

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

2023

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Final K-1 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 23 rows and 2 columns. Rows include: 1 Ordinary business income (loss) 40.000, 2 Net rental real estate income (loss) 90.000, 3 Other net rental income (loss), 4a Guaranteed payments for services 50.000, 4b Guaranteed payments for capital, 4c Total guaranteed payments, 5 Interest income, 6a Ordinary dividends, 6b Qualified dividends, 6c Dividend equivalents, 7 Royalties, 8 Net short-term capital gain (loss), 9a Net long-term capital gain (loss) 20.000, 9b Collectibles (28%) gain (loss), 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain (loss), 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14 Self-employment earnings (loss), 15 Credits, 16 Schedule K-3 is attached if checked, 17 Alternative minimum tax (AMT) items, 18 Tax-exempt income and nondeductible expenses, 19 Distributions, 20 Other information, 21 Foreign taxes paid or accrued, 22 More than one activity for at-risk purposes*, 23 More than one activity for passive activity purposes*.

Part I Information About the Partnership

Form with fields A through D. A: Partnership's employer identification number 59-9876543. B: Partnership's name, address, city, state, and ZIP code Overland Park Engineers 12345 Quivera Overland Park, KS 66213. C: IRS center where partnership filed return. D: Check if this is a publicly traded partnership (PTP).

Part II Information About the Partner

Form with fields E through J. E: Partner's SSN or TIN 987-65-4321. F: Name, address, city, state, and ZIP code for partner Richard C. Burns 14645 Nature Valley Way Overland Park, KS 66221. G: General partner or LLC member-manager checked. H1: Domestic partner checked. H2: If the partner is a disregarded entity (DE), enter the partner's TIN. I1: What type of entity is this partner? Individual. I2: If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here. J: Partner's share of profit, loss, and capital table.

Table for Partner's share of liabilities (K1). Columns: Beginning, Ending. Rows: Nonrecourse, Qualified nonrecourse financing, Recourse. Recourse ending value is 25.000.

Fields K2 and K3. K2: Check this box if item K1 includes liability amounts from lower-tier partnerships. K3: Check if any of the above liability is subject to guarantees or other payment obligations by the partner.

Table for Partner's Capital Account Analysis (L). Rows: Beginning capital account 60.000, Capital contributed during the year, Current year net income (loss) 40.000, Other increase (decrease), Withdrawals and distributions 20.000, Ending capital account 80.000.

Field M: Did the partner contribute property with a built-in gain (loss)? Yes No checked. If "Yes," attach statement.

Table for Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) (N). Rows: Beginning, Ending.

For IRS Use Only

| | | | | | | |
|---|----------------------------|--|---------------------|---|---------------------|------------------|
| a Employee's social security number 123-45-6789 | | Safe, accurate, FAST! Use | | Visit the IRS website at www.irs.gov/efile | | |
| b Employer identification number (EIN) 59-1234567 | | 1 Wages, tips, other compensation 52,000 | | 2 Federal income tax withheld 5,720 | | |
| c Employer's name, address, and ZIP code St. Luke's South Hospital Overland Park, KS 66213 | | 3 Social security wages 52,000 | | 4 Social security tax withheld 3,224 | | |
| | | 5 Medicare wages and tips 52,000 | | 6 Medicare tax withheld 754 | | |
| | | 7 Social security tips | | 8 Allocated tips | | |
| d Control number | | 9 | | 10 Dependent care benefits | | |
| e Employee's first name and initial Last name Suff. Natalie B. Burns 14645 Nature Valley Way Overland Park, KS 66221 | | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | |
| | | 14 Other | | 12c | | |
| | | | | 12d | | |
| f Employee's address and ZIP code | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| KS | 59-1234567 | 52,000 | 2,600 | | | |

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

2023

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

| | | | | | |
|---|--|---|---|---------------------------------|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. First Bank Overland Park, KS | | Payer's RTN (optional) | OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year _____ | | Interest Income |
| PAYER'S TIN 59-2222222 | | 1 Interest income \$ 600 | | Copy B For Recipient | |
| RECIPIENT'S TIN 987-65-4321 | | 2 Early withdrawal penalty \$ _____ | | | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name Richard Burns Street address (including apt. no.) 14645 Nature Valley Way City or town, state or province, country, and ZIP or foreign postal code Overland Park, KS 66221 | | 3 Interest on U.S. Savings Bonds and Treasury obligations \$ _____ | | | |
| FATCA filing requirement <input type="checkbox"/> | | 4 Federal income tax withheld \$ -0- | 5 Investment expenses \$ _____ | | |
| Account number (see instructions) | | 6 Foreign tax paid \$ _____ | 7 Foreign country or U.S. territory _____ | | |
| | | 8 Tax-exempt interest \$ _____ | 9 Specified private activity bond interest \$ _____ | | |
| | | 10 Market discount \$ _____ | 11 Bond premium \$ _____ | | |
| | | 12 Bond premium on Treasury obligations \$ _____ | 13 Bond premium on tax-exempt bond \$ _____ | | |
| | | 14 Tax-exempt and tax credit bond CUSIP no. _____ | 15 State _____ | | |
| | | 16 State identification no. _____ | 17 State tax withheld \$ _____ | | |

CORRECTED (if checked)

| | | | | | |
|---|--|---|---|---|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Local credit union Overland Park, KS 66213 | | Payer's RTN (optional) | OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year _____ | | |
| PAYER'S TIN 59-1111111 | | RECIPIENT'S TIN 123-45-6789 | | 2 Early withdrawal penalty \$ _____ | |
| RECIPIENT'S name Natalie Burns Street address (including apt. no.) 14645 Nature Valley Way City or town, state or province, country, and ZIP or foreign postal code Overland Park, KS 66221 | | 1 Interest income \$ 1,500- | 3 Interest on U.S. Savings Bonds and Treasury obligations \$ _____ | | |
| FATCA filing requirement <input type="checkbox"/> | | 4 Federal income tax withheld \$ 0- | 5 Investment expenses \$ _____ | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. | |
| Account number (see instructions) | | 6 Foreign tax paid \$ _____ | 7 Foreign country or U.S. territory \$ _____ | | |
| | | 8 Tax-exempt interest \$ _____ | 9 Specified private activity bond interest \$ _____ | | |
| | | 10 Market discount \$ _____ | 11 Bond premium \$ _____ | | |
| | | 12 Bond premium on Treasury obligations \$ _____ | 13 Bond premium on tax-exempt bond \$ _____ | | |
| | | 14 Tax-exempt and tax credit bond CUSIP no. | 15 State | 16 State identification no. | 17 State tax withheld \$ _____ \$ _____ |

**Interest
Income**

Copy B

For Recipient

CORRECTED (if checked)

| | | | | |
|--|-----------------|---|--------------------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ABC Mutual Fund New York, NY 20001 | | 1a Total ordinary dividends | OMB No. 1545-0110 | |
| | | \$ 4000- | Form 1099-DIV | |
| | | 1b Qualified dividends | (Rev. January 2024) | |
| | | \$ 4000- | For calendar year | |
| | | 2a Total capital gain distr. | 2b Unrecap. Sec. 1250 gain | Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| | | \$ 3500- | \$ | |
| PAYER'S TIN | RECIPIENT'S TIN | 2c Section 1202 gain | 2d Collectibles (28%) gain | |
| 59-8686967 | 987-65-4321 | \$ | \$ | |
| RECIPIENT'S name Richard Burns | | 2e Section 897 ordinary dividends | 2f Section 897 capital gain | |
| | | \$ | \$ | |
| Street address (including apt. no.) 14645 Nature Valley Way | | 3 Nondividend distributions | 4 Federal income tax withheld | |
| | | \$ | \$ -0- | |
| City or town, state or province, country, and ZIP or foreign postal code Overland Park, KS 66221 | | 5 Section 199A dividends | 6 Investment expenses | |
| | | \$ | \$ | |
| | | 7 Foreign tax paid | 8 Foreign country or U.S. possession | |
| | | \$ | | |
| | | 9 Cash liquidation distributions | 10 Noncash liquidation distributions | |
| | | \$ | \$ | |
| | | 11 FATCA filing requirement | 12 Exempt-interest dividends | |
| | | <input type="checkbox"/> | \$ | |
| Account number (see instructions) | | 13 Specified private activity bond interest dividends | 14 State | |
| | | \$ | 15 State identification no. | |
| | | 16 State tax withheld | | |
| | | \$ | | |