

COPY OF FORM 990-T

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).
- Form 990-T, including all schedules and attachments (for those returns filed after August 17, 2006).

In-person requests: A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

Written requests: Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization’s website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

Permissible charges: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don’t yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

PUBLIC DISCLOSURE COPY

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning _____, 2023, and ending _____, 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SAMARITAN'S FEET INTERNATIONAL Number, street, and room or suite no. If a P.O. box, see instructions. 4808 CHESAPEAKE DR. City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28216	D Employer identification number 14-1880905
		E Group exemption number (see instructions)
		F <input type="checkbox"/> Check box if an amended return.

C Book value of all assets at end of year 20,275,016

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (704) 341-1630

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	40,087
2	Reserved	
3	Add lines 1 and 2	40,087
4	Charitable contributions (see instructions for limitation rules)	4,009
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	36,078
6	Deduction for net operating loss. See instructions	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	36,078
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000
9	Trusts. Section 199A deduction. See instructions	0
10	Total deductions. Add lines 8 and 9	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	35,078

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	7,366
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
3	Proxy tax. See instructions	0
4	Other tax amounts. See instructions	0
5	Alternative minimum tax	0
6	Tax on noncompliant facility income. See instructions	0
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7,366

Part III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	0
b	Other credits (see instructions)	0
c	General business credit. Attach Form 3800 (see instructions)	0
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	0
e	Total credits. Add lines 1a through 1d	0
2	Subtract line 1e from Part II, line 7	7,366
3a	Amount due from Form 4255	
b	Amount due from Form 8611	
c	Amount due from Form 8697	
d	Amount due from Form 8866	
e	Other amounts due (see instructions)	0
f	Total amounts due. Add lines 3a through 3e	0
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here 0	7,366
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	0

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a	0
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	0
c	Tax deposited with Form 8868	6c	0
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0
e	Backup withholding (see instructions).	6e	0
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0
g	Elective payment election amount from Form 3800	6g	0
h	Payment from Form 2439	6h	0
i	Credit from Form 4136	6i	0
j	Other (see instructions)	6j	0
7	Total payments. Add lines 6a through 6j	7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	7,366
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	0
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0		
4	Enter available pre-2018 NOL carryovers here \$ 0. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **DAREN DAIGA** Preparer's signature: *Daren Daiga* Date: **9/24/2025** Check if self-employed PTIN: **P01074795**

Firm's name: **CRI CAPIN CROUSE ADVISORS, LLC** Firm's EIN: **33-2621854**

Firm's address: **345 MASSACHUSETTS AVE SUITE 300, INDIANAPOLIS, IN 46204** Phone no.: **(505) 502-2746**

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization <u>SAMARITAN'S FEET INTERNATIONAL</u>	B Employer identification number <u>14-1880905</u>
C Unrelated business activity code (see instructions) <u>901101</u>	D Sequence: <u>1</u> of <u>1</u>

E Describe the unrelated trade or business DEBT-FINANCED INCOME

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>0</u>			
b	Less returns and allowances <u>0</u> c Balance	1c <u>0</u>		
2	Cost of goods sold (Part III, line 8)	2 <u>0</u>		
3	Gross profit. Subtract line 2 from line 1c	3 <u>0</u>		<u>0</u>
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a <u>0</u>		<u>0</u>
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b <u>0</u>		<u>0</u>
c	Capital loss deduction for trusts	4c <u>0</u>		<u>0</u>
5	Income (loss) from a partnership or an S corporation (attach statement)	5 <u>0</u>		<u>0</u>
6	Rent income (Part IV)	6 <u>0</u>	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Part V)	7 <u>254,639</u>	<u>211,552</u>	<u>43,087</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8 <u>0</u>	<u>0</u>	<u>0</u>
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9 <u>0</u>	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Part VIII)	10 <u>0</u>	<u>0</u>	<u>0</u>
11	Advertising income (Part IX)	11 <u>0</u>	<u>0</u>	<u>0</u>
12	Other income (see instructions; attach statement)	12 <u>0</u>		<u>0</u>
13	Total. Combine lines 3 through 12	13 <u>254,639</u>	<u>211,552</u>	<u>43,087</u>

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1	Compensation of officers, directors, and trustees (Part X)		1	<u>0</u>
2	Salaries and wages		2	<u>0</u>
3	Repairs and maintenance		3	<u>0</u>
4	Bad debts		4	<u>0</u>
5	Interest (attach statement). See instructions		5	<u>0</u>
6	Taxes and licenses		6	<u>0</u>
7	Depreciation (attach Form 4562). See instructions	7 <u>48,912</u>		
8	Less depreciation claimed in Part III and elsewhere on return	8a <u>48,912</u>	8b	<u>0</u>
9	Depletion		9	<u>0</u>
10	Contributions to deferred compensation plans		10	<u>0</u>
11	Employee benefit programs		11	<u>0</u>
12	Excess exempt expenses (Part VIII)		12	<u>0</u>
13	Excess readership costs (Part IX)		13	<u>0</u>
14	Other deductions (attach statement)		14	<u>3,000</u>
15	Total deductions. Add lines 1 through 14		15	<u>3,000</u>
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	<u>40,087</u>
17	Deduction for net operating loss. See instructions		17	<u>0</u>
18	Unrelated business taxable income. Subtract line 17 from line 16		18	<u>40,087</u>

Part III Cost of Goods Sold		Enter method of inventory valuation
1	Inventory at beginning of year	0
2	Purchases	0
3	Cost of labor	0
4	Additional section 263A costs (attach statement)	0
5	Other costs (attach statement)	0
6	Total. Add lines 1 through 5	0
7	Inventory at end of year	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)				
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input type="checkbox"/>			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)			0
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)			
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)			0

Part V Unrelated Debt-Financed Income (see instructions)				
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	A <input checked="" type="checkbox"/> 4808 CHESAPEAKE DR., CHARLOTTE, NC 28216			
	B <input type="checkbox"/>			
	C <input type="checkbox"/>			
	D <input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	323,474		
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)	62,134		
b	Other deductions (attach statement)	206,606		
c	Total deductions (add lines 3a and 3b, columns A through D)	268,740		
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	3,564,624		
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	4,528,061		
6	Divide line 4 by line 5	78.72 %	%	%
7	Gross income reportable. Multiply line 2 by line 6	254,639		
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			254,639
9	Allocable deductions. Multiply line 3c by line 6	211,552		
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			211,552
11	Total dividends – received deductions included in line 10			0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
			0	0	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	PATRICIA KRIGER, 4808 CHESAPEAKE DR., CHARLOTTE, NC 28216

Form 990T Part I, Line 4

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2023	4,866,229	0	4,009	4,862,220	0	2028
Totals	4,866,229	0	4,009	4,862,220	0	

Description	Amount
NONRESIDENTIAL RENTAL INCOME	
(1) TAX PREP FEES	3,000

NONRESIDENTIAL RENTAL INCOME(1) 4808 CHESAPEAKE DR.,
CHARLOTTE, NC 28216

Description	Cost - Salvage Value	Year Acquired	Useful Life (Years)	Life Remaining (Years)	Annual Depreciation Expense	Allowable Depreciation Expense
BUILDING						62,134

Total for Schedule A - Part V, Line 3(a),
Straight Line Depreciation**62,134**

NONRESIDENTIAL RENTAL INCOME

	Description	Amount
(1) 4808 CHESAPEAKE DR., CHARLOTTE, NC 28216	PROPERTY TAX	11,690
	INTEREST EXPENSE	34,605
	UTILITIES	74,092
	REPAIRS & MAINTENANCE	18,132
	INSURANCE	5,997
	JANITORIAL SERVICES	17,680
	SECURITY	5,046
	LANDSCAPING, SNOW REMOVAL, ETC.	7,595
	GATEGUARD	12,242
	SALARIES & WAGES	19,527
		Total
Total for Schedule A - Part V, Line 3(b), Other Deductions		206,606

NONRESIDENTIAL RENTAL INCOME

(1) 4808 CHESAPEAKE DR., CHARLOTTE, NC 28216	Monthly Average Acquisition Indebtedness	Percent Allocable	Allocable Average Acquisition Indebtedness
	3,564,624	100.00%	3,564,624
Total for Schedule A - Part V, Line 4, Average Acquisition Indebtness	3,564,624		

NONRESIDENTIAL RENTAL INCOME(1) 4808 CHESAPEAKE DR., CHARLOTTE, NC
28216

Description	Adjusted Basis Amount	Percent Allocable	Allocable Adjusted Basis
	4,528,061	100.00%	4,528,061
Total for Schedule A - Part V, Line 5, Average Adjusted Basis			4,528,061

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: SAMARITAN'S FEET INTERNATIONAL, 901101, 14-1880905

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.

Table with 5 columns: Line number, Description, Sub-column (a), Sub-column (b), Sub-column (c), Amount. Lines 1-13 covering maximum amount, total cost, threshold, reduction, dollar limitation, and carryover.

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.)

Table with 3 columns: Line number, Description, Amount. Lines 14-16 covering special depreciation allowance, section 168(f)(1) election, and other depreciation.

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

Section A

Table with 3 columns: Line number, Description, Amount. Lines 17-18 covering MACRS deductions and general asset accounts.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g for 3-25 year properties and h-i for residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Amount. Rows 20a-d for 12, 30, and 40 year class lives.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Lines 21-23 covering listed property, total depreciation, and section 263A costs.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	0
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	0
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	0

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	0		0		0		0		0		0	
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0