serving members promptly and efficiently. Please call our Customer Contact Center at (803) 737-6800 or 888-260-9430 if you have any questions regarding your benefit.

Sincerely,

Benefit Payments Department

RECEIVED

Nov 08 2023

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Deborah Brooks Durden, Administrative Law Judge

Appellate Case Number: 2023-000521

Glenn C. OdomAppellant,

v.

South Carolina Public Employee Benefit Authority,
South Carolina Retirement SystemsRespondent.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



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Hannah D. Stetson, SC Bar # 101507
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hstetson@turnerpadget.com
Attorneys for Appellant

October 19, 2023