

Master Piece Canine Spa

WASHINGTON, DC



TENANT PROPOSAL

THE ANTHONY BOLLING GROUP
240.737.5000
1441 McCormick Drive
Suite 1020
Upper Marlboro, MD 20774

PRESENTED BY:

ANTHONY R. BOLLING, JD, CCIM
Group Leader
O: 240.339.6979
C: 202.531.6159
anthony@anthonybollinggroup.com
DC #BR701884

Introduction

Status as of Jul 7, 2023:

Anthony – hope all is well.

On behalf of my client, please see attached an LOI for Masterpiece Canine Spa to lease space at 1000 Florida Ave NE. Also attached is a detailed business plan.

You'll see that they do over \$1M in revenue at their current location on H Street.

As mentioned on the tour, this would be a relocation of an established business in the trade area.

I will work on getting you a financial package early next week. We are also requesting access to the space with the tenant's contractor early next week so a lockbox code would be helpful.

We looking forward to working with you and the Church here on a successful lease transaction.

Thanks,

Gray McGregor

Next Realty Mid-Atlantic, LLC

O: 703.442.8834 C: 202.681.4788



July 6th, 2023

Mr. Anthony Bolling
Keller Williams
Via Email: anthony@anthonybollingroup.com



2500 Wilson Blvd, Suite 430
Arlington, VA 22201
703-442-8834

RE: *Lease Proposal - Retail*
1000 Florida Avenue NE
Washington, DC 20002

Dear Anthony,

On behalf of Masterpiece Canine Spa, or its assigns ("Tenant"), Next Realty Mid-Atlantic, LLC ("Broker") is pleased to submit the following lease proposal to lease retail space at 1000 Florida Avenue NE ("Property").

Tenant: Masterpiece, LLC DBA Masterpiece Canine Spa

Landlord: New Samaritan Baptist Church

Guaranty/Security Deposit: Tenant shall provide a one (1) month security deposit at the time of lease execution. Tenant shall also provide a twelve (12) month personal guaranty.

Permitted Use: A first-class pet grooming business.

Exclusive: Not including current leases, Landlord shall not lease space at the property to any other concept whose primary revenue source is from the sale of dog grooming.

Tenant's Trade Name: Masterpiece Canine Spa

Premises: Approximately 2,348 square feet on the first floor and lower level, located at 1000 Florida Ave NE.

Lease Commencement: The Lease Commencement Date will be upon Landlord's delivery of the Premises and Lease Execution.

Rent Commencement: The earlier of Tenant's opening for business or one hundred and twenty (120) days following the tenant's receipt of unappealable permits.

Rental Abatement: 3 months. Tenant shall pay full triple nets.

Term: The Term will commence upon the Lease Commencement Date and continue until the date which is Five (5) years from the Rent Commencement Date.

July 6, 2023

Base Rent:	The initial annual Base Rent rate will be Twenty and 00/100 dollars (\$20.00) per square foot of the Premises, NNN. The base rent will increase 10% after the fifth year (including renewal options).
Renewal Option(s):	Two (2) five (5)-year option(s) to renew the Lease.
Utilities:	Utilities are separately metered at the sole cost of the Tenant.
Real Estate Taxes:	Tenant will pay its pro rata share of real estate taxes for the Building, estimated to be \$2.36 per square foot for the first year.
Common Area Maintenance (CAM):	<p>Tenant will pay its pro rata share of CAM charges based on square footage of the Premises (not including the Patio Area). CAM charges will not include capital expenditures or reserves.</p> <p>First year CAM charges (including insurance) are estimated to be \$3.24 per square foot for the first lease year.</p>
Trash Removal:	Landlord will operate and maintain a trash removal service for the removal of trash from designated locations at the Project. Tenant will be responsible for removal of trash from the Premises and depositing same in the designated locations.
Landlord's Work:	Landlord to deliver the premises in "as-is" condition and the Tenant shall be allowed to survey the premises prior to LOI execution.
Improvement Allowance:	None.
Relocation:	Landlord shall not have the right to relocate Tenant.
Assignment & Subletting:	Tenant shall have the right to assign the Lease or sublet the Premises, subject to Landlord's reasonable approval.
Parking:	Landlord shall provide two parking spaces for Tenant's staff mutually agreeable location at no charge to Tenant.
Lease Form:	Tenant agrees to use Landlord's Lease form.
Agency:	Gray McGregor of Next Realty Mid-Atlantic, LLC is representing the Tenant and Anthony Bolling of Keller Williams, Inc is representing the Landlord. These are the sole Brokers in the transaction and will be paid a commission pursuant to a separate agreement.

Masterpiece Canine Spa

July 6, 2023

Thank you for your consideration. Please do not hesitate to call should you have any questions.

Sincerely,

L. Gray McGregor

703-442-8834

gmcgregor@nextrealtymidatlantic.com

AGREED AND ACCEPTED:

LANDLORD

TENANT

Masterpiece Canine Spa

By:_____

By:_____

Title:_____

Title:_____

Date:_____

Date:_____

Signature:_____

Signature:_____

Masterpiece Canine Spa
July 6, 2023

Proposal Highlights

Initial Term:

5 year

Option Terms:

2- 5 year options

Rental Rate:

\$20/ SF

Escalations:

The base rent will increase by 10% after the fifth year (including renewal options).

Security Deposit:

The tenant shall provide a (1) month security deposit at the time of lease execution.

Service:

NNN

Rent Abatement:

3 months Free rent

Parking:

Landlord shall provide two parking spaces for Tenant's staff mutually agreeable location at no charge to the Tenant

Rent Commencement:

The earlier of the Tenant's opening for business or one hundred and twenty (120) days following the tenant's receipt of unappealable permits.

Guaranty:

Tenant shall provide a twelve (12) month personal guaranty.



Proposal Cash Flow Owner Perspective

1000-1004 Florida Ave NE
Washington, DC 20002

DEAL: Masterpiece Canine Spa | Floors BSMT, 1
MODEL: Lease Proposal



SPACE DETAILS

Use:	Retail
Floor:	BSMT, 1
Rentable SF:	2,348

LEASE TERMS

Lease Start:	8/1/2023	Free Rent:	3 Months (\$11,740)
Lease End:	7/31/2028	Service Type:	Triple Net (NNN)
Term:	5 Years	Operating Exp:	\$5.60 / RSF (Inflation Varies)
Starting Rent:	\$20.00 / RSF	Commission:	6.00%
Rent Increases:	Detailed Steps	Improvements:	None
Percent Rent:	None		

	Year 1		Year 2		Year 3		Year 4		Year 5		Total
	\$	\$ / RSF	\$	\$ / RSF	\$	\$ / RSF	\$	\$ / RSF	\$	\$ / RSF	
Base Rent & Escalations	46,960	20.00	46,960	20.00	46,960	20.00	46,960	20.00	46,960	20.00	234,800
Free Rent	(11,740)	(5.00)	-	-	-	-	-	-	-	-	(11,740)
Total Base Rent	35,220	15.00	46,960	20.00	46,960	20.00	46,960	20.00	46,960	20.00	223,060
Real Estate Taxes	5,541	2.36	5,541	2.36	5,541	2.36	5,541	2.36	5,865	2.50	28,030
CAM (Common Area Maint.)	7,608	3.24	7,608	3.24	7,608	3.24	7,608	3.24	8,051	3.43	38,481
Total Recoveries	13,149	5.60	13,149	5.60	13,149	5.60	13,149	5.60	13,916	5.93	66,511
Total Rent	48,369	20.60	60,109	25.60	60,109	25.60	60,109	25.60	60,876	25.93	289,571
Real Estate Taxes	5,541	2.36	5,541	2.36	5,541	2.36	5,541	2.36	5,865	2.50	28,030
CAM (Common Area Maint.)	7,608	3.24	7,608	3.24	7,608	3.24	7,608	3.24	8,051	3.43	38,481
Total Operating Expenses	13,149	5.60	13,149	5.60	13,149	5.60	13,149	5.60	13,916	5.93	66,511
Net Operating Income	35,220	15.00	46,960	20.00	46,960	20.00	46,960	20.00	46,960	20.00	223,060
Lease Commissions	13,384	5.70	-	-	-	-	-	-	-	-	13,384
Total Other Costs	13,384	5.70	-	-	-	-	-	-	-	-	13,384
Cash Flow	21,836	9.30	46,960	20.00	46,960	20.00	46,960	20.00	46,960	20.00	209,676
Cash Flow / RSF	9		20		20		20		20		209,676
Cumulative Cash Flow	21,836	9.30	68,796	29.30	115,756	49.30	162,716	69.30	209,676	89.30	209,676



The analysis contained herein is based on assumptions and estimates which have not been (or cannot be) independently verified and are subject to change. No representation or warranty is made as to the accuracy or completeness of the analysis and all information herein is provided as is. The analysis herein should not be construed as investment, tax or legal advice.



7/8/2023

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Proposal Input Detail

Owner Perspective

1000-1004 Florida Ave NE
 Washington, DC 20002

DEAL: Masterpiece Canine Spa | Floors BSMT, 1
 MODEL: Lease Proposal



SPACE DETAILS

Use:	Retail
Floor:	BSMT, 1
Rentable SF:	2,348

LEASE TERMS

Lease Start:	8/1/2023	Free Rent:	3 Months (\$11,740)
Lease End:	7/31/2028	Service Type:	Triple Net (NNN)
Term:	5 Years	Operating Exp:	\$5.60 / RSF (Inflation Varies)
Starting Rent:	\$20.00 / RSF	Commission:	6.00%
Rent Increases:	Detailed Steps	Improvements:	None
Percent Rent:	None		

BASE RENT (Triple Net (NNN))

Date		Amount		Increase		
Month	Date	\$ / RSF	\$ / Month	\$ / RSF	\$ / Month	%
1	8/1/2023	20.00	3,913			

FREE RENT

Lease Month	# of Months	% Free
1	3	100%

RECOVERIES

Service Type: Triple Net (NNN)

Operating Expense	\$ / RSF / Yr	Inflation
Real Estate Taxes	2.36	Varies
CAM (Common Area Maintenance)	3.24	Varies
Total	5.60	

INFLATION

	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Global Inflation	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%	0.00%	0.00%
Consumer Price Index (CPI)	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

SETTINGS

Discount Rate:	6%
IRR Investment Basis:	None
IRR Exit Cap Rate:	None
Base Rent Input:	Annual Basis
Fiscal Year End:	December
Currency:	US Dollars
Area Measure:	Square Feet



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Proposal Input Detail Owner Perspective

1000-1004 Florida Ave NE

Washington, DC 20002

DEAL: Masterpiece Canine Spa | Floors BSMT, 1
MODEL: Lease Proposal

OPTIONS

Renewal	
Term:	60
NumberOptions:	2
Date:	8/1/2028



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7/8/2023

Financials

1. Business Plan
2. Financial package
3. 2020 Tax returns
4. 2021 tax returns
5. 2022 tax returns



BUSINESS PLAN

Masterpiece
Washington DC

July 3, 2023

Executive Summary

Masterpiece – A Canine Spa – is a high-end dog grooming salon catering to the discerning owners of the Washington DC area. We provide breed standard grooming, as well as whimsical cuts and colors to satisfy both the serious and playful customer, to fill the unmet needs of the growing population of pet parents in Washington DC. Our focus is maintaining absolutely top notch customer service, along the lines of Neiman Marcus and the Ritz Carlton, bringing a level of service to an industry that sometimes forgets the human pet parents.

The Ownership

The company is structured as an S Corp.

The Management

Rachel Lawlor and Abby Spanu are 50/50 percent ownership partners and onsite day to day managers of the business and all financial and marketing decisions.

The Goals and Objectives

High end dog grooming salon catering to the needs to Metro DC customers. We focus on customer service in an industry that typically ignores the customer and will treat pets as individuals and family members. Low Stress, Cage Free environment.

The Product

The pet industry is currently a 5.4 billion dollar industry and shows no signs of slowing down. The Bureau of Labor Statistics indicates that the job category of pet groomers is expected to grow 11 percent through 2023, faster than the average growth for the economy as a whole. We provide top show level dog grooming to DC area canine residents with a focus on the needs of the dog and truly making each dog a “masterpiece”. Our groomers are trained to understand the needs of an older dog during grooming as well as training a young puppy to enjoy his spa visit. Our objective is to make every client feel like a family member and member of a community, with a limitless ability to give the customer exactly what they want while remaining focused on the needs of the dog.

The Target Market

Our market are those discriminating dog owners who truly believe their pet is a beloved family member. Our focus is to make each dog and family a member of a greater community. Our customers would not be interested in the cookie cutter approach taken by so many “big box” groomers, nor are they interested in the type of “on the run” service that mobile groomers provide. Our clientele prefers a full on boutique experience where they and their dog are made to feel like valued VIP members of our extended family, where the grooming and experience is specifically catered to their preferences and their dog’s needs.

Currently the dog population in downtown DC is growing, with most apartments and condominiums catering to doggy parents with do it yourself dog wash areas and dog parks being used to lure in potential renters and buyers. Masterpiece opened our doors in June of 2018 with a focus on quality and educating our clientele. Clients are required to schedule their dogs for the year each September, ensuring a full year of business ahead. Despite a pandemic that destroyed many businesses in the city, our business has enjoyed a steady growth year after year, grossing over 1 Million Dollars in 2022 and already on target to exceed that number in 2023. Our business already exists in the NE community and our clients drive to us from as far as Alexandria, Virginia Beach and Georgetown. On occasion, clients have flown in specifically for grooming.

Pricing Strategy

We focus on the high end of the market because of the highly advanced skills and training that our master groomers are able to provide, along with our extensive background dealing with luxury clientele. While each dog is priced accordingly based on their particular needs, our standard prices will begin for full coat and style at an average of \$200 to \$400 per dog, depending on the size of each dog, as well as the style requested. A full price list to include styles, hand scissoring, hand stripping, bath and blow out, mini styles for regular customers who want a weekly “clean up” can be provided upon request.

The Competitors

Currently there are very few, if any, salons in the area who bring both the talent and customer service background that our salon will offer. Our main competitors are District Dogs and Patricks Petcare, who offer a very different level of customer service and quality than Masterpiece. Last year we had a waiting list of new clientele of over 200 dogs, Currently we have 8 employees and the ability to hire and grow as we step into a larger space. Mobile groomers would not be considered our competitors as while that business is growing, our target clientele are interested in a bond between our shop, our groomers and their dogs. As many people now consider these animals a family member, the owners long for a sense of belonging and community both with the shop as well as other customers who feel the same. Lawlor and Spanu have made a business of raising the bar on the competition in our five years at Masterpiece, and understand that the most important thing for repeat business is having the absolute best customer service available. Both are hands on daily managers at the salon, catering to customers’ needs on an individual and personal level. Additionally, our groomers constantly update their grooming techniques through seminars and educational opportunities to maintain the highest industry standards.

Business Plan - Masterpiece

The Company

Business Sector

The business is in the pet grooming and salon services sector.

Company Goals and Objectives

High end dog grooming salon catering to the needs to Metro DC customers. We focus on customer service in an industry that typically ignores the customer and we treat pets as individuals and family members.

Low Stress, Cage Free environment.

Company Ownership Structure

The company is structured as an S Corp.

Ownership Background

Abby Spanu (member):

Abby Spanu has an extensive background in both dog ownership and dog grooming. Additionally, she brings over twenty five years of customer service and addressing the needs of VIP customers and clients, both in the corporate/legal world as well as the restaurant industry. Abby has experience with managing and training employees. As an involved member of the dog rescue community, Abby knows firsthand the needs of many dog owners to really belong to a community that cares about their dog and by extension, the human behind the dog. Abby has also owned and operated a successful pony breeding program for over twenty years, catering to the needs of parents finding show ponies for their children to lease or buy.

Rachel Lawlor (member):

With over twenty five years of customer service with a background in extremely busy high end restaurants, Rachel's focus has always been building long term repeat business customers. Rachel has extensive experience as a sales representative, consistently ranked in the top 5% of sales reps nationwide while working for Time-Life. She brings with her additional experience in the mortgage industry building business relationships and filling the needs of high end VIP clientele. Rachel has opened and managed the start up of two restaurants, as well as having management experience for a nationwide pharmacy chain, where her duties involved hiring, managing and training employees, as well as working with the corporate profit and loss division.

Company Management Structure

Lawlor and Spanu are 50/50 partners and the onsite day to day managers of the business.

Organizational Timeline

We currently have 8 employees and a waiting list of potential hires interested in working with us. Our business has outgrown our current space.

The Product

The Product

We provide top show level dog grooming to DC area canine residents with a focus on the needs of the dog. Our groomers are trained to understand the needs of an older dog during grooming as well as training a young puppy to enjoy his spa visit. Our objective is to make every client feel like a family member and member of a community, and a limitless ability to give the customer exactly what they want while remaining focused on the needs of the dog.

Future Products

Potential for a future grooming school as well as additional salons through the Metro area and beyond.

Marketing Plan

The Target Market

Discerning involved dog owners. Our focus will be pet parents who live in the apartments and condominiums surrounding our future locations for easy walk in clientele. Our target customer is not gender specific, but is financially secure, in a one to two income family making at least six figures. They have the extra income set aside for regularly scheduled groomings every four to eight weeks for their dog.

Established Customers

We currently have over 5,000 established customers, 60 plus positive Yelp reviews, an Instagram following of 1500, and have not advertised for business since the year we opened. All of our clientele is by word of mouth through our existing clientele. Clients book an entire year of appointments upon becoming clients.

Pricing

Our average small dog haircut starts at \$200, and increase in price with size and difficulty of each cut. Our head groomer bills at a rate of \$175 per hour and is booked out for the year. The majority of our groomers are booked for most of the year with appointments “held back” for new clients to fill in. A simple spa package includes bath with high end products, fluff dry with brushout, ear cleaning, and nail buffing, with

extra charges added on like anal gland expression, and teeth brushing. Other spa treatments include full professional grooming (both breed standard and “easy cuts”), de-matting and brushouts, shedding control services and medicated baths. Hand scissoring and hand stripping are all be done to show level specifications, something that our competitors simply do not have the background to do. We are the only salon in the DC Metro area that offers hand stripping and fully hand scissored haircuts.

Advertising

We have not had to use paid advertising for business in years, however we remain very active on social media as a way of free advertising. We will have a professionally designed website and monitor sites like Yelp daily to ensure that our reviews are all responded to and addressed. Continued relationships with other dog business entities throughout the city to include dog walkers, dog sitters and dog trainers have been beneficial to word of mouth advertising. We have been selected as a top pet care provider in DC every year since 2019.

Competitor Analysis

The Competitors

Nearest competitors in the same genre is Patrick’s Petcare, however their groomers focus on fear free and are not at our level of quality. By providing no kennel, express grooming at the highest level of quality, we have been able to stand out and remain extremely competitive at the top of the grooming echelon. Most other groomers in the area now are either big box groomers, mobile groomers or are not at a boutique level.

Operations

Staffing

We currently have 6 full time groomers, one part time bather and one full time bather. Our head groomer, Katelyn Mayo, has studied extensively under top poodle handlers including prepping Standard poodles ringside at the prestigious national specialty Poodle Club of America and provides our onsite quality control and groomer training. Katelyn currently has a full book for the year.

Rachel and Abby are the onsite daily as managers, greeting all customers and manning the phones, working on cell phones to book clients from home during the hours the salon is closed. We have built a business that not only provides a community for dog owners, but is also a company that builds an employee relationship where we have very little employee turn over.

Financial Forecast:

In 2021, our base revenue was approximately \$78,000 a month, totaling \$940,324 for the year. In 2022, our base revenue grew to approximately \$83,000 monthly, totaling \$1,005,665 for the year. For the first part of 2023, we have averaged \$95,000 a month. Our estimated monthly operating costs are approximately \$20,000. After paying groomer commissions and monthly operating expenses, we generally have a monthly profit margin of \$25,000-\$35,000.

FINANCIAL INFORMATION:

Copies of Last Three (3) months **Bank Statements Personal and Business.**

(Checking, Savings, any financial documentation for back up if requested in application)

A business plan – if a first-time operator

If **married**, spouse information is also required.

Applicant Name: <input type="checkbox"/> check if Married	Abby Spanu	Applicant E-mail:	abbyspanu@gmail.com		
Spouse Name:		Spouse E-mail:			
Lease Guarantor:	Abby Spanu	Guarantor E-mail:	abbyspanu@gmail.com		
Lessee Name:	Masterpiece LLC	State Inc.'d:	Delaware	Year:	2018
DBA/Trade Name:	Masterpiece Canine Spa	Federal I.D. Number:	38-4080554		
Home Address:	7366 Laurel Hill Lane	City, State, Zip:	Rixeyville VA 22727		
Home Phone:	571-296-6220	Fax:			
<input type="checkbox"/> check if same as home address Notice Address: <small>(not a P.O. box)</small>	Same	City, State, Zip:			
<input type="checkbox"/> check if same as notice address Billing Address:	Same	City, State, Zip:			

Employment Information (Applicant)

Present Employer:	Masterpiece Canine Spa	How Long:	5 years
If self-employed, Name of business:			
Work Address:	1425 H Street NE	City, State, Zip:	Washington DC 20002
Work Phone:	202-450-2828	Position:	Owner
Do you plan to leave this job within the next year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Sources of Income	In Even Dollars (Annual)
Salary (Annual)	\$120,000
Bonuses and Commissions (Annual)	
Dividends (Annual)	
Real Estate Income (Annual)	
Other Income (Itemize) Child Support	\$24,000
Horse Sales	\$15,000
ANNUAL TOTAL	\$159,000

Employment Information (Spouse)

Present Employer:		How Long:	
Work Address:		City, State, Zip:	
Work Phone:		Position:	
Does your spouse plan to leave this job within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Sources of Income (Spouse cont.)	In Even Dollars (Annual)
Salary (Annual)	
Bonuses and Commissions (Annual)	
Dividends (Annual)	
Real Estate Income (Annual)	

Other Income (Itemize)	
ANNUAL TOTAL	

Business Information

Please complete the following and attach additional information regarding your related background and business plans as necessary.

What background do you have in this business? (Please attach a resume if available) Owner for 5 years, showed dogs and also breed dogs.	
How do you plan to generate business? Current clientele plus new clients	
How many locations do you currently operate?	1
Do you have expansion plans?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you estimate you will initially spend to build-out the Premises?	\$15,000
How much do you estimate you will initially spend on inventory?	Already Own Inventory
What level of Annual Gross Sales/Receipts do you feel you need:	
To stay in business?	\$750,000
To be satisfied in business?	\$1,500,000
To be extremely pleased with business?	\$2,000,000

Financial Information

Assets	In Even Dollars
Cash on hand and in Banks (See Schedule A)	\$5000
U.S. Government Securities (See Schedule B)	
Listed Securities (See Schedule B)	
Unlisted Securities (See Schedule B)	
Other Equity Interests (See Schedule B)	
Accounts and Notes Receivable	
Market Value of Real Estate Owned (See Schedule C)	\$650,000
Cash Value Life Insurance (See Schedule D)	
Other Assets (Itemize)	
Show Horses and Dog Breeding Stock	\$50,000
TOTAL ASSETS (A)	\$705,000

Liabilities	Balances In Even Dollars
Notes Payable: This Bank (See Schedule A)	\$90,000 (auto and personal loan)
Notes Payable: Other Institutions (See Schedule A)	\$20,000 (credit cards)
Notes Payable: Relatives	
Notes Payable: Others	
Accounts and Bills Due	

Unpaid Taxes	
Real Estate Mortgages Payable (See Schedule C)	\$498,000
Land Contracts Payable (See Schedule C)	
Life Insurance Loans (See Schedule D)	
Other Liabilities (Itemize)	
TOTAL LIABILITIES (B)	\$608,000

Net Worth	
Total Assets (A)	\$705,000
Total Liabilities (B)	\$608,000
TOTAL ASSETS (A) MINUS TOTAL LIABILITIES (B) = TOTAL NET WORTH	\$97,000

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions

List the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets?</i>
Navy Federal Credit	Abby Spanu					
Old Dominion Bank	Abby Spanu					
TOTAL			TOTAL			

Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

<i>No. of Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate: 1. Agency or name of company issuing security or name 2. Type of investment or equity classification 3. Basis of valuation*</i>	<i>In Name of</i>	<i>Market Value*</i>	<i>Pledged</i>	
				<i>Yes</i>	<i>No</i>
50%	Masterpiece LLC	Abby Spanu	\$500,000	<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"/>	<input type="checkbox"/>
TOTAL					

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and Related Debt, if Applicable)

<i>Description of Property or Address</i>	<i>Title in Name of</i>	<i>Date Acquired</i>	<i>Cost + Improvements</i>	<i>Present Market</i>	<i>Mortgage or Land Contract Payable</i>		
					<i>Bal.</i>	<i>Mo. Pmt.</i>	<i>Holder</i>
7088 Trilock Lane	Abby Spanu and Mark	August 2022	\$560,000	\$650,000	\$498,000	\$3600	Movement Mortgage
TOTAL							

Schedule D: Life Insurance Carried

<i>Name of Company</i>	<i>Face Amount</i>	<i>Cash Surrender</i>	<i>Loans</i>	<i>Beneficiary</i>
TOTAL				

Applicant
Signature _____ Date 7.11.23 Social Security # 217-17-0910 Date of Birth 12.16.1976

Spouse
Signature _____ Date _____ Social Security # _____ Date of Birth _____

Required Tenant Information

Tenant Legal Entity (the name that will be on the lease): Masterpiece LLC

Tenant DBA Name (to go on sign): Masterpiece Canine Spa

Tenant Notice Address

Individual or Department: Abby Spanu

Complete Street Address: 7366 Laurel Hill Lane Rixeyville VA 22737

Phone: 202-306-5447

Tenant Leasing Contact – (lease draft goes to this person)

Name: Abby Spanu

Phone: 202-306-5447

Email address: abby@masterpiececaninespa.com

Complete Street Address: 7366 Laurel Hill Lane Rixeyville VA 22737

Person DocuSigning lease as TENANT

Name: Abby Spanu

Title: Owner

Email Address: abby@masterpiececanine.com

Tenant Billing Contact

Name: Rachel Lawlor

Phone: 202-306-5629

Email address: rachel@masterpiececaninespa.com

Complete Street Address: 7366 Laurel Hill Lane Rixeyville VA 22737

**MASTERPIECE, LLC
1425 H ST NE
WASHINGTON, DC 20002**

**Federal and State Partnership
Income Tax Returns**

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2020, or tax year beginning _____, ending _____ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2020	
A Principal business activity CANINE SPA		Name of partnership MASTERPIECE, LLC		D Employer identification number 38-4080554	
B Principal product or service SERVICE		Number, street, and room or suite no. If a P.O. box, see instructions. 1425 H ST NE		E Date business started 04/30/2018	
C Business code number 812910		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON DC 20002		F Total assets (see instructions) \$ 36,117	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ 3 J Check if Schedules C and M-3 are attached _____ <input type="checkbox"/> K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.					
Income		1a Gross receipts or sales		1a 809,738	
		b Returns and allowances		1b	
		c Balance. Subtract line 1b from line 1a		1c 809,738	
		2 Cost of goods sold (attach Form 1125-A)		2	
		3 Gross profit. Subtract line 2 from line 1c		3 809,738	
		4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4	
		5 Net farm profit (loss) (attach Schedule F (Form 1040))		5	
		6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
7 Other income (loss) (attach statement)		SEE STATEMENT 1		7 8,494	
8 Total income (loss). Combine lines 3 through 7				8 818,232	
Deductions (see instructions for limitations)		9 Salaries and wages (other than to partners) (less employment credits)		9 458,443	
		10 Guaranteed payments to partners		10	
		11 Repairs and maintenance		11 1,948	
		12 Bad debts		12	
		13 Rent		13 56,732	
		14 Taxes and licenses		14 40,796	
		15 Interest (see instructions)		15 1,136	
		16a Depreciation (if required, attach Form 4562)		16a 9,163	
		b Less depreciation reported on Form 1125-A and elsewhere on return		16b	
		16c 9,163			
		17 Depletion (Do not deduct oil and gas depletion.)		17	
		18 Retirement plans, etc.		18	
19 Employee benefit programs		19			
20 Other deductions (attach statement)		SEE STATEMENT 2		20 64,895	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 633,113	
22 Ordinary business income (loss). Subtract line 21 from line 8				22 185,119	
Tax and Payment		23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)		23	
		24 Interest due under the look-back method—income forecast method (attach Form 8866)		24	
		25 BBA AAR imputed underpayment (see instructions)		25	
		26 Other taxes (see instructions)		26	
		27 Total balance due. Add lines 23 through 26		27	
		28 Payment (see instructions)		28	
		29 Amount owed. If line 28 is smaller than line 27, enter amount owed		29	
		30 Overpayment. If line 28 is larger than line 27, enter overpayment		30	
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 partner or limited liability company member) is based on all information of which preparer has any knowledge.			
		Signature of partner or limited liability company member _____ Date _____			
Paid Preparer Use Only		Print/Type preparer's name CARLA B BUTLER		Preparer's signature _____	
		Firm's name <input checked="" type="checkbox"/> BUTLER CPA, LLC		Date 03/13/21	
		Firm's address <input checked="" type="checkbox"/> 733 E NORTH ST KENDALLVILLE, IN 46755		Check <input type="checkbox"/> if self-employed PTIN P00097274	
		Firm's EIN <input checked="" type="checkbox"/> 82-3544720		Phone no. 260-347-0475	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2020)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other <u>u</u>				

2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	

3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
--	--	--	--	--	----------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

4 Does the partnership satisfy all four of the following conditions?				Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					

5 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
---	--	--	--	--	----------

6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
--	--	--	--	--	----------

7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
---	--	--	--	--	----------

8 At any time during calendar year 2020, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <u>u</u>					X
---	--	--	--	--	----------

9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
---	--	--	--	--	----------

10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.					X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Form 1065 (2020) MASTERPIECE, LLC

38-4080554

Page 3

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		0
16a Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		0
18 Enter the number of partners that are foreign governments under section 892		0
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.	X	

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	
U.S. address of PR	U.S. phone number of PR

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual	U.S. phone number of designated individual
---------------------------------------	--

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 16		X
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
29 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
Percentage:	By Vote	By Value
		X

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 185,119
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	4c
	c Total. Add lines 4a and 4b	4c
	5 Interest income	5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a
	b Qualified dividends 6b c Dividend equivalents 6c	
	7 Royalties	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type u	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12 0
	13a Contributions SEE STATEMENT 3	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type u (2) Amount u	13c(2)
	d Other deductions (see instructions) Type u	13d
Self-Employment	14a Net earnings (loss) from self-employment	14a 185,119
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c 818,232
Credits	15a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type u	15d
	e Other rental credits (see instructions) Type u	15e
	f Other credits (see instructions) Type u	15f
Foreign Transactions	16a Name of country or U.S. possession u	
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	d Reserved for future use u e Foreign branch category u	16e
	f Passive category u g General category u h Other (att. statement) u	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense u j Other u	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Reserved for future use u l Foreign branch category u	16l
	m Passive category u n General category u o Other u	16o
	p Total foreign taxes (check one): u Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
	q Reduction in taxes available for credit (attach statement)	16q
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties – gross income	17d
	e Oil, gas, and geothermal properties – deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18a Tax-exempt interest income	18a
	b Other tax-exempt income SEE STATEMENT 4	18b 74,160
	c Nondeductible expenses SEE STATEMENT 5	18c 57
	19a Distributions of cash and marketable securities	19a 230,800
	b Distributions of other property	19b
	20a Investment income	20a
	b Investment expenses	20b
c Other items and amounts (attach statement) SEE STATEMENT 6		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1	185,119
2	Analysis by partner type:		
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a	General partners		
b	Limited partners	185,119	

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		11,251		27,730
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	11,244		19,053	
b	Less accumulated depreciation	6,503	4,741	15,666	3,387
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets SEE STMT 7		5,000		5,000
14	Total assets		20,992		36,117
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities SEE STMT 8		17,216		11,119
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		7,200		
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		-3,424		24,998
22	Total liabilities and capital		20,992		36,117

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	259,222	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
				SEE STATEMENT 9	
				74,160	74,160
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a	Depreciation \$	
a	Depreciation \$				
b	Travel and entertainment \$ 57				
		57	8	Add lines 6 and 7	74,160
5	Add lines 1 through 4	259,279	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	185,119

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-3,424	6	Distributions: a Cash	230,800
2	Capital contributed: a Cash		b	Property	
	b Property				
3	Net income (loss) per books	259,222	7	Other decreases (itemize):	
4	Other increases (itemize):				
			8	Add lines 6 and 7	230,800
5	Add lines 1 through 4	255,798	9	Balance at end of year. Subtract line 8 from line 5	24,998

**SCHEDULE B-1
(Form 1065)**

(Rev. August 2019)

Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

u Attach to Form 1065.

u Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

Employer identification number (EIN)

MASTERPIECE, LLC

38-4080554

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DENISE CALORE	211-60-5292	UNITED STATES	79.206337

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

**SCHEDULE B-2
(Form 1065)**

(December 2018)

Department of the Treasury
Internal Revenue Service**Election Out of the Centralized
Partnership Audit Regime**

u Attach to Form 1065 or Form 1066.

u Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

Name of Partnership

MASTERPIECE, LLC

Employer Identification Number (EIN)

38-4080554

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I List of Eligible Partners

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 DENISE CALORE	211-60-5292	I
2 ABBY SPANU	217-17-0910	I
3 RACHEL LAWLOR	552-13-9482	I
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continued on Part IV

Part II List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of S Corporation Partner u		TIN of Partner u
Name of Shareholder	Shareholder TIN	Type of Person (Code)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Continued on Part V

Part III Total Number of Schedules K-1 Required To Be Issued. See instructions.

1 Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	3
2 Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3 Total. Add line 1 and line 2	3	3

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-2 (Form 1065) (12-2018)

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, or tax year

beginning

ending

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

U See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE, LLC

1425 H ST NE
WASHINGTON

DC 20002

C IRS Center where partnership filed return U

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

211-60-5292

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

DENISE CALORE

4217 LAMBETH DRIVE
RALEIGH

NC 27609

G ☒ General partner or LLC
member-manager☐ Limited partner or other LLC
memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUALI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	20.000000 %	20.000000 %
Loss	20.000000 %	20.000000 %
Capital	100.000000 %	79.206337 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 3,443	\$ 2,224

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis**

Beginning capital account	\$ 13,315
Capital contributed during the year	\$
Current year net income (loss)	\$ 51,845
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (45,360)
Ending capital account	\$ 19,800

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	37,024		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	B*	14,832
9c	Unrecaptured section 1250 gain	C*	11
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)	A	45,360
12	Section 179 deduction	20	Other information
13	Other deductions	Z*	STMT
		AG*	STMT
14	Self-employment earnings (loss)		
A	37,024		
C	163,646		

21 More than one activity for at-risk purposes*

22 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, or tax year

beginning

ending

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

U See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE, LLC

1425 H ST NE

WASHINGTON

DC 20002

C IRS Center where partnership filed return U

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

217-17-0910

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

ABBY SPANU

38270 PALMER ROAD

COLTONS POINT

MD 20626

G ☐ General partner or LLC member-manager☒ Limited partner or other LLC memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUALI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	40.000000 %	40.000000 %
Loss	40.000000 %	40.000000 %
Capital	0.000000 %	2.396192 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 6,887	\$ 4,448

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis**

Beginning capital account	\$ -8,370
Capital contributed during the year	\$
Current year net income (loss)	\$ 103,689
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (94,720)
Ending capital account	\$ 599

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	74,048		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	B*	29,664
9c	Unrecaptured section 1250 gain	C*	23
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
		A	94,720
12	Section 179 deduction	20	Other information
13	Other deductions	Z*	STMT
		AG*	STMT
14	Self-employment earnings (loss)		
A	74,048		
C	327,293		
21	More than one activity for at-risk purposes*		
22	More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

651119

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, or tax year

beginning

ending

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

U See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE, LLC

1425 H ST NE

WASHINGTON

DC 20002

C IRS Center where partnership filed return U

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

552-13-9482

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

RACHEL LAWLOR

3453 LITTLE HUNTING CREEK DRIVE

ALEXANDRIA

VA 22309

G ☐ General partner or LLC member-manager☒ Limited partner or other LLC memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUALI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	40.000000 %	40.000000 %
Loss	40.000000 %	40.000000 %
Capital	0.000000 %	18.397471 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 6,886	\$ 4,447

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis**

Beginning capital account	\$ -8,369
Capital contributed during the year	\$
Current year net income (loss)	\$ 103,688
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (90,720)
Ending capital account	\$ 4,599

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	74,047		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	B*	29,664
9c	Unrecaptured section 1250 gain	C*	23
10	Net section 1231 gain (loss)		
11	Other income (loss)	A	90,720
12	Section 179 deduction	19	Distributions
13	Other deductions	20	Other information
		Z*	STMT
		AG*	STMT
14	Self-employment earnings (loss)		
A	74,047		
C	327,293		

21 More than one activity for at-risk purposes*

22 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

MASTERPIECE MASTERPIECE, LLC

38-4080554

FYE: 12/31/2020

3/13/2021 8:33 AM

Federal Statements

DENISE CALORE
211-60-5292

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

<u>Code</u>	<u>Description</u>	<u>Amount</u>
B	PPP LOAN FORGIVENESS	\$ 14,832
C	NONDEDUCTIBLE MEALS	11

Schedule K-1, Line 20 - Other Information

<u>Code</u>	<u>Description</u>	<u>Amount</u>
AG	GROSS RECEIPTS FOR 2019	\$ 78,963
AG	GROSS RECEIPTS FOR 2018	13,267

MASTERPIECE MASTERPIECE, LLC

38-4080554

FYE: 12/31/2020

3/13/2021 8:33 AM

Federal Statements**ABBY SPANU****217-17-0910****Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
B	PPP LOAN FORGIVENESS	\$ 29,664
C	NONDEDUCTIBLE MEALS	23

Schedule K-1, Line 20 - Other Information

<u>Code</u>	<u>Description</u>	<u>Amount</u>
AG	GROSS RECEIPTS FOR 2019	\$ 157,927
AG	GROSS RECEIPTS FOR 2018	26,534

MASTERPIECE MASTERPIECE, LLC

38-4080554

FYE: 12/31/2020

3/13/2021 8:33 AM

Federal Statements

RACHEL LAWLOR

552-13-9482

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

<u>Code</u>	<u>Description</u>	<u>Amount</u>
B	PPP LOAN FORGIVENESS	\$ 29,664
C	NONDEDUCTIBLE MEALS	23

Schedule K-1, Line 20 - Other Information

<u>Code</u>	<u>Description</u>	<u>Amount</u>
AG	GROSS RECEIPTS FOR 2019	\$ 157,927
AG	GROSS RECEIPTS FOR 2018	26,534

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2020 or tax year beginning _____, ending _____	2020
Partnership Name MASTERPIECE, LLC		Employer Identification Number 38-4080554
Partner's Name DENISE CALORE		Taxpayer Identification Number 211-60-5292

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	CANINE SPA				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	37,024				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	91,689				
Qualified property	3,811				
Other Information:					
QBI alloc to co-op pmnts received					
W-2 wages alloc to qualified pmnts					
Section 199A(g) deduction					
Section 199A REIT dividends					

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2020 or tax year beginning _____, ending _____	2020
Partnership Name MASTERPIECE, LLC		Employer Identification Number 38-4080554
Partner's Name ABBY SPANU		Taxpayer Identification Number 217-17-0910

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	CANINE SPA				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	74,048				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	183,377				
Qualified property	7,621				
Other Information:					
QBI alloc to co-op pmnts received					
W-2 wages alloc to qualified pmnts					
Section 199A(g) deduction					
Section 199A REIT dividends					

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2020 or tax year beginning _____, ending _____	2020
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Partnership Name MASTERPIECE, LLC	Employer Identification Number 38-4080554
Partner's Name RACHEL LAWLOR	Taxpayer Identification Number 552-13-9482

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	CANINE SPA				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	74,047				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	183,377				
Qualified property	7,621				
Other Information:					
QBI alloc to co-op pmnts received					
W-2 wages alloc to qualified pmnts					
Section 199A(g) deduction					

Section 199A REIT dividends

Form 4562 Department of the Treasury Internal Revenue Service (99)	Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2020 Attachment Sequence No. 179
Name(s) shown on return MASTERPIECE, LLC		Identifying number 38-4080554
Business or activity to which this form relates CANINE SPA		

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	1,040,000
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 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 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	7,809
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	1,354
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						
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 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 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	9,163
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.

DAA

Federal Statements**Statement 1 - Form 1065, Page 1, Line 7 - Other Income (Loss)**

Description	Amount
MISCELLANEOUS	\$ 494
EIDL ADVANCE	8,000
TOTAL	<u>\$ 8,494</u>

Statement 2 - Form 1065, Page 1, Line 20 - Other Deductions

Description	Amount
ADVERTISING	\$ 167
BANK AND CREDIT CARD FEES	21,982
INSURANCE	9,139
LAUNDRY SERVICE	990
LEGAL AND PROFESSIONAL	1,260
COMPANY EVENTS	209
MEALS 100%	345
OFFICE SUPPLIES/EXPENSE	6,068
MISCELLANEOUS	20
PAYROLL ADMIN FEES	2,019
POSTAGE	116
SUPPLIES	12,001
TRAVEL	24
UTILITIES	10,498
MEALS (50%)	57
TOTAL	<u>\$ 64,895</u>

Statement 3 - Form 1065, Schedule K, Line 13a - Contributions

Description	60%	50%	30%	20%	Total
CASH CONTRIBUTIONS	\$	\$	\$	\$	\$
TOTAL	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 4 - Form 1065, Schedule K, Line 18b - Other Tax-Exempt Income

Description	Amount
PPP LOAN FORGIVENESS	\$ 74,160
TOTAL	<u>\$ 74,160</u>

Federal Statements**Statement 5 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses**

Description	Amount
NONDEDUCTIBLE MEALS	\$ 57
TOTAL	\$ 57

Statement 6 - Form 1065, Schedule K, Line 20c - Other Items and Amounts

Description	Amount
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	\$

Statement 7 - Form 1065, Schedule L, Line 13 - Other Assets

Description	Beginning of Year	End of Year
DEPOSIT	\$ 5,000	\$ 5,000
TOTAL	\$ 5,000	\$ 5,000

Statement 8 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	Beginning of Year	End of Year
CREDIT CARDS	\$ 17,216	\$ 11,119
TOTAL	\$ 17,216	\$ 11,119

Statement 9 - Form 1065, Schedule M-1, Line 6 - Income Recorded on Books. Not on Sch K

Description	Amount
PPP LOAN FORGIVENESS	\$ 74,160
TOTAL	\$ 74,160

Schedule K	Section 199A Information Worksheet For calendar year 2020 or tax year beginning _____, ending _____	2020
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Partnership Name

MASTERPIECE, LLC

Employer Identification Number

38-4080554

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	CANINE SPA				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	185,119				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	458,443				
Qualified property	19,053				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Year Ending: December 31, 2020

38-4080554

MASTERPIECE, LLC
1425 H ST NE
WASHINGTON, DC 20002

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Government of the
District of Columbia

2020 D-30E SUB

District of Columbia Unincorporated Business Tax Declaration for Electronic Filing

Tax period ending 12312020

Business Name
MASTERPIECE, LLCTaxpayer Identification Number
384080554Business Mailing Address
1425 H ST NECity
WASHINGTONState
DCZipcode + 4
20002**PART I - TAX RETURN INFORMATION (Whole dollars only)****PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1. Total DC Taxable Income (D-30, Line 36)	118223 .00
2. Total DC Gross Receipts (D-30, Line 39)	.00
3. Net tax (D-30, Line 40)	9753 .00
4. Total Amount Due or Overpayment (D-30, Line 45 or 46)	9789 .00

PART II - PAYMENT METHOD

Direct Debit

☒ Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

5. Routing Number*

*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

6. Account Number

7. Type of Account Checking Savings

PART III - DECLARATION OF OFFICER

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2020 Unincorporated Business Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

03/13/21

Officer's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above business return and that the entries on the D-30E are complete and correct to the best of my knowledge. The officer representing the business will have signed this form before I submit the return. I will give the business or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

☒ Mark if also paid preparer

03/13/21

P00097274

ERO's Signature

Date

ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed) BUTLER CPA, LLC

733 E NORTH ST

KENDALLVILLE

IN 46755

823544720

Address and Zip Code

EIN

260-347-0475

Phone Number

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

Paid Preparer Use Only

Preparer's name (type/print) CARLA B BUTLER

Preparer's signature

PTIN

P00097274

Firm's name

BUTLER CPA, LLC

Firm's address

733 E NORTH ST

KENDALLVILLE

IN 46755

Firm's EIN

823544720

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

Government of the
District of Columbia2020 D-30P SUB Payment Voucher for
Unincorporated Franchise Tax**Instructions**

Use the D-30P Payment Voucher to make any payments due on your D-30 return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number. Mark an X indicating if this is your FEIN or SSN.
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order (US dollars) payable to DC Treasurer.
- Write your TIN, tax period and type of return filed (D-30) on the payment.
- **Staple your check or money order to the D-30P voucher only.** Do not attach your payment to your D-30 return.
- Mail the D-30P with but not attached to, your D-30 tax return to:

Office of Tax and Revenue
PO Box 96165
Washington, DC 20090-6165

Notes:

- If your payment exceeds \$5,000 in any period, **you must pay electronically.** Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?" If the answer is yes, you will be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Detach at perforation before mailing

CUT HERE

Government of the
District of ColumbiaD-30P SUB Payment Voucher for
Unincorporated Business Franchise Tax

Amount of Payment (dollars only)

9789 .00

Taxpayer Identification Number
384080554Mark if ☒ FEIN
Mark if ☐ SSNTo avoid penalties and interest, your payment must be
postmarked no later than the due date of your return.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1022Business or Designated Agent Name
MASTERPIECE, LLCTax period ending (MMDDYYYY)
12312020Business mailing address (number, street and suite/apartment number if applicable)
1425 H ST NE

Business mailing address (number, street and suite/apartment number if applicable)

City
WASHINGTONState
DCZipcode + 4
20002

2020 D-30 SUB Unincorporated
Business Franchise Tax Return



2 0 0 3 0 3 S 1 1 0 2 2

Taxpayer Identification Number (TIN)
384080554

Mark if: ☒ FEIN
Mark if: ☐ SSN

Number of business locations
In DC 1 Outside DC 0

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1022

Registered Business Name
MASTERPIECE, LLC

Tax period ending (MMDDYYYY)
12312020

Business Mailing address line #1
1425 H ST NE

Business Mailing address line #2

City
WASHINGTON

State
DC

Zipcode + 4
20002

Mark if: ☐ Amended Return
Mark if: ☐ Final Return
Mark if: ☐ Combined Report*

*You must fill in the Designated Agent info below

Mark if: ☐ Worldwide**

** Worldwide form must be filed with this return

Designated Agent Name

Designated Agent FEIN

Enter dollar amounts only. If amount is zero, leave line blank.
If minus, enter amount.

GROSS INCOME	1	Gross receipts, minus returns and allowances	1	809738.00
	2	Cost of goods sold (from D-30, Schedule A) and/or operations	2	.00
	3	Gross profit Line 1 minus Line 2	3	809738.00
	4	Dividends. Minus Subpart F income (attach statement)	4	.00
	5	Interest (attach statement showing calculations)	5	.00
	6	Gross rental income (attach statement)	6	.00
	7	Gross royalties (attach statement)	7	.00
	8a	Net capital gain (loss) (attach a copy of your federal Schedule D)	8a	.00
	8b	Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	8b	.00
	9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9	.00
DEDUCTIONS	10	Other income (loss) (attach a detailed statement) SEE STATEMENT 1	10	8494.00
	11	Total gross income Add Lines 3-10	11	818232.00
	IF LINE 10 IS \$12,000 OR LESS, YOU ARE NOT REQUIRED TO FILE THIS RETURN unless you may need Clean Hands Certification.			
	12	Salaries and wages (Do not include owner(s)/member(s))	12	458443.00
	13	Repairs	13	1948.00
	14	Bad debts (attach a copy of any statement filed with your federal return)	14	.00
	15a	Royalty payments made	15a	.00
	15b	Minus nondeductible payments to related entities	15b	.00
	16	Rent	16	56732.00
	17	Taxes from Form D-30, Schedule C	17	40796.00
	18a	Interest payments	18a	1136.00
	18b	Minus nondeductible payments to related entities	18b	.00
	19	Contributions and/or gifts from D-30, Schedule B	19	.00
	20	Amortization (attach copy of your Federal Form 4562, Part VI)	20	.00
	21	Depreciation (attach copy of your Federal Form 4562)	21	1520.00
	Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)			

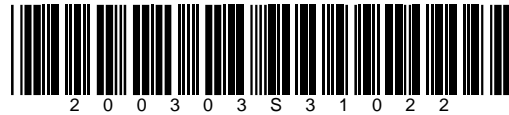
Taxpayer Name: MASTERPIECE, LLC



Taxpayer Identification Number 384080554

Enter dollar amounts only

		22	.00
22 Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund			
		23	64895.00
23 Other allowable deductions from D-30, Schedule G			
		24	625470.00
24 Total deductions Add Lines 12-23			
		25	192762.00
25 Net income Line 11 minus Line 24			
		26a	.00
26 (a) Non-business income/state adjustment (attach statement)			
		26b	.00
26 (b) Minus: Related expenses (attach an allocation statement)			
		26c	.00
26 (c) Subtract Line 26(b) from Line 26(a)			
		27	192762.00
27 Net income from trade or business subject to apportionment			
		28	1.000000
28 DC apportionment factor From D-30 Schedule F, Col 3, Line 2			
If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9			
		29	192762.00
29 Net income from trade or business apportioned to DC			
		30	.00
30 Other income/deductions attributable to DC (attach statement)			
		31	192762.00
31 Total DC net income (loss) Combine Lines 29 and 30			
		32	57829.00
32 Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4			
		33	5000.00
33 Exemption Maximum is \$5000. Must enter days in DC. 33a 366			
If fewer than 365 days in DC, see page instructions for amount to claim.			
		34	129933.00
34 Total taxable income before apportioned NOL deduction			
		35	11710.00
35 Apportioned NOL deduction (Losses occurring for year 2000 and later.)*			
*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)			
		36	118223.00
36 Total DC taxable income. Line 34 minus Line 35.			
		37	9753.00
37 Tax 8.25% of Line 36			
		38	.00
38 Minus nonrefundable credits from Schedule UB, Line 20			
		39	.00
39 Total DC gross receipts from Line 4' from MTLGR worksheet			
		40	9753.00
40 Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less			
or \$1,000 if DC gross receipts are greater than \$1M			
		41a	.00
41 Payments:			
		41b	.00
(a) Tax paid, if any, with request for an extension of time to file			
		41c	.00
(b) Tax paid, if any, with original return if this is an amended return			
		41d	.00
(c) 2020 estimated franchise tax payments			
		42	.00
(d) Refundable credits from Schedule UB, Line 22			
		43	.00
42 If this is an amended 2020 return, enter refund requested with original return.			
		44	36.00
43 Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42			
		45	9789.00
44 Estimated tax interest (Mark box if D-2220 attached) X			
		46	0.00
45 Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due			
Will this payment come from an account outside the U.S.? Yes No X See instructions			
		47	.00
46 Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.			
		48	.00
47 Amount you want to apply to your 2021 estimated franchise tax.			
			.00
48 Amount to be refunded. Line 46 minus Line 47.			



Taxpayer Name: MASTERPIECE, LLC

Taxpayer Identification Number 38-4080554

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).
2. Purchases
Minus cost of items withdrawn for personal use
3. Cost of Labor.
4. Material and supplies.
5. Other costs (attach statement) — (Additional federal depreciation and additional IRC §179 expenses are not allowed.)
6. Total of lines 1 through 5.
7. Inventory at end of year.
8. **Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.**
Method of inventory valuation used

Enter result here u

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 19.)

		TOTAL (Limited to 15% of net income – also enter on D-30, Line 19.)	

Schedule C - TAXES (See specific instructions for Line 17.)

Type of Tax	Amount	Type of Tax	Amount
PAYROLL TAXES	39736		
LICENSES AND OTHER TAXES	1060		
TOTAL			40796

TOTAL

40796

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 18.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
SEE STATEMENT 2			

TOTAL

1136

* Schedule D has been deleted.

D-30 FORM, PAGE 4

Taxpayer Name: MASTERPIECE, LLC

Taxpayer Identification Number 38-4080554



Schedule F - DC apportionment factor (See instructions)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Column 1 TOTAL

Carry all factors to six decimal places and truncate

Column 2 in DC

DC Apportionment Factor

1. **SALES FACTOR:** All gross receipts of the unincorporated business other than gross receipts from items of non-business income.

.00

.00 (Column 2 divided by Column 1)

2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 1. Enter on D-30, Line 28.

Schedule G - Other allowable deductions

Nature of Deduction	Amount
ADVERTISING	167
BANK AND CREDIT CARD FEE	21982
INSURANCE	9139
MEALS 100%	345
OFFICE SUPPLIES/EXPENSE	6068
SEE STATEMENT 3	27194
TOTAL (Also enter on D-30, Line 23.)	64895

Schedule H - Income not reported (claimed as nontaxable)
(See instructions.)

Nature of Income	Amount
PPP LOAN FORGIVENESS	74160
TOTAL	74160

Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions).

Disregarded Entity Name	TIN

Third Party Designee To authorize another person to discuss this return with OTR, mark here

and enter the name and phone number of that person. See instructions

Designee's name

Phone number

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE
SIGN
HERE

LLC MEMBER
Officer's signature Title

Date

BUTLER CPA, LLC

2024502828

Telephone number of person to contact

PAID
PREPARER
ONLY

Preparer's signature (If other than taxpayer)

Date

03/19/2021

KENDALLVILLE

TN 46755

Firm address

Preparer's PTIN P00097274

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here ☒

Email Address

RACHEL@MASTERPIECECANINESPA.COM

D-30 FORM, PAGE 5

Taxpayer Name: MASTERPIECE, LLC



Taxpayer Identification Number 38-4080554

Schedule I - BALANCE SHEETS (See Instructions.)

Beginning of Taxable Year

End of Taxable Year

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash		11251		27730
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc				
5. Other current assets (attach statement)				
6. Mortgage and real estate loans				
7. Other investments (attach statement)				
8. Buildings and other fixed depreciable assets	11244		19053	
(a) MINUS: Accumulated depreciation	6503	4741	15666	3387
9. Depletable assets				
(a) MINUS: Accumulated depreciation				
10. Land (net of any amortization)				
11. Intangible assets (amortizable only)				
(a) MINUS: Accumulated depreciation				
12. Other assets (attach statement) SEE STMT 4		5000		5000
13. TOTAL ASSETS		20992		36117
LIABILITIES AND CAPITAL				
14. Accounts payable				
15. Mortgages, notes, bonds payable in less than 1 year.				
16. Other current liabilities (attach statement) STMT 5		17216		11119
17. Mortgages, notes, bonds payable in 1 year or more.				
18. Other liabilities (attach statement) SEE STMT 6		7200		
19. Capital stock		-3424		24998
20. TOTAL LIABILITIES AND CAPITAL		20992		36117

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)	Taxpayer Identification Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
SEE WORKSHEET		%	%					
TOTAL								62829
Col. 4 - See Instructions.				Enter total taxable income as shown on Line 34 of D-30.				129933
Col. 5 - See Instructions.								
Col. 6 - Any loss amount from Line 31 of D-30.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				192762
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.								

D-30 FORM, PAGE 6

Taxpayer Name: MASTERPIECE, LLC

Taxpayer Identification Number 38-4080554

SUPPLEMENTAL INFORMATION

1. During 2020, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.	2. PRINCIPAL BUSINESS ACTIVITY CANINE SPA	3. DATE BUSINESS BEGAN 04/30/18
	4. IF BUSINESS HAS TERMINATED, STATE REASON	5. TERMINATION DATE
	6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) DOMESTIC LIMITED LIABILITY COMPANY	

7. Place where federal income tax return for period covered by this return was filed: E-FILED

8. Name(s) under which federal return for period covered by this return was filed: MASTERPIECE, LLC

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2020? Yes ☒ No ☐ If no, please state reason:

10. Is this return reported on the accrual basis? Yes ☐ No ☒ If no, fill in the method used: ☒ Cash basis ☐ Other (specify)

11. Did you withhold DC income tax from the wages of your DC employees during 2020? Yes ☒ No ☐ If no, state reason:

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2019? Yes ☒ No ☐ If no, state reason:

If yes, enter name under which return was filed:
MASTERPIECE, LLC

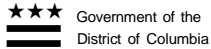
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.) Yes ☐ No ☒

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.) Yes ☐ No ☒

15. (a) Is this business unitary with a partnership or another corporation? Yes ☐ No ☒ If yes, explain:

(b) Is this business unitary with a combined group? Yes ☐ No ☒ If yes, explain:

16. Did you file an annual ballpark fee return? Yes ☐ No ☒



D-30 NOL Net Operating Loss Deduction for Tax Years 2018 and Later

Complete a separate D-30 NOL for each business carrying forward a NOL. Please attach this form to your D-30.

Name of business		Taxpayer Identification Number	
MASTERPIECE, LLC		38-4080554	
Year - 2018 and Later	District net income/loss	Losses claimed*	Losses remaining
Oldest loss year	\$	\$	\$
Subsequent year 1 2018	-35,235	11,710	
2 2019	29,406		
3			
4			
5			
6			
7			
8			
9			
10			
Year 2000 to 2017 <small>From D-30 NOL Deduction for Tax Year 2000-2017</small>	DC net income/loss	Losses claimed	Losses remaining

Summary: Add losses claimed for tax years 2000 to 2017 to losses claimed for tax years 2018 and later.

Total losses claimed.	Total losses remaining (to be carried forward).
\$ 11,710	\$

- Enter loss on D-30, Line 35.

* Deductions for DC apportioned net operating losses occurring in tax years 2018 and later are limited to 80% of taxable income computed without regard to the deduction.

Form **4562**

DISTRICT OF COLUMBIA
Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

OMB No. 1545-0172

2020Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number
38-4080554

MASTERPIECE, LLC

Business or activity to which this form relates

REGULAR DEPRECIATION

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	25,000
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	200,000
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 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 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	1,354
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"/> <u>u</u>		

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						
c 7-year property		1,009	7.0	HY	200DB	144
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/20/20	6,800	39 yrs.	MM	S/L	22
				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 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	1,520
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.

DAA

Form **4562** (2020)
THERE ARE NO AMOUNTS FOR PAGE 2

IMPORTANT: Please read the instructions before completing this form.Business name (from your D-20 or D-30 return)
MASTERPIECE, LLCTaxpayer Identification Number (TIN)
38-4080554

Person to contact if there are questions

Daytime telephone number
202-450-2828**No underpayment interest is due and this form should not be filed if:**

- A. Your tax liability on taxable income after deducting DC applicable credits and estimated tax payments is less than \$1001, or
- B. You have made the required periodic DC estimated franchise tax payments and the total is equal to or more than 110% of last year's taxes or 90% of current year's taxes. Note: In order to use the prior year 110% exception, you must have filed a DC franchise tax return last year and you must have been in business in DC for the entire year.

Computation of Underpayment Interest

1	2020 DC franchise tax liability from Forms D-20 or D-30.	9753
2	Multiply the amount on Line 1 by 90% (.90).	8778
3	2019 DC franchise tax liability from Forms D-20 or D-30 X 110%.	533
4	Minimum estimated tax requirement for tax year 2020 (lesser of Lines 2 and 3).	533
5	Multiply the amount on Line 4 by 25% (.25).	133
Note: If your income was not evenly received over 4 periods, see instructions on the "Annualized Income" method.		

Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.

Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.		Due date of Payments			
		1st Period 04/15/20	2nd Period 06/15/20	3rd Period 09/15/20	4th Period 12/15/20
6	Enter the amount from Line 5 or the annualized amount in each period <i>(The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).</i> Mark here <input type="checkbox"/> if you are using "Annualized Income" method.	133	267	400	533
7	DC estimated taxes paid each period <i>(The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).</i>				
8	Underpayment each period <i>(Line 6 minus Line 7).</i>	133	267	400	533
9	Underpayment Interest Factors.	SEE WORKSHEET			
10	Line 8 multiplied by Line 9.				
11	Underpayment Interest – Total of amounts from Line 10. Pay this amount. <i>(See D-2220 instructions)</i>				36 .00

District of Columbia Statements**Statement 1 - Form D-30, Page 1, Line 9 - Other Income**

Description	Amount
MISCELLANEOUS	\$ 494
EIDL ADVANCE	8,000
TOTAL	<u>\$ 8,494</u>

Statement 2 - Form D-30, Page 3, Schedule E - Interest Expense

Description	Address	City
	Province or State	Country Code
State	Zip	Postal Code
INTEREST EXPENSE	1425 H ST NE	WASHINGTON
DC 20002		\$ 1,136
TOTAL		<u>\$ 1,136</u>

Statement 3 - Form D-30, Page 4, Schedule G - Other Allowable Deductions

Description	Amount
PAYROLL ADMIN FEES	\$ 2,019
POSTAGE	116
UTILITIES	10,498
LAUNDRY SERVICE	990
LEGAL AND PROFESSIONAL	1,260
COMPANY EVENTS	209
MISCELLANEOUS	20
SUPPLIES	12,001
TRAVEL	24
MEALS	57
TOTAL	<u>\$ 27,194</u>

Statement 4 - Form D-30, Page 5, Sch I, Balance Sheet, Line 12 - Other Assets

Description	Beginning of Year	End of Year
DEPOSIT	\$ 5,000	\$ 5,000
TOTAL	<u>\$ 5,000</u>	<u>\$ 5,000</u>

Statement 5 - Form D-30, Page 5, Sch I, Balance Sheet, Line 16 - Other Current Liabilities

Description	Beginning of Year	End of Year
CREDIT CARDS	\$ 17,216	\$ 11,119
TOTAL	<u>\$ 17,216</u>	<u>\$ 11,119</u>

District of Columbia Statements**Statement 6 - Form D-30, Page 5, Sch I, Balance Sheet, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
DENISE CALORE	\$ 7,200	\$
TOTAL	\$ 7,200	\$ 0

DAVID LEICHTER
17 WARREN RD, SUITE 11A
BALTIMORE, MD 21208
443-934-9220

July 7, 2023

MASTERPIECE LLC
1425 H STREET NE
WASHINGTON, DC 20002

Dear Client:

Your 2021 Federal Partnership Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879PE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 District of Columbia Unincorporated Business Franchise Tax Return (Form D-30) will be electronically filed with the District of Columbia upon receipt of a signed Form D-30E. There is a balance of \$3,918 payable by April 18, 2022. Make your check payable to "D.C. Treasurer" and include on your check, Federal Employer Identification Number, "D-30" and the tax year. Mail the SUB Payment Voucher (Form D-30P) stapled to your check on or before April 18, 2022 to:

OFFICE OF TAX AND REVENUE
PO BOX 96165
WASHINGTON, DC 20090-6165

Your estimated tax schedule for 2022 is listed below:

Due Date	Dist. Columbia
4/18/22	\$ 3,990
6/15/22	3,990
9/15/22	3,990
12/15/22	3,990

	\$ 15,960

You must distribute a copy of the 2021 Schedule K-1 to each member, if applicable. Be sure to give each member a copy of the Partner's Instructions for Schedule K-1.

Please call if you have any questions.

Sincerely,

David Leichter, CPA

MASTERPIECE LLC

38-4080554

TRADE OR BUSINESS INCOME

GROSS RECEIPTS LESS RETURNS.....	1,078,610
GROSS PROFIT.....	1,078,610
TOTAL INCOME (LOSS).....	1,078,610

TRADE OR BUSINESS DEDUCTIONS

SALARIES AND WAGES (LESS EMP. CREDITS).....	605,108
REPAIRS AND MAINTENANCE.....	831
RENT.....	58,434
TAXES AND LICENSES.....	74,779
INTEREST.....	692
DEPRECIATION.....	921
OTHER DEDUCTIONS.....	97,250
TOTAL DEDUCTIONS.....	838,015

SCHEDULE K - INCOME

ORDINARY BUSINESS INCOME (LOSS).....	240,595
--------------------------------------	---------

SCHEDULE K - SELF-EMPLOYMENT

NET EARN. (LOSS) FROM SELF-EMPLOYMENT.....	240,595
--	---------

SCHEDULE K - ALTERNATIVE MINIMUM TAX ITEMS

POST-1986 DEPRECIATION ADJUSTMENT.....	-411
--	------

SCHEDULE K - OTHER

DISTRIBUTIONS OF CASH & MARKETABLE SEC.....	302,675
---	---------

SCHEDULE L - BALANCE SHEET

BEGINNING ASSETS.....	36,117
BEGINNING LIABILITIES AND CAPITAL.....	36,117
ENDING ASSETS.....	31,163
ENDING LIABILITIES AND CAPITAL.....	31,163

CLIENT COPY

2021

FEDERAL BALANCE SHEET SUMMARY

PAGE 1

MASTERPIECE LLC

38-4080554

ENDING ASSETS

CASH.....		23,697
BUILDINGS AND OTHER ASSETS.....	19,053	
LESS ACCUMULATED DEPRECIATION.....	(16,587)	2,466
OTHER ASSETS.....		5,000
TOTAL ASSETS.....		31,163

ENDING LIABILITIES & CAPITAL

OTHER CURRENT LIABILITIES.....		15,845
LOANS FROM PARTNERS.....		52,400
PARTNERS' CAPITAL ACCOUNTS.....		-37,082
TOTAL LIABILITIES AND CAPITAL.....		31,163

CLIENT COPY

MASTERPIECE LLC

38-4080554

GROSS INCOME

GROSS RECEIPTS, LESS RETURNS/ALLOWANCES.....	1,078,610
GROSS PROFIT.....	1,078,610
TOTAL GROSS INCOME.....	1,078,610

DEDUCTIONS

SALARIES AND WAGES.....	605,108
REPAIRS.....	831
RENT.....	58,434
TAXES.....	53,755
INTEREST.....	692
DEPRECIATION.....	4,176
OTHER DEDUCTIONS.....	97,250
TOTAL DEDUCTIONS.....	820,246

TAXABLE INCOME

NET INCOME.....	258,364
NET INC. TRADE/BUS. SUBJ. TO APPORT.....	258,364
D.C. APPORTIONMENT FACTOR.....	1.0000
NET INC. FROM TRADE/BUS. APPORT. TO DC.....	258,364
TOTAL DISTRICT NET INCOME (LOSS).....	258,364
SALARY FOR TAXPAYER(S) SERVICES.....	77,509
EXEMPTION.....	5,000
TAXABLE INCOME BEFORE APPORTIONED NOL.....	175,855
TOTAL DISTRICT TAXABLE INCOME.....	175,855

TAX AND PAYMENTS

NET TAX (MAY NOT BE LESS THAN \$250).....	14,508
ESTIMATED TAX PAYMENTS.....	10,800
TOTAL PAYMENTS AND CREDITS.....	10,800
ESTIMATED TAX INTEREST (2220).....	210
TAX DUE.....	3,918

2021

GENERAL INFORMATION

PAGE 1

MASTERPIECE LLC

38-4080554

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1065, SCH B-1, SCH B-2, SCH K-1, 8879-PE
DIST OF COLUMBIA: D-30, D-2220, D-30P, D-30ES, D-30E

CARRYOVERS TO 2022

NONE

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**COMPUTATION OF ENDING ACCUMULATED DEPRECIATION
FORM 1065, SCHEDULE L, LINE 9B**

BEGINNING ACCUMULATED DEPRECIATION.....	\$	15,666.
CURRENT YEAR BOOK DEPRECIATION.....		921.
ACCUMULATED DEPRECIATION ON ASSETS SOLD THIS YEAR.....		<u>0.</u>
ENDING ACCUMULATED DEPRECIATION.....	\$	<u><u>16,587.</u></u>

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MASTERPIECE LLC

38-4080554

SECTION 199A WAGES FROM MAIN TRADE OR BUSINESS

SALARIES & WAGES (FORM 1065, PAGE 1, LINE 9)	\$	605,108.
COST OF LABOR (FORM 1125-A, LINE 3)		0.
FARM LABOR HIRED (SCHEDULE F)		0.
WAGES AND SALARIES (FORM 8825)		0.
WAGES AND SALARIES (OTHER RENTALS)		0.
SECTION 199A WAGES FROM PASSTHROUGH K-1S		0.
TOTAL	\$	<u>605,108.</u>

UNADJUSTED BASIS IMMEDIATELY AFTER ACQUISITION

NO.	DESCRIPTION	UBIA DATE ACQUIRED	UBIA
1	2020 EQUIPMENT	11/20/20	\$ 7,809.
2	2019 EQUIPMENT	12/31/19	3,940.
3	2018 EQUIPMENT	12/31/18	7,995.
	TOTAL		<u>\$ 19,744.</u>

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2021

SELF-EMPLOYMENT WORKSHEET

PAGE 1

MASTERPIECE LLC

38-4080554

NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT CALCULATION

Partner Number	General, Limited, or Member	Entity Type	Ordinary Income or (Loss)	Other Rental Income or (Loss)	Adjustments: 1. Plus Certain Rental RE Income 2. Plus Passthrough SE Income (Loss) 3. Less Passthrough Ord. Inc. (Loss) 4. Less 4797 Gain or (Loss)	Guaranteed Payments to Partners Schedule K-1 Box 4a	Manual Self-Employment Adjustment	Net Earnings (Loss) From Self-Employment Schedule K-1 Box 14, Code A
1	MEM	IND	40,077.					40,077.
2	MEM	IND	100,259.					100,259.
3	MEM	IND	100,259.					100,259.
			240,595.					240,595.
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2021

CHANGE IN OWNERSHIP WORKSHEET

PAGE 1

MASTERPIECE LLC

38-4080554

CALCULATION OF WEIGHTED-AVERAGE PROFIT/LOSS PERCENTAGE

Partner #: 1
 Name: DENISE CALORE
 ID Number: ***-**-****

	A	B	C	D	E	F
Period	Beginning date	Ending date	Percentage	# Days in period	Total days	Weighted percentage (C * D / E)
1	1/01/21	10/31/21	20	304	365	16.657534
2	11/01/21	12/31/21	0	61	365	0
3						
4						
5						
6						
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31						
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35						
36						
37						
38						
39						
40						
Total weighted-average profit/loss percentage for tax year						16.657534

2021

CHANGE IN OWNERSHIP WORKSHEET

PAGE 2

MASTERPIECE LLC

38-4080554

CALCULATION OF WEIGHTED-AVERAGE PROFIT/LOSS PERCENTAGE

Partner #: 2
Name: ABBY SPANU
ID Number: ***-**-****

	A	B	C	D	E	F
Period	Beginning date	Ending date	Percentage	# Days in period	Total days	Weighted percentage (C * D / E)
1	1/01/21	10/31/21	40	304	365	33.315068
2	11/01/21	12/31/21	50	61	365	8.356164
3						
4						
5						
6						
7						
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32						
33						
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35						
36						
37						
38						
39						
40						
Total weighted-average profit/loss percentage for tax year						41.671233

2021

CHANGE IN OWNERSHIP WORKSHEET

PAGE 3

MASTERPIECE LLC

38-4080554

CALCULATION OF WEIGHTED-AVERAGE PROFIT/LOSS PERCENTAGE

Partner #: 3
Name: RACHEL LAWLOR
ID Number: ***-**-****

	A	B	C	D	E	F
Period	Beginning date	Ending date	Percentage	# Days in period	Total days	Weighted percentage (C * D / E)
1	1/01/21	10/31/21	40	304	365	33.315068
2	11/01/21	12/31/21	50	61	365	8.356164
3						
4						
5						
6						
7						
8						
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34						
35						
36						
37						
38						
39						
40						
Total weighted-average profit/loss percentage for tax year						41.671233

MASTERPIECE LLC

38-4080554

PTR# NAME

1 DENISE CALORE
2 ABBY SPANU
3 RACHEL LAWLOR

LINE	ITEM	TOTAL ON SCHEDULE K	PARTNER 1	PARTNER 2	PARTNER 3
----	-----	-----	-----	-----	-----
L	PROFIT SHARING ALLOC. PERCENTAGE		16.657534	41.671233	41.671233
L	LOSS SHARING ALLOC. PERCENTAGE		16.657534	41.671233	41.671233
1	ORDINARY BUSINESS INCOME (LOSS)	240,595.	40,077.	100,259.	100,259.
14	NET EARNINGS (LOSS) FROM S.E.	240,595.	40,077.	100,259.	100,259.
17	POST-1986 DEPRECIATION ADJUSTME	-411.	-69.	-171.	-171.
19	DISTRIBUTIONS OF CASH & MARKET.	302,675.	59,877.	119,399.	123,399.

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Statement A—QBI Pass-through Entity Reporting (Entity Level Amounts)

Partnership's name: MASTERPIECE LLC		Partnership's EIN: 38-4080554	
	MASTERPIECE LLC		
	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	240,595.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages		605,108.	
UBIA of qualified property		19,744.	
Section 199A dividends			
	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			

2021

PARTNERS' ALLOCATION PERCENTAGES

PAGE 1

MASTERPIECE LLC

38-4080554

Partner Number	Partner Name	Partner Identification Number	Partner Percentage of Profit Sharing	Partner Percentage of Loss Sharing	Partner Percentage of Ownership of Capital
1	DENISE CALORE	***-**-*****	16.657534	16.657534	0.000000
2	ABBY SPANU	***-**-*****	41.671233	41.671233	50.000000
3	RACHEL LAWLOR	***-**-*****	41.671233	41.671233	50.000000
		TOTALS	<u>100.000000</u>	<u>100.000000</u>	<u>100.000000</u>

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2021

CAPITAL ACCOUNT RECONCILIATION

PAGE 1

MASTERPIECE LLC

38-4080554

FEDERAL ANALYSIS OF PARTNERS' CAPITAL ACCOUNTS

Partner Number	Partner Name	Beginning Capital Account	Capital Contributed during the year	Partner's share of lines 3, 4, and 7 Fm 1065,Sch. M-2	Withdrawals and Distributions	Ending Capital Account
1	DENISE CALORE	19,800.		40,077.	59,877.	
2	ABBY SPANU	599.		100,259.	119,399.	-18,541.
3	RACHEL LAWLOR	4,599.		100,259.	123,399.	-18,541.
	TOTALS	<u>24,998.</u>		<u>240,595.</u>	<u>302,675.</u>	<u>-37,082.</u>

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MINIMUM TAX LIABILITY GROSS RECEIPTS WORKSHEET

1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20 OR D-30.....	1,078,610.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1.....	0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20 LINE 33 OR D-30, LINE 30.....	0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3).....	1,078,610.

CALCULATION OF ALLOWANCE OF SALARIES FOR OWNER(S) OR MEMBER(S) SERVICES

TOTAL DISTRICT NET INCOME FROM LINE 31.....	\$ 258,364.
MAXIMUM ALLOWABLE RATE.....	30%
ALLOWANCE FOR SALARIES BEFORE MANAGEMENT FEES.....	77,509.
LESS: MANAGEMENT FEES.....	0.
ALLOWANCE FOR SALARIES FOR OWNER(S) OR MEMBER(S) SERVICES.....	<u>\$ 77,509.</u>

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2021**DISTRICT OF COLUMBIA PARTNER SUMMARY**
Unincorporated Business Franchise Tax Return

MASTERPIECE LLC

38-4080554

Partner Name and Address	Social Security Number or Corporation FEIN	***-**-****
DENISE CALORE 4217 LAMBETH DRIVE RALEIGH, NC 27609	Percentage of Ownership	%
	Percentage of Time Devoted to Business	%

(1) Salary claimed	(1)	12,911.
(2) Exemption claimed	(2)	832.
(3) Net Loss D.C. Sources	(3)	
(4) Net Income (or Loss) from Without District of Columbia	(4)	
(5) Total Income (or Loss) Not Taxable to the Unincorporated Business	(5)	13,743.

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2021**DISTRICT OF COLUMBIA PARTNER SUMMARY
Unincorporated Business Franchise Tax Return**

MASTERPIECE LLC

38-4080554

Partner Name and Address	Social Security Number or Corporation FEIN	***-**-****
ABBY SPANU 38270 PALMER ROAD COLTONS POINT, MD 20626	Percentage of Ownership	50 %
	Percentage of Time Devoted to Business	%

(1) Salary claimed	(1)	32,299.
(2) Exemption claimed	(2)	2,084.
(3) Net Loss D.C. Sources	(3)	
(4) Net Income (or Loss) from Without District of Columbia	(4)	
(5) Total Income (or Loss) Not Taxable to the Unincorporated Business	(5)	34,383.

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2021**DISTRICT OF COLUMBIA PARTNER SUMMARY**
Unincorporated Business Franchise Tax Return

MASTERPIECE LLC

38-4080554

Partner Name and Address	Social Security Number or Corporation FEIN	***-**-****
RACHEL LAWLOR 3453 LITTLE HUNTING CREEK DRIVE ALEXANDRIA, VA 22309	Percentage of Ownership	50 %
	Percentage of Time Devoted to Business	%
(1) Salary claimed	(1)	32,299.
(2) Exemption claimed	(2)	2,084.
(3) Net Loss D.C. Sources	(3)	
(4) Net Income (or Loss) from Without District of Columbia	(4)	
(5) Total Income (or Loss) Not Taxable to the Unincorporated Business	(5)	34,383.

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**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- Enter the tax period ending date of the tax period you are filing for (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the unincorporated business tax return.
- Make your check or money order payable (US dollars) to the DC Treasurer.
- Include your FEIN/SSN, "D-30ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96020
Washington, DC 20090-6020

Notes:

- If the amount of your payment due for a period exceeds \$5000, you shall pay electronically.
Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

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Detach at perforation before mailing

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Make check or money order payable to DC Treasurer.



220304S11032

SOFTWARE DEVELOPER USE ONLY

Quarterly Payment (dollars only)

3990.00

Taxpayer Identification Number

Mark if: ☒ FEIN

Tax Period Ending (MMDDYYYY)

384080554

Mark if: ☐ SSN

12312022

VENDOR ID# 1032

Business name or Designated Agent Name

MASTERPIECE LLC

Business mailing address line #1

1425 H STREET NE

Business mailing address line #2

City

WASHINGTON

State

DC

Zip Code + 4

20002

Voucher Number: 1

Due Date 04182022

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- Enter the tax period ending date of the tax period you are filing for (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the unincorporated business tax return.
- Make your check or money order payable (US dollars) to the DC Treasurer.
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PO Box 96020
Washington, DC 20090-6020

Notes:

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Visit www.MyTax.DC.gov
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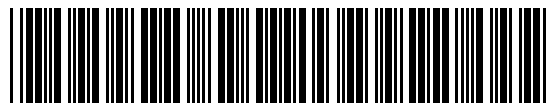
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Government of the
District of Columbia

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Make check or money order payable to DC Treasurer.



220304S11032

SOFTWARE DEVELOPER USE ONLY

Quarterly Payment (dollars only)

3990.00

Taxpayer Identification Number

Mark if: ☒ FEIN

Tax Period Ending (MMDDYYYY)

384080554

Mark if: ☐ SSN

12312022

VENDOR ID# 1032

Business name or Designated Agent Name

MASTERPIECE LLC

Business mailing address line #1

1425 H STREET NE

Business mailing address line #2

City

WASHINGTON

State

DC

Zip Code + 4

20002

Voucher Number: 2

Due Date 06152022

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- Enter the tax period ending date of the tax period you are filing for (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the unincorporated business tax return.
- Make your check or money order payable (US dollars) to the DC Treasurer.
- Include your FEIN/SSN, "D-30ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96020
Washington, DC 20090-6020

Notes:

- If the amount of your payment due for a period exceeds \$5000, you shall pay electronically.
Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

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**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Make check or money order payable to DC Treasurer.



220304S11032

SOFTWARE DEVELOPER USE ONLY

Quarterly Payment (dollars only)

3990.00

Taxpayer Identification Number

Mark if: ☒ FEIN

Tax Period Ending (MMDDYYYY)

384080554

Mark if: ☐ SSN

12312022

VENDOR ID# 1032

Business name or Designated Agent Name

MASTERPIECE LLC

Business mailing address line #1

1425 H STREET NE

Business mailing address line #2

City

WASHINGTON

State

DC

Zip Code + 4

20002

Voucher Number: 3

Due Date 09152022

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- Enter the tax period ending date of the tax period you are filing for (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the unincorporated business tax return.
- Make your check or money order payable (US dollars) to the DC Treasurer.
- Include your FEIN/SSN, "D-30ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96020
Washington, DC 20090-6020

Notes:

- If the amount of your payment due for a period exceeds \$5000, you shall pay electronically.
Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

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Detach at perforation before mailing

Government of the
District of Columbia

**2022 D-30ES SUB Unincorporated Business
Declaration of Estimated Franchise Tax**

Make check or money order payable to DC Treasurer.



220304S11032

SOFTWARE DEVELOPER USE ONLY

Quarterly Payment (dollars only)

3990.00

Taxpayer Identification Number

Mark if: ☒ FEIN

Tax Period Ending (MMDDYYYY)

384080554

Mark if: ☐ SSN

12312022

VENDOR ID# 1032

Business name or Designated Agent Name

MASTERPIECE LLC

Business mailing address line #1

1425 H STREET NE

Business mailing address line #2

City

WASHINGTON

State

DC

Zip Code + 4

20002

Voucher Number: 4

Due Date 12152022

Form **8879-PE****E-file Authorization for Form 1065**

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

▶ **ERO must obtain and retain completed Form 8879-PE.**▶ **Go to www.irs.gov/Form8879PE for the latest information.****2021**Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year beginning

, 2021, and ending

Name of partnership

MASTERPIECE LLC

Employer identification number

38-4080554

Part I Form 1065 Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	1,078,610.
2	Gross profit (Form 1065, line 3)	2	1,078,610.
3	Ordinary business income (loss) (Form 1065, line 22)	3	240,595.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a** If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b** If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
- 2** I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- 3** I am fully authorized to sign the return or AAR on behalf of the partnership.
- 4** The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
- 5** I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
- 6** I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

- ☒ I authorize DAVID LEICHTER to enter my PIN 25119 as my signature
ERO firm name Don't enter all zeros
 on the partnership's 2021 electronically filed return of partnership income or AAR.
- ☐ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2021 electronically filed return of partnership income or AAR.

Partner or Member or PR signature ▶

Title ▶ MEMBER

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

52274610055

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DAVID LEICHTER, CPA

Date ▶

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-PE (2021)

Form **1065**Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**For calendar year 2021, or tax year beginning _____, 2021,
ending _____, 20__.▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2021**A** Principal business activity

PET CARE

B Principal product or service

CANINE SPA

C Business code number

812910

**Type
or
Print**MASTERPIECE LLC
1425 H STREET NE
WASHINGTON, DC 20002**D** Employer identification no.

38-4080554

E Date business started

4/30/2018

F Total assets (see instructions)

\$ 31,163.

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return**H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶

3

J Check if Schedules C and M-3 are attached ▶☐**K** Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

I N C O M E	1 a Gross receipts or sales	1 a	1,078,610.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a	1 c		1,078,610.
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		1,078,610.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
S E E I N S T R U C T I O N S D E D U C T I O N S	7 Other income (loss) (attach statement)	7		
	8 Total income (loss). Combine lines 3 through 7.	8		1,078,610.
	9 Salaries and wages (other than to partners) (less employment credits)	9		605,108.
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		831.
	12 Bad debts	12		
	13 Rent	13		58,434.
	14 Taxes and licenses	14		74,779.
	15 Interest (see instructions)	15		692.
	16 a Depreciation (if required, attach Form 4562)	16 a	921.	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16 b		
16 c		921.		
17 Depletion (Do not deduct oil and gas depletion.)	17			
18 Retirement plans, etc.	18			
19 Employee benefit programs	19			
20 Other deductions (att stmt) SEE STATEMENT 1	20		97,250.	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		838,015.	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		240,595.	
T A X A N D P A Y M E N T	23 Interest due under the look-back method — completed long-term contracts (attach Form 8697)	23		
	24 Interest due under the look-back method — income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 26	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

**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 partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below? See instructions.

☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DAVID LEICHTER, CPA

DAVID LEICHTER, CPA

P01229438

Firm's name ▶ DAVID LEICHTER

Firm's EIN ▶ 27-3757605

Firm's address ▶ 17 WARREN RD, SUITE 11A

BALTIMORE, MD 21208

Phone no. 443-934-9220

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.					X
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?				Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.				X	
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2021, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election?					X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions.		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
18 Enter the number of partners that are foreign governments under section 892. ▶ 0		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions.		X
24 Does the partnership satisfy one or more of the following? See instructions. a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15 ▶ \$		
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership. ▶ Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By Vote By Value		X
29 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 ▶ 3 If "No," complete Designation of Partnership Representative below.	X	

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶

U.S. address of PR ▶

U.S. phone
number of PR ▶

If the PR is an entity, name of the designated individual for the PR ▶

U.S. address of
designated
individual ▶U.S. phone
number of
designated
individual ▶

BAA

Form 1065 (2021)

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22).....	1 240,595.
	2 Net rental real estate income (loss) (attach Form 8825).....	2
	3a Other gross rental income (loss)..... 3a	
	b Expenses from other rental activities (attach stmt)..... 3b	
	c Other net rental income (loss). Subtract line 3b from line 3a.....	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	
	c Total. Add lines 4a and 4b.....	4c
	5 Interest income.....	5
	6 Dividends and dividend equivalents: a Ordinary dividends.....	6a
	b Qualified dividends 6b c Dividend equivalents 6c	
	7 Royalties.....	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)).....	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)).....	9a	
b Collectibles (28%) gain (loss)..... 9b		
c Unrecaptured section 1250 gain (attach statement)..... 9c		
10 Net section 1231 gain (loss) (attach Form 4797).....	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562).....	12
	13a Contributions.....	13a
	b Investment interest expense.....	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment.....	14a 240,595.
	b Gross farming or fishing income.....	14b
	c Gross nonfarm income.....	14c
Credits	15a Low-income housing credit (section 42(j)(5)).....	15a
	b Low-income housing credit (other).....	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable).....	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
International Transactions	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance..... <input type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.....	17a -411.
	b Adjusted gain or loss.....	17b
	c Depletion (other than oil and gas).....	17c
	d Oil, gas, and geothermal properties — gross income.....	17d
	e Oil, gas, and geothermal properties — deductions.....	17e
	f Other AMT items (attach stmt).....	17f
Other Information	18a Tax-exempt interest income.....	18a
	b Other tax-exempt income.....	18b
	c Nondeductible expenses.....	18c
	19a Distributions of cash and marketable securities.....	19a 302,675.
	b Distributions of other property.....	19b
	20a Investment income.....	20a
	b Investment expenses.....	20b
c Other items and amounts (attach stmt) SEE STATEMENT 2		
21 Total foreign taxes paid or accrued.....	21	

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21						1	240,595.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		240,595.					

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			27,730.		23,697.
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach stmt)					
7a Loans to partners (or persons related to partners)					
b Mortgage and real estate loans					
8 Other investments (attach stmt)					
9a Buildings and other depreciable assets		19,053.		19,053.	
b Less accumulated depreciation		15,666.	3,387.	16,587.	2,466.
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)					
12a Intangible assets (amortizable only)					
b Less accumulated amortization					
13 Other assets (attach stmt) SEE ST 3			5,000.		5,000.
14 Total assets			36,117.		31,163.
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach stmt) SEE ST 4			11,119.		15,845.
18 All nonrecourse loans					
19a Loans from partners (or persons related to partners)					52,400.
b Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (attach stmt)					
21 Partners' capital accounts			24,998.		-37,082.
22 Total liabilities and capital			36,117.		31,163.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	240,595.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest .. \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a Depreciation .. \$	
a Depreciation .. \$		8 Add lines 6 and 7	
b Travel and entertainment .. \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	240,595.
5 Add lines 1 through 4	240,595.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	24,998.	6 Distributions: a Cash	302,675.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	240,595.	8 Add lines 6 and 7	302,675.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	-37,082.
5 Add lines 1 through 4	265,593.		

**Information on Partners Owning 50% or
More of the Partnership**

► Attach to Form 1065.

► Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

MASTERPIECE LLC

Employer identification number (EIN)

38-4080554

Part I

Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II

Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
ABBY SPANU	***-**-****	UNITED STATES	50.000
RACHEL LAWLOR	***-**-****	UNITED STATES	50.000

**SCHEDULE B-2
(Form 1065)**December 2018
Department of the Treasury
Internal Revenue Service**Election Out of the Centralized
Partnership Audit Regime**

► Attach to Form 1065 or Form 1066.

OMB No. 1545-0123

► Go to www.irs.gov/Form1065 for the instructions and the latest information.

Name of partnership

MASTERPIECE LLC

Employer identification number (EIN)

38-4080554

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I List of Eligible Partners

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner

F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 DENISE CALORE	***-**-****	I
2 ABBY SPANU	***-**-****	I
3 RACHEL LAWLOR	***-**-****	I
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

*Continued on Part IV***Part II List of S Corporation Shareholders** (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of

S Corporation Partner ►

TIN of Partner ►

Name of Shareholder	Shareholder TIN	Type of Person (Code)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

*Continued on Part V***Part III Total Number of Schedules K-1 Required To Be Issued.** See Instructions.

1	Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	3
2	Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3	Total. Add line 1 and line 2	3	3

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or tax year

☒ Final K-1☐ Amended K-1651121
OMB No. 1545-0123

beginning / / 2021 ending / /

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

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE LLC
1425 H STREET NE
WASHINGTON, DC 20002

C IRS center where partnership filed return E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-**-*

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

DENISE CALORE
4217 LAMBETH DRIVE
RALEIGH, NC 27609G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

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 (see instructions).

Beginning

Ending

Profit	20 %	%
Loss	20 %	%
Capital	79.206337 %	%

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

Beginning

Ending

Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 2,224.	\$

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$ 19,800.
Capital contributed during the year	\$
Current year net income (loss)	\$ 40,077.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$(59,877.)
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

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

1	Ordinary business income (loss) 40,077.	14	Self-employment earnings (loss) 40,077.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items -69.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	A	59,877.
9c	Unrecaptured section 1250 gain	20	Other information
10	Net section 1231 gain (loss)	N*	STMT
11	Other income (loss)	Z*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

For IRS Use Only

22 ☐ More than one activity for at-risk purposes*23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

**BOX 20, CODE N
BUSINESS INTEREST EXPENSE
INCLUDED AS A DEDUCTION ON THE FOLLOWING LINE(S)**

BELOW IS DEDUCTIBLE BUSINESS INTEREST EXPENSE FOR INCLUSION
IN THE SEPARATE LOSS CLASS FOR COMPUTING ANY BASIS LIMITATION
(DEFINED IN SECTION 704(D), REGULATION SECTION 1.163(J)-6(H)).

SCHEDULE K-1, LINE 1..... \$ 116.

SUPPLEMENTAL INFORMATION

PURSUANT TO IRC SECTION 6221(B) (1), FOR THE CURRENT TAX YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES APPLICABLE TO EACH PARTNER FOR THE YEAR UNDER EXAMINATION.

CLIENT COPY

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: MASTERPIECE LLC		Partnership's EIN: 38-4080554	
Partner's name: DENISE CALORE		Partner's identifying number: ***-**-****	

	MASTERPIECE LLC		
Partner's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:

	Ordinary business income (loss)	40,077.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages		100,796.	
UBIA of qualified property		3,288.	
Section 199A dividends			

Partner's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:

	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or tax year

beginning / / 2021 ending / /

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

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE LLC
1425 H STREET NE
WASHINGTON, DC 20002

C IRS center where partnership filed return E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-**-*

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

ABBY SPANU
38270 PALMER ROAD
COLTONS POINT, MD 20626G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

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 (see instructions).

	Beginning	Ending
Profit	40 %	50 %
Loss	40 %	50 %
Capital	2.396192 %	50 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$ 7,923.
Qualified nonrecourse financing	\$	\$
Recourse	\$ 4,448.	\$

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$ 599.
Capital contributed during the year	\$
Current year net income (loss)	\$ 100,259.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$(119,399.)
Ending capital account	\$ -18,541.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1

651121

OMB No. 1545-0123

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	100,259.	A	100,259.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
		A	-171.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
		19	Distributions
9a	Net long-term capital gain (loss)		
		A	119,399.
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
		N*	STMT
10	Net section 1231 gain (loss)		
		Z*	STMT
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

**BOX 20, CODE N
BUSINESS INTEREST EXPENSE
INCLUDED AS A DEDUCTION ON THE FOLLOWING LINE(S)**

BELOW IS DEDUCTIBLE BUSINESS INTEREST EXPENSE FOR INCLUSION
IN THE SEPARATE LOSS CLASS FOR COMPUTING ANY BASIS LIMITATION
(DEFINED IN SECTION 704(D), REGULATION SECTION 1.163(J)-6(H)).

SCHEDULE K-1, LINE 1..... \$ 288.

SUPPLEMENTAL INFORMATION

PURSUANT TO IRC SECTION 6221(B) (1), FOR THE CURRENT TAX YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES APPLICABLE TO EACH PARTNER FOR THE YEAR UNDER EXAMINATION.

CLIENT COPY

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: MASTERPIECE LLC	Partnership's EIN: 38-4080554
Partner's name: ABBY SPANU	Partner's identifying number: ***-**-****

Partner's share of:	MASTERPIECE LLC		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)	100,259.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Other deductions			
W-2 wages	252,156.		
UBIA of qualified property	8,228.		
Section 199A dividends			

Partner's share of:			
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Other deductions			
W-2 wages			
UBIA of qualified property			

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or tax year

beginning / / 2021 ending / /

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

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
38-4080554

B Partnership's name, address, city, state, and ZIP code

MASTERPIECE LLC
1425 H STREET NE
WASHINGTON, DC 20002

C IRS center where partnership filed return E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-**-*

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

RACHEL LAWLOR
3453 LITTLE HUNTING CREEK DRIVE
ALEXANDRIA, VA 22309G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

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 (see instructions).

	Beginning	Ending
Profit	40 %	50 %
Loss	40 %	50 %
Capital	18.397471 %	50 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$ 7,922.
Qualified nonrecourse financing	\$	\$
Recourse	\$ 4,447.	\$ 52,400.

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$ 4,599.
Capital contributed during the year	\$
Current year net income (loss)	\$ 100,259.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$(123,399.)
Ending capital account	\$ -18,541.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1

651121

OMB No. 1545-0123

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

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	100,259.	A	100,259.
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3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income	A	-171.
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
9b	Collectibles (28%) gain (loss)	A	123,399.
9c	Unrecaptured section 1250 gain	20	Other information
10	Net section 1231 gain (loss)	N*	STMT
11	Other income (loss)	Z*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

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INCLUDED AS A DEDUCTION ON THE FOLLOWING LINE(S)**

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IN THE SEPARATE LOSS CLASS FOR COMPUTING ANY BASIS LIMITATION
(DEFINED IN SECTION 704(D), REGULATION SECTION 1.163(J)-6(H)).

SCHEDULE K-1, LINE 1..... \$ 288.

SUPPLEMENTAL INFORMATION

PURSUANT TO IRC SECTION 6221(B) (1), FOR THE CURRENT TAX YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES APPLICABLE TO EACH PARTNER FOR THE YEAR UNDER EXAMINATION.

CLIENT COPY

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: MASTERPIECE LLC	Partnership's EIN: 38-4080554
Partner's name: RACHEL LAWLOR	Partner's identifying number: ***-**-****

Partner's share of:	MASTERPIECE LLC		
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)	100,259.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Other deductions			
W-2 wages	252,156.		
UBIA of qualified property	8,228.		
Section 199A dividends			

Partner's share of:			
	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Other deductions			
W-2 wages			
UBIA of qualified property			

STATEMENT 1
FORM 1065, LINE 20
OTHER DEDUCTIONS

ADVERTISING.....	\$	130.
BANK CHARGES.....		25,974.
INSURANCE.....		5,875.
JANITORIAL.....		2,400.
LAUNDRY AND CLEANING.....		4,953.
LEGAL AND PROFESSIONAL.....		11,660.
MEALS.....		2,231.
MISCELLANEOUS.....		204.
OFFICE EXPENSE.....		3,648.
PAYROLL PROCESSING.....		2,289.
POSTAGE.....		51.
REIMBURSED EXPENSES.....		10,000.
SUPPLIES.....		17,159.
TRAVEL.....		46.
UTILITIES.....		10,630.
TOTAL	\$	<u>97,250.</u>

STATEMENT 2
FORM 1065, SCHEDULE K, LINE 20C
OTHER REPORTABLE ITEMS

BUSINESS INTEREST EXPENSE (INFORMATIONAL ONLY FOR BASIS LIMITATIONS)
 INCLUDED AS A DEDUCTION ON THE FOLLOWING LINES(S)

SCHEDULE K, LINE 1.....\$ 692.

STATEMENT 3
FORM 1065, SCHEDULE L, LINE 13
OTHER ASSETS

	BEGINNING	ENDING
SECURITY DEPOSIT.....	\$ 5,000.	\$ 5,000.
TOTAL	<u>\$ 5,000.</u>	<u>\$ 5,000.</u>

STATEMENT 4
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
CREDIT CARDS.....	\$ 11,119.	\$ 15,845.
TOTAL	<u>\$ 11,119.</u>	<u>\$ 15,845.</u>

2021 D-30E SUB
District of Columbia Unincorporated Business Tax Declaration for Electronic Filing

Tax period ending 12312021

Business Name

MASTERPIECE LLC

Business Mailing Address

1425 H STREET NE

City

WASHINGTON

State

DC

Zipcode + 4

20002

Taxpayer Identification Number

384080554

PART I – TAX RETURN INFORMATION (Whole dollars only)**PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1 Total DC Taxable Income (D-30, Line 36)	175855.00
2 Total DC Gross Receipts (D-30, Line 39)	1078610.00
3 Net tax (D30, Line 40)	14508.00
4 Total Amount Due or Overpayment (D-30, Line 45 or 46)	3918.00

PART II – PAYMENT METHOD

Direct Debit

☒ Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

5 Routing Number*

*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

6 Account Number

7 Type of Account

Checking

Savings

PART III – DECLARATION OF OFFICER

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2021 Unincorporated Business Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature

Date

PART IV – DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above business return and that the entries on the D-30E are complete and correct to the best of my knowledge. The officer representing the business will have signed this form before I submit the return. I will give the business or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

☒ Mark if also paid preparer

DAVID LEICHTER, CPA

ERO's Signature

Date

P01229438

ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed) DAVID LEICHTER

17 WARREN RD SUITE 11A 21208

Address and Zip Code

443-934-9220

Phone Number

273757605

EIN

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

Paid Preparer Use Only

Preparer's name (type/print) DAVID LEICHTER CPA

Preparer's signature DAVID LEICHTER, CPA

PTIN

P01229438

Firm's name

DAVID LEICHTER

Firm's address

17 WARREN RD, SUITE 11A 21208

Firm's EIN

273757605

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2021 D-30E SUB
District of Columbia Unincorporated Business Tax Declaration for Electronic Filing

Tax period ending 12312021

Business Name

MASTERPIECE LLC

Business Mailing Address

1425 H STREET NE

City

WASHINGTON

State

DC

Zipcode + 4

20002

Taxpayer Identification Number

384080554

PART I – TAX RETURN INFORMATION (Whole dollars only)**PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1 Total DC Taxable Income (D-30, Line 36)	175855.00
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3 Net tax (D30, Line 40)	14508.00
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5 Routing Number*

*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

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Checking

Savings

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Officer's Signature

Date

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I declare that I have reviewed the above business return and that the entries on the D-30E are complete and correct to the best of my knowledge. The officer representing the business will have signed this form before I submit the return. I will give the business or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

☒ Mark if also paid preparer

DAVID LEICHTER, CPA

ERO's Signature

Date

P01229438

ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed) DAVID LEICHTER

17 WARREN RD SUITE 11A 21208

Address and Zip Code

443-934-9220

Phone Number

273757605

EIN

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

Paid Preparer Use Only

Preparer's name (type/print) DAVID LEICHTER CPA

Preparer's signature DAVID LEICHTER, CPA

PTIN

P01229438

Firm's name

DAVID LEICHTER

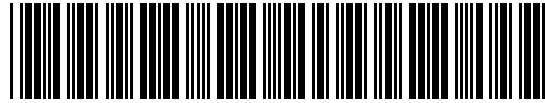
Firm's address

17 WARREN RD, SUITE 11A 21208

Firm's EIN

273757605

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

**2021 D-30 SUB Unincorporated
Business Franchise Tax Return**

210303S11032

Taxpayer Identification Number (TIN)
384080554Mark if: ☒ FEIN
Mark if: ☐ SSNNumber of business locations
In DC 0001 Outside DC

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1032

Registered Business Name
MASTERPIECE LLCTax period ending (MMDDYYYY)
12312021Business Mailing address line #1
1425 H STREET NE

Business Mailing address line #2

City
WASHINGTONState
DCZipcode + 4
20002

Mark if: Amended Return

Mark if: Final Return

Mark if: Combined Report*

*You must fill in the Designated Agent info below

Mark if: Worldwide**

**Worldwide form must be filed with this return

Designated Agent Name

Designated Agent FEIN

GROSS INCOME

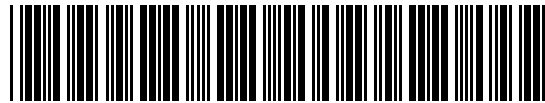
			Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount
1	Gross receipts, minus returns and allowances	1	1078610.00
2	Cost of goods sold (from D-30, Schedule A) and/or operations	2	.00
3	Gross profit Line 1 minus Line 2	3	1078610.00
4	Dividends. Minus Subpart F Income (attach statement)	4	.00
5	Interest (attach statement showing calculations)	5	.00
6	Gross rental income (attach statement)	6	.00
7	Gross royalties (attach statement)	7	.00
8a	Net capital gain (loss) (attach a copy of your federal Schedule D)	8a	.00
b	Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	8b	.00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9	.00
10	Other income (loss) (attach a detailed statement)	10	.00
11	Total gross income Add Lines 3-10	11	1078610.00

IF LINE 11 IS \$12,000 OR LESS, YOU ARE NOT REQUIRED TO FILE THIS RETURN unless you may need Clean Hands Certification.

DEDUCTIONS

12	Salaries and wages (Do not include owner(s)/member(s))	12	605108.00
13	Repairs	13	831.00
14	Bad debts (attach a copy of any statement filed with your federal return)	14	.00
15a	Royalty payments made	.00	
b	Minus nondeductible payments to related entities	.00 =15c	.00
16	Rent	16	58434.00
17	Taxes from Form D-30, Schedule C	17	53755.00
18a	Interest payments	692.00	
b	Minus nondeductible payments to related entities	.00 =18c	692.00
19	Contributions and/or gifts from D-30, Schedule B	19	.00
20	Amortization (attach copy of your Federal Form 4562, Part VI)	20	.00
21	Depreciation (attach copy of your Federal Form 4562. SEE STMT Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)	21	4176.00

Taxpayer Name: MASTERPIECE LLC



210303S21032

Taxpayer Identification Number 384080554

Enter dollar amounts only

TAXABLE INCOME

TAX, PAYMENTS AND CREDITS

22	Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund		22	.00
23	Other allowable deductions from D-30, Schedule G		23	97250.00
24	Total deductions. Add Lines 12-23		24	820246.00
25	Net income Line 11 minus Line 24	Mark if minus	25	258364.00
26	a Non-business income/state adjustment (attach statement)	Mark if minus	26a	.00
	b Minus: Related expenses (attach an allocation statement)		26b	.00
	c Subtract Line 26(b) from Line 26(a)	Mark if minus	26c	.00
27	Net income from trade or business subject to apportionment Line 25 minus line 26(c)	Mark if minus	27	258364.00
28	DC apportionment factor From D-30 Schedule F, Col. 3, Line 2 If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9		28	1.000000
29	Net income from trade or business apportioned to DC Multiply Line 27 by the factor on Line 28	Mark if minus	29	258364.00
30	Other income/deductions attributable to DC (attach statement)	Mark if minus	30	.00
31	Total DC net income (loss) Combine Lines 29 and 30	Mark if minus	31	258364.00
32	Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4		32	77509.00
33	Exemption Maximum is \$5000. Must enter days in DC. → 33a 365 If fewer than 365 days in DC, see page instructions for amount to claim.		33	5000.00
34	Total taxable income before apportioned NOL deduction Line 31 minus total of Lines 32 and 33	Mark if minus	34	175855.00
35	Apportioned NOL deduction (Losses occurring for year 2000 and later.)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)		35	.00
36	Total DC taxable income. Line 34 minus Line 35.	Mark if minus	36	175855.00
37	Tax 8.25% of Line 36		37	14508.00
38	Minus nonrefundable credits from Schedule UB, Line 20		38	.00
39	Total DC gross receipts from Line 4 from MTLGR worksheet		39	1078610.00
40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M		40	14508.00
41	Payments:			
	a Tax paid, if any, with request for an extension of time to file		41a	.00
	b Tax paid, if any, with original return if this is an amended return		41b	.00
	c 2021 estimated franchise tax payments		41c	10800.00
	d Refundable credits from Schedule UB, Line 22		41d	.00
42	If this is an amended 2021 return, enter refund requested with original return.		42	.00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.		43	10800.00
44	Estimated tax interest (Fill in if D-2220 attached) X		44	210.00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside the U.S.? Yes No X See instructions		45	3918.00
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	.00
47	Amount you want to apply to your 2022 estimated franchise tax.		47	.00
48	Amount to be refunded. Line 46 minus Line 47.		48	.00

210303S31032

Round cents to the nearest dollar. If an amount is zero, make no entry.

1 Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	
2 Purchases.....	
Minus cost of items withdrawn for personal use.....	Enter result here →
3 Cost of Labor.	
4 Material and supplies.	
5 Other costs (attach statement) — (Additional federal depreciation and additional IRC §179 expenses are not allowed.)	
6 Total of lines 1 through 5.	
7 Inventory at end of year.	
8 Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	
Method of inventory valuation used	

		TOTAL (Limited to 15% of net income – also enter on D-30, Line 19.)	

Type of Tax	Amount	Type of Tax	Amount
OTHER TAXES	53755.		
TOTAL			53755.

*

Name and Address of Payee	Amount	Name and Address of Payee	Amount
SEE STATEMENT 2			
TOTAL.....			692.

Rev. 09/2021

Taxpayer Name: MASTERPIECE LLC



210303S41032

Taxpayer Identification Number 384080554

Schedule F – DC apportionment factor (See instructions)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places and truncate

	Column 1 TOTAL	Column 2 in DC	DC Apportionment Factor (Column 2 divided by Column 1)
1 SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	1078610 .00	1078610 .00	
2 DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.			1.000000

Schedule G – Other allowable deductions

Nature of Deduction	Amount
SEE STATEMENT 3	
TOTAL (Also enter on D-30, Line 23.)	97250.

Schedule H – Income not reported (claimed as nontaxable)
(See instructions.)

Nature of Income	Amount
TOTAL	

Schedule K – Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

Disregarded Entity Name	TIN

Third Party Designee To authorize another person to discuss this return with OTR, mark here ☒ and enter the name and phone number of that person. See instructions
 Designee's name DAVID LEICHTER CP Phone number 4439349220

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

**PLEASE
SIGN
HERE**

Officer's signature

Title

Date

2023065629

Telephone number of person to contact

**PAID
PREPARER
ONLY**

DAVID LEICHTER, CPA

DAVID LEICHTER

Preparer's signature (If other than taxpayer) Date

Firm name

Firm address

Preparer's PTIN *****

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here ☒

Email Address

DAVID@LEICHTERCPA.COM

17 WARREN RD SUITE 11A
BALTIMORE MD 21208

Taxpayer Name: MASTERPIECE LLC



Taxpayer Identification Number 384080554

210303S51032

Schedule I – BALANCE SHEETS (See Instructions.)

Beginning of Taxable Year

End of Taxable Year

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1 Cash.....		27730.		23697.
2 Trade notes and accounts receivable.....				
a MINUS: Allowance for bad debts.....				
3 Inventories.....				
4 Gov't obligations: a U.S. and its instrumentalities.....				
b States, subdivisions thereof, etc.				
5 Other current assets (attach statement).....				
6 Mortgage and real estate loans.....				
7 Other investments (attach statement).....				
8 Buildings and other fixed depreciable assets.....	19053.		19053.	
a MINUS: Accumulated depreciation.....	15666.	3387.	16587.	2466.
9 Depletable assets.....				
a MINUS: Accumulated depletion.....				
10 Land (net of any amortization).....				
11 Intangible assets (amortizable only).....				
a MINUS: Accumulated amortization.....				
12 Other assets (attach statement).....	SEE ST	5000.		5000.
13 TOTAL ASSETS.....		36117.		31163.
LIABILITIES AND CAPITAL				
14 Accounts payable.....				
15 Mortgages, notes, bonds payable in less than 1 year.....				
16 Other current liabilities (attach statement).....	SEE ST	11119.		15845.
17 Mortgages, notes, bonds payable in 1 year or more.....				
18 Other liabilities (attach statement).....	SEE ST			52400.
19 Capital stock.....		24998.		-37082.
20 TOTAL LIABILITIES AND CAPITAL.....		36117.		31163.

Schedule J – DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)	Taxpayer Identification Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%					
SEE ATTACHED								
FOR ALL								
INFORMATION								
TOTAL.....				77509.	5000.			82509.
Col. 4 – See Instructions.				Enter total taxable income as shown on Line 34 of D-30.				175855.
Col. 5 – See Instructions.								
Col. 6 – Any loss amount from Line 31 of D-30.								
Col. 7 – Enter the difference between Line 25 and Line 31 of D-30.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30).....				258364.

Taxpayer Name: MASTERPIECE LLC

Taxpayer Identification Number 384080554

SUPPLEMENTAL INFORMATION

1 During 2021, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?

Yes ☐ No ☒

If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.

2 PRINCIPAL BUSINESS ACTIVITY

PET CARE

3 DATE BUSINESS BEGAN

04302018

4 IF BUSINESS HAS TERMINATED, STATE REASON**5** TERMINATION DATE**6** TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)

LIMITED LIABILITY COMPANY

7 Place where federal income tax return for period covered by this return was filed:

KANSAS CITY MO

8 Name(s) under which federal return for period covered by this return was filed:

MASTERPIECE LLC

9 Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2021?

Yes

No

If no, please state reason:

☒☐**10** Is this return reported on the accrual basis?

Yes

No

If no, fill in the method used:

☒

Cash basis

☐☒☐

Other (specify)

11 Did you withhold DC income tax from the wages of your DC employees during 2021?

Yes

No

If no, state reason:

☒☐

12 Did you file a franchise tax return for the business with the District of Columbia for the year 2020?
If yes, enter name under which return was filed:

Yes

No

If no, state reason:

☒☐

MASTERPIECE LLC

13 Does this return include income from more than one business conducted by the taxpayer?
(If yes, list businesses and net income (loss) of each.)

Yes

No

☐☒

14 Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return?
(If yes, list names and addresses of the other businesses.)

Yes

No

☐☒

15 a Is this business unitary with a partnership or another corporation?

Yes

No

If yes, explain:

☐☒

b Is this business unitary with a combined group?

Yes

No

If yes, explain:

☐☒**16** Did you file an annual ballpark fee return?

Yes

No

☐☒

District of Columbia - Form D-30 Schedule J
Distribution and Reconciliation of Net Income or Loss

Partner Number 1	Name of Partner DENISE CALORE		Social Security Number 211605292	
Address of Partner 4217 LAMBETH DRIVE RALEIGH, NC 27609		Time Devoted to Business %	Percentage of Ownership %	
Column 4 Salary Claimed	Column 5 Exemption Claimed	Column 6 Net Loss District of Columbia Sources	Column 7 Net Income (or Loss) from Outside District of Columbia	Column 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Columns 4 thru 7)
\$ 12911.	\$ 832.	\$	\$	\$ 13743.

Partner Number 2	Name of Partner ABBY SPANU		Social Security Number 217170910	
Address of Partner 38270 PALMER ROAD COLTONS POINT, MD 20626		Time Devoted to Business %	Percentage of Ownership 50.000000%	
Column 4 Salary Claimed	Column 5 Exemption Claimed	Column 6 Net Loss District of Columbia Sources	Column 7 Net Income (or Loss) from Outside District of Columbia	Column 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Columns 4 thru 7)
\$ 32299.	\$ 2084.	\$	\$	\$ 34383.

Partner Number 3	Name of Partner RACHEL LAWLOR		Social Security Number 552139482	
Address of Partner 3453 LITTLE HUNTING CREEK DRIVE ALEXANDRIA, VA 22309		Time Devoted to Business %	Percentage of Ownership 50.000000%	
Column 4 Salary Claimed	Column 5 Exemption Claimed	Column 6 Net Loss District of Columbia Sources	Column 7 Net Income (or Loss) from Outside District of Columbia	Column 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Columns 4 thru 7)
\$ 32299.	\$ 2084.	\$	\$	\$ 34383.

Partner Number	Name of Partner		Social Security Number	
Address of Partner		Time Devoted to Business %	Percentage of Ownership %	
Column 4 Salary Claimed	Column 5 Exemption Claimed	Column 6 Net Loss District of Columbia Sources	Column 7 Net Income (or Loss) from Outside District of Columbia	Column 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Columns 4 thru 7)
\$	\$	\$	\$	\$

Partner Number	Name of Partner		Social Security Number	
Address of Partner		Time Devoted to Business %	Percentage of Ownership %	
Column 4 Salary Claimed	Column 5 Exemption Claimed	Column 6 Net Loss District of Columbia Sources	Column 7 Net Income (or Loss) from Outside District of Columbia	Column 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Columns 4 thru 7)
\$	\$	\$	\$	\$

**2021 D-2220 SUB Underpayment of Estimated
Franchise Tax By Businesses****IMPORTANT: Please read the instructions before completing this form.**

Business name (from your D-20 or D-30 return)

MASTERPIECE LLC

Taxpayer Identification Number (TIN)

384080554

Person to contact if there are questions

Daytime telephone number

No underpayment interest is due and this form should not be filed if:

- A** Your tax liability on taxable income after deducting DC applicable credits and estimated tax payments is less than \$1001, or
- B** You have made the required periodic DC estimated franchise tax payments and the total is equal to or more than 110% of last year's taxes or 90% of current year's taxes. Note: In order to use the prior year 110% exception, you must have filed a DC franchise tax return last year and you must have been in business in DC for the entire year.

Computation of Underpayment Interest

- 1** 2021 DC franchise tax liability from Forms D-20 or D-30. 14508.
- 2** Multiply the amount on Line 1 by 90% (.90). 13057.
- 3** 2020 DC franchise tax liability from Forms D-20 or D-30 X 110%.
- 4** Minimum estimated tax requirement for tax year 2021 (lesser of Lines 2 and 3). 13057.
- 5** Multiply the amount on Line 4 by 25% (.25). 3264.

Note: If your income was not evenly received over 4 periods, see instructions on the "Annualized Income" method.

Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.

	Due date of Payments			
	1st Period 04/15/21	2nd Period 06/15/21	3rd Period 09/15/21	4th Period 12/15/21
6 Enter the amount from Line 5 or the annualized amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Mark here <input type="checkbox"/> if you are using "Annualized Income" method.	3264.	6528.	9792.	13057.
7 DC estimated taxes paid each period (The 2nd period includes the 1st period amount, 3rd period includes 1st and 2nd period amounts, the 4th period includes all period amounts).	0.	5400.	8100.	10800.
8 Underpayment each period (Line 6 minus Line 7).	3264.	1128.	1692.	2257.
9 Underpayment Interest Factors.	.0175	.0265	.0262	.0348
10 Line 8 multiplied by Line 9.	57.12	29.89	44.33	78.54

- 11** Underpayment Interest — Total of amounts from Line 10. Pay this amount. 210.00
(See D-2220 instructions)

Instructions

D-30P SUB Payment Voucher for Unincorporated Franchise Tax

Use the D-30P Payment Voucher to make any payments due on your D-30 return.

Do not use this voucher to make estimated tax payments.

Enter your Taxpayer Identification Number. Mark an X indicating if this is your FEIN or SSN.

Enter name and address exactly as they appear on your return.

Enter the amount of your payment.

Make the check or money order (US dollars) payable to the DC Treasurer.

Write your TIN, tax period and type of return filed (D-30) on the payment.

Staple your check or money order to the D-30P voucher only. Do not attach your payment to your D-30 return.

Mail the D-30P with, but not attached to, your D-30 tax return to:

Office of Tax and Revenue
PO Box 96165
Washington, DC 20090-6165

Notes:

If your payment exceeds \$5,000 in any period, **you must pay electronically.**

Visit www.MyTax.DC.gov

For electronic filers, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?" If the answer is yes, you will be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

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Detach at perforation before mailing

D-30P SUB Payment Voucher for Unincorporated Business Franchise Tax



00030PS11032

Amount of Payment (dollars only)

3918 .00

Taxpayer Identification Number

Mark if ☒ FEIN

To avoid penalties and interest, your payment must be
postmarked no later than the due date of your return

384080554

Mark if ☐ SSN

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1032

Business or Designated Agent Name

MASTERPIECE LLC

Tax period ending (MMDDYYYY)

12312021

Business mailing address (number, street and suite/apartment number if applicable)

1425 H STREET NE

Business mailing address (number, street and suite/apartment number if applicable)

City

WASHINGTON

State

DC

Zipcode + 4

20002

2021

DIST OF COLUMBIA STATEMENTS

PAGE 1

MASTERPIECE LLC

38-4080554

STATEMENT 1
FORM D-30, PAGE 1, LINE 21
DEPRECIATION

DEPRECIATION.....	\$	921.
DEPRECIATION ADJUSTMENT DUE TO DISALLOWED SEC 168 (K) DEPRECIATION.....		3,255.
TOTAL	\$	<u>4,176.</u>

STATEMENT 2
FORM D-30, PAGE 3, SCHEDULE E
INTEREST EXPENSE

NAME AND ADDRESS OF PAYEE	AMOUNT
CREDIT CARD INTEREST 100 NORH TRYON STREET CHARLOTTE NC 28255	
INTEREST EXPENSE.....	\$ 692.
TOTAL	\$ <u>692.</u>

STATEMENT 3
FORM D-30, PAGE 4, SCHEDULE G
OTHER DEDUCTIONS

ADVERTISING.....	\$	130.
BANK CHARGES.....		25974.
INSURANCE.....		5875.
JANITORIAL.....		2400.
LAUNDRY AND CLEANING.....		4953.
LEGAL AND PROFESSIONAL.....		11660.
MEALS AND ENTERTAINMENT.....		2231.
MISCELLANEOUS.....		204.
OFFICE EXPENSE.....		3648.
PAYROLL PROCESSING.....		2289.
POSTAGE.....		51.
REIMBURSED EXPENSES.....		10000.
SUPPLIES.....		17159.
TRAVEL.....		46.
UTILITIES.....		10630.
TOTAL	\$	<u>97250.</u>

STATEMENT 4
FORM D-30, PAGE 5, SCHEDULE I, LINE 12
OTHER ASSETS

	BEGINNING	ENDING
SECURITY DEPOSIT.....	\$ 5,000.	\$ 5,000.
TOTAL	\$ <u>5,000.</u>	\$ <u>5,000.</u>

2021

DIST OF COLUMBIA STATEMENTS

PAGE 2

MASTERPIECE LLC

38-4080554

STATEMENT 5
FORM D-30, PAGE 5, SCHEDULE I, LINE 16
OTHER CURRENT LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
CREDIT CARDS.....	\$ 11,119.	\$ 15,845.
TOTAL	<u>\$ 11,119.</u>	<u>\$ 15,845.</u>

STATEMENT 6
FORM D-30, PAGE 5, SCHEDULE I, LINE 18
OTHER LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
LOANS FROM PARTNERS (OR PERSONS RELATED TO PARTNERS)		\$ 52,400.
TOTAL	<u>\$ 0.</u>	<u>\$ 52,400.</u>

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12/31/21

2021 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 1065																	
MACHINERY AND EQUIPMENT																	
1	2020 EQUIPMENT **	11/20/20		7,809				7,809			0		200DB HY	5		0	
2	2019 EQUIPMENT **	12/31/19		3,940				3,940			0		200DB HY	5		0	
3	2018 EQUIPMENT **	12/31/18		7,995							7,995	3,917	200DB HY	5	.11520	921	
TOTAL MACHINERY AND EQUIPME				19,744		0	0	11,749	0	0	7,995	3,917					921
TOTAL DEPRECIATION				19,744		0	0	11,749	0	0	7,995	3,917					921
GRAND TOTAL DEPRECIATION				19,744		0	0	11,749	0	0	7,995	3,917					921

**ASSET INCLUDED IN UNADJUSTED BASIS IMMEDIATELY AFTER ACQUISITION FOR THE QBI CALCULATION.

12/31/21

2021 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
FORM 1065															
MACHINERY AND EQUIPMENT															
1	2020 EQUIPMENT	11/20/20		0		200DB HY	5		0	0					0
2	2019 EQUIPMENT	12/31/19		0		200DB HY	5		0	0					0
3	2018 EQUIPMENT	12/31/18		7,995		150DB HY	5	.16660	1,332	921		-411			0
TOTAL MACHINERY AND EQUIPME				7,995	0				1,332	921		-411	0	0	0
TOTAL DEPRECIATION				7,995	0				1,332	921		-411	0	0	0
GRAND TOTAL DEPRECIATION				7,995	0				1,332	921		-411	0	0	0

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12/31/21

2021 BOOK DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1065																
MACHINERY AND EQUIPMENT																
1	2020 EQUIPMENT	11/20/20		7,809							7,809		200DB HY	5	.32000	2,499
2	2019 EQUIPMENT	12/31/19		3,940							3,940		200DB HY	5	.19200	756
3	2018 EQUIPMENT	12/31/18		7,995							7,995	3,917	200DB HY	5	.11520	921
TOTAL MACHINERY AND EQUIPME				19,744		0	0	0	0	0	19,744	3,917				4,176
TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	3,917				4,176
GRAND TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	3,917				4,176

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12/31/22

2022 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 1065																	
MACHINERY AND EQUIPMENT																	
1	2020 EQUIPMENT	11/20/20		7,809				7,809			0		200DB HY	5		0	
2	2019 EQUIPMENT	12/31/19		3,940				3,940			0		200DB HY	5		0	
3	2018 EQUIPMENT	12/31/18		7,995							7,995	4,838	200DB HY	5	.11520	921	
TOTAL MACHINERY AND EQUIPME				19,744		0	0	11,749	0	0	7,995	4,838					921
TOTAL DEPRECIATION				19,744		0	0	11,749	0	0	7,995	4,838					921
GRAND TOTAL DEPRECIATION				19,744		0	0	11,749	0	0	7,995	4,838					921

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2022 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	AMT BASIS	AMT PRIOR DEPR	AMT METHOD	AMT LIFE	AMT RATE	AMT DEPR	REG. DEPR	OWN PCT	POST-86 DEPR ADJ	REAL PROP PREF	LEAS PER PROP PREF	59 (E)(2) AMORT
FORM 1065															
MACHINERY AND EQUIPMENT															
1	2020 EQUIPMENT	11/20/20		0		200DB HY	5		0	0					0
2	2019 EQUIPMENT	12/31/19		0		200DB HY	5		0	0					0
3	2018 EQUIPMENT	12/31/18		7,995	1,332	150DB HY	5	.16660	1,332	921		-411			0
TOTAL MACHINERY AND EQUIPME				7,995	1,332				1,332	921		-411	0	0	0
TOTAL DEPRECIATION				7,995	1,332				1,332	921		-411	0	0	0
GRAND TOTAL DEPRECIATION				7,995	1,332				1,332	921		-411	0	0	0

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2022 BOOK DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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2	2019 EQUIPMENT	12/31/19		3,940							3,940	756	200DB HY	5	.11520	454
3	2018 EQUIPMENT	12/31/18		7,995							7,995	4,838	200DB HY	5	.11520	921
	TOTAL MACHINERY AND EQUIPME			19,744		0	0	0	0	0	19,744	8,093				2,874
	TOTAL DEPRECIATION			19,744		0	0	0	0	0	19,744	8,093				2,874
	GRAND TOTAL DEPRECIATION			19,744		0	0	0	0	0	19,744	8,093				2,874

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12/31/21

2021 DIST OF COLUMBIA DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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TOTAL MACHINERY AND EQUIPME				19,744		0	0	0	0	0	19,744	3,917				4,176
TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	3,917				4,176
GRAND TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	3,917				4,176

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2022 DIST OF COLUMBIA DEPRECIATION SCHEDULE

PAGE 1

MASTERPIECE LLC

38-4080554

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1065																
MACHINERY AND EQUIPMENT																
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3	2018 EQUIPMENT	12/31/18		7,995							7,995	4,838	200DB HY	5	.11520	921
TOTAL MACHINERY AND EQUIPME				19,744		0	0	0	0	0	19,744	8,093				2,874
TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	8,093				2,874
GRAND TOTAL DEPRECIATION				19,744		0	0	0	0	0	19,744	8,093				2,874

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FOR TAX YEAR 2022

MASTERPIECE LLC

LEICHTER ACCOUNTING SERVICES

17 WARREN ROAD SUITE 11A

Pikesville, MD 21208

(443)934-9220

LEICHTER ACCOUNTING SERVICES

17 WARREN ROAD SUITE 11A
Pikesville, MD 21208
DAVID@LEICHTERCPA.COM
Phone: (443)934-9220 | Fax: (410)384-4213

July 07, 2023

Masterpiece LLC
1425 H Street NE
Washington, DC 20002

Subject: Preparation of 2022 Tax Returns

Masterpiece LLC:

Thank you for choosing LEICHTER ACCOUNTING SERVICES to assist with the 2022 taxes for Masterpiece LLC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Masterpiece LLC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Masterpiece LLC, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of the records and our work papers from the engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The officer should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(443)934-9220.

Sincerely,

David Leichter CPA
LEICHTER ACCOUNTING SERVICES

Accepted By:

Officer

Date

LEICHTER ACCOUNTING SERVICES

17 WARREN ROAD SUITE 11A
Pikesville, MD 21208
DAVID@LEICHTERCPA.COM
Phone: (443)934-9220 | Fax: (410)384-4213

July 07, 2023

Masterpiece LLC
1425 H Street NE
Washington, DC 20002

Masterpiece LLC:

Enclosed is the 2022 Form 1120S, U.S. Income Tax Return for an S Corporation, prepared for Masterpiece LLC from the information provided. This return was e-filed with the IRS and was accepted on March 02, 2023.

The corporation's federal return reflects neither a refund nor a balance due.

Enclosed is the corporation's 2022 District of Columbia Franchise Tax return, prepared for Masterpiece LLC from the information provided. This return will be e-filed with the District of Columbia taxing authority.

The corporation is applying \$5,845 of the \$5,845 overpayment to the 2023 District of Columbia Franchise Tax estimated taxes.

The corporation's District of Columbia Franchise Tax return reflects neither a refund nor a balance due.

Enclosed are letters, copies of Schedule K-1, and any supplemental information, to be distributed to the shareholders.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (443)934-9220.

Sincerely,

David Leichter CPA
LEICHTER ACCOUNTING SERVICES

LEICHTER ACCOUNTING SERVICES

17 WARREN ROAD SUITE 11A
Pikesville, MD 21208
DAVID@LEICHTERCPA.COM
Phone: (443)934-9220 | Fax: (410)384-4213

July 07, 2023

Masterpiece LLC
1425 H Street NE
Washington, DC 20002

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (443)934-9220.

Sincerely,

David Leichter CPA
LEICHTER ACCOUNTING SERVICES

LEICHTER ACCOUNTING SERVICES

17 WARREN ROAD SUITE 11A
Pikesville, MD 21208
DAVID@LEICHTERCPA.COM
Phone: (443)934-9220 | Fax: (410)384-4213

Customer Name	Customer Information	
Masterpiece LLC 1425 H Street NE Washington, DC 20002	Invoice #:	
	Date:	July 07, 2023
	Phone:	(202)306-5629
	E-mail:	RACHEL@MASTERPIECECANINESP A.COM

Your 2022 tax return was prepared by David Leichter CPA.

Description	Fee
Federal And Supplemental Forms	
Form 1120S	U.S. S Corp Income Tax Return, page 1
Form 1120S pg 2	U.S. S Corp Income Tax Return, page 2
Form 1120S pg 3	U.S. S Corp Income Tax Return, page 3
Form 1120S pg 4	U.S. S Corp Income Tax Return, page 4
Form 1120S pg 5	U.S. S Corp Income Tax Return, page 5
Schedule K-1	Shareholder's Share of Income
Schedule K-1	Shareholder's Share of Income
K-1 Dist	Shareholder's Share of Distributions
K-1 Dist	Shareholder's Share of Distributions
K-1 Wks QBI	Qualified Business Income Wks for Shareholders
K-1 Wks QBI	Qualified Business Income Wks for Shareholders
Form 1125-E	Compensation of Officers
Form 4562	Depreciation and Amortization
Form 8879-CORP	E-file Authorization for Corporations
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Next Year	Next Year Depreciation Schedule
DEPR - Wks 179 Limit	Business Income Limitation Worksheet
DEPR - Wks 179 Limit	Business Income Limitation Worksheet
Wks DIST	Distribution Information
Wks M-2	Schedule M-2 Worksheet
Wks QBI	Qualified Business Income Worksheet
Wks SBAS	Shareholder's Adjusted Basis Worksheet
Wks SBAS	Shareholder's Adjusted Basis Worksheet
Wks SBAS	Shareholder's Adjusted Basis Worksheet
Wks SBAS	Shareholder's Adjusted Basis Worksheet
Wks SOWN	Summary of Ownership Changes
Wks Tax/Lic	Taxes and Licenses Worksheet
Statement ELEC	Election Statements
Statement 1120S	Form 1120S - Itemized Other Deduction
Statement Sch K	Schedule K - Other Items and Amounts
Statement Sch K-3	Qualified Exception to Filing Schedule K-3
Statement Sch K-3	Qualified Exception to Filing Schedule K-3
Statement Sch L	Schedule L - Itemized Other Assets

Statement Sch L	Schedule L - Itemized Other Current Liab's	
Statement Sch M2	Schedule M2 - Accum Adj Acc Other Ded	
Comparison	Tax Year Comparison Sheet	
EF Notice	General Information for Electronic Filing	
K-K1 Comparison	Comparison of Schedule K to K-1	
District of Columbia Forms		
DC 20	Corporation Franchise Tax Return	
DC 20 Pg 2	Corporation Franchise Tax Return pg2	
DC 20 Pg 3	Corporation Franchise Tax Return pg3	
DC 20 Pg 4	Corporation Franchise Tax Return pg4	
DC 20 Pg 5	Corporation Franchise Tax Return pg5	
DC 20 Pg 6	Corporation Franchise Tax Return pg6	
DC 20E	DC Franchise Tax Declaration for EF	
DC TL_WK	DC Minimum Tax Liability DC Gross Receipts WS	
DC 4562	DC 4562	
DC STMT	DC Itemized Statement	

Total Forms	48	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2022

Name(s) as shown on return

MASTERPIECE LLC

Employer Identification Number

**** - ***0554**

Entity address

1425 H STREET NE

WASHINGTON, DC 20002

Thank you for participating in IRS e-file.

1. ☒ 2022 **1120S** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **LEICHTER ACCOUNTING SERVICES**.
2. ☒ **1120S** income tax return was accepted on **03-02-2023** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **XXXXXX202306143yzovz**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Form	1120-S	U.S. Income Tax Return for an S Corporation		OMB No. 1545-0123	
Department of the Treasury Internal Revenue Service		Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.		2022	
For calendar year 2022 or tax year beginning, 2022, ending, 20					
A S election effective date	TYPE OR PRINT	Name MASTERPIECE LLC	D Employer identification number 38-4080554		
B Business activity code number (see instructions) 812910		Number, street, and room or suite no. If a P.O. box, see instructions. 1425 H STREET NE	E Date incorporated 04-30-2018		
C Check if Sch. M-3 attached		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON DC 20002	F Total assets (see instructions) \$ 28,591		
G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination					
I Enter the number of shareholders who were shareholders during any part of the tax year 2					
J Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.					
Income	1 a	Gross receipts or sales	1a	1,142,614	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c		1,142,614
	2	Cost of goods sold (attach Form 1125-A)	2		
	3	Gross profit. Subtract line 2 from line 1c	3		1,142,614
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
Deductions (see instructions for limitations)	5	Other income (loss) (see instructions - attach statement)	5		
	6	Total income (loss). Add lines 3 through 5	6		1,142,614
	7	Compensation of officers (see instructions - attach Form 1125-E)	7		239,900
	8	Salaries and wages (less employment credits)	8		626,481
	9	Repairs and maintenance	9		
	10	Bad debts	10		
	11	Rents	11		27,098
	12	Taxes and licenses Wks. Tax/Lic	12		86,857
	13	Interest (see instructions)	13		1,618
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		875
	15	Depletion (Do not deduct oil and gas depletion.)	15		
Tax and Payments	16	Advertising	16		3,029
	17	Pension, profit-sharing, etc., plans	17		
	18	Employee benefit programs	18		
	19	Other deductions (attach statement) Statement #2.	19		136,355
	20	Total deductions. Add lines 7 through 19	20		1,122,213
	21	Ordinary business income (loss). Subtract line 20 from line 6.	21		20,401
	22 a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120-S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23 a	2022 estimated tax payments and 2021 overpayment credited to 2022	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c	23d		
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached	24		
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid.	26		
	27	Enter amount from line 26: Credited to 2023 estimated tax Refunded	27		
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.			May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	RACHEL G LAWLOR Signature of officer		PARTNER Title		
Paid Preparer Use Only	Print/Type preparer's name DAVID LEICHTER CPA		Preparer's signature		
	Firm's name LEICHTER ACCOUNTING SERVICES		Date 07-07-2023		
	Firm's address 17 WARREN ROAD SUITE 11A Pikesville MD 21208		Check <input checked="" type="checkbox"/> if PTIN self-employed XXXXXXX		
			Firm's EIN 27-3757605 Phone no. (443) 934-9220		
For Paperwork Reduction Act Notice, see separate instructions.					
Form 1120-S (2022)					

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
14 a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	20,401
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) Type: 10		
	11 Section 179 deduction (attach Form 4562) 11		2,500
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type: 12c		
	d Other deductions (see instructions) Type: 12d		
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable). 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type: 13g		
Inter-national	Qualified for exception to filing Schedule K-2		
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		14,000
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement) Statement #18		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	17,901

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		23,697		21,482		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	19,744		22,244			
b	Less accumulated depreciation	(16,760)	2,984	(20,135)	2,109		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)	Statement #21	5,000	Statement #21	5,000		
15	Total assets		31,681		28,591		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year		518		0		
18	Other current liabilities (attach statement)	Statement #22	15,845	Statement #22	19,627		
19	Loans from shareholders		52,400		42,145		
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		(37,082)		(33,181)		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		()		()		
27	Total liabilities and shareholders' equity		31,681		28,591		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	17,901	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$ _____	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize): a Depreciation \$ _____ b Travel and entertainment \$ _____		6 Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize): a Depreciation \$ _____	
4 Add lines 1 through 3	17,901	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	17,901

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	(37,082)			
2 Ordinary income from page 1, line 21	20,401			
3 Other additions				
4 Loss from page 1, line 21	()			
5 Other reductions Statement #30	(2,500)			()
6 Combine lines 1 through 5	(19,181)			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	(19,181)			

**Schedule K-1
(Form 1120-S)****2022**Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year

beginning 2022 ending _____**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number 38-4080554		1 Ordinary business income (loss) 10,201	13 Credits
B Corporation's name, address, city, state, and ZIP code MASTERPIECE LLC 1425 H STREET NE WASHINGTON DC 20002		2 Net rental real estate income (loss)	
		3 Other net rental income (loss)	
C IRS Center where corporation filed return KANSAS CITY		4 Interest income	
D Corporation's total number of shares Beginning of tax year 100 End of tax year 100		5a Ordinary dividends	
		5b Qualified dividends	14 Schedule K-3 is attached if checked <input type="checkbox"/>
		6 Royalties	15 Alternative minimum tax (AMT) items
		7 Net short-term capital gain (loss)	
		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
		8c Unrecaptured section 1250 gain	
		9 Net section 1231 gain (loss)	16 Items affecting shareholder basis D 7,000
E Shareholder's identifying number XXX-XX-XXXX		10 Other income (loss)	
F Shareholder's name, address, city, state, and ZIP code RACHEL G LAWLOR 3453 LITTLE HUNTING CREEK DR ALEXANDRIA VA 22309			17 Other information AC 571,307
G Current year allocation percentage 50.00000 %		11 Section 179 deduction 1,250	
H Shareholder's number of shares Beginning of tax year 50 End of tax year 50		12 Other deductions	V* STMT
I Loans from shareholder Beginning of tax year \$ End of tax year \$			
For IRS Use Only		18 <input type="checkbox"/> More than one activity for at-risk purposes*	
		19 <input type="checkbox"/> More than one activity for passive activity purposes*	
		* See attached statement for additional information.	

Schedule K-1 Supplemental Information**2022**

Shareholder's name

RACHEL G LAWLOR

Shareholder's ID Number

XXX-XX-XXXX

Name of S Corporation

MASTERPIECE LLC

S Corporation's EIN

38-4080554

FORM 1120S SCHEDULE K-1 CODES

Line 16, Code D - Distributions

[See K-1 instructions, page 14 (Form 7203
instructions)]

Line 17, Code AC - Gross receipts for section 448(c)

[See K-1 instructions, page 17 (Form 8990)]

Line 17, Code V - Section 199A information

[Form 8995 or Form 8995-A]

Client Copy

Schedule K-1 Distribution Information

(This page is not filed with the return. It is for your records only.)

2022

Shareholder's name

RACHEL G LAWLOR

Shareholder's ID Number

XXX-XX-XXXX

Name of S Corporation

MASTERPIECE LLC

S Corporation's EIN

38-4080554

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2022	14,000	50.00	050.00000	<u>7,000</u>
TOTAL				<u><u>7,000</u></u>

Client Copy

STATEMENT A - QBI Pass-through Entity Reporting

Information Reported in Accordance with Section 199A-6

Schedule K-1, Line 17, Code V

(This page is e-filed with the return. Include it if paper-filing.)

2022

Name(s) as shown on return

MASTERPIECE LLC

Tax ID Number

38-4080554

Name(s) as shown on K1

RACHEL G LAWLOR

Tax ID Number

XXX-XX-XXXX

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	MASTERPIECE LLC	38-4080554			No

LINE NUMBER	NO. 1	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	10,201					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179	1,250					
Other Deductions						
W-2 Wages	433,191					
Unadjusted Basis Immediately After Acquisition	11,122					
Section 199A Dividends						

Shareholder's Basis Worksheet Prepared from the S Corporation Records

2022

Basis is reported on Form 7203 and must be determined at the shareholder level. Consult your tax advisor.

Shareholder Number:	TIN: XXX-XX-XXXX	Tax year ending: 12-31-2022	Ownership %: 50.000000
Shareholder Name:	RACHEL G LAWLOR		
Corporation Name:	MASTERPIECE LLC		EIN 38-4080554

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	
2	Additional Capital Contributions of Stock Purchased		2	
3	Increases for income and gain items:			
a	Ordinary Income (Sch K-1, Line 1)	a	10,201	
b	Real Estate Rental Income (Sch K-1, Line 2)	b		
c	Other Rental Income (Sch K-1, Line 3c)	c		
d	Interest, Dividends & Royalties (Sch K-1, Lines 4, 5 & 6)	d		
e	Capital Gain (Sch K-1, Lines 7 & 8a)	e		
f	Other Portfolio Income (Sch K-1, Line 10a)	f		
g	Section 1231 Gain (Sch K-1, Line 9)	g		
h	Other Income (Sch K-1, Line 10)	h		
	Total Income and Gain Items (Total lines 3a-3h)	3a-h	10,201	
i	Increase for Non-Taxable Income (Sch K-1, Lines 16a & b)	3i		
j	Increase for Excess Depletion Adjustment	3j		
k	Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k		
l	Gain from 179 asset disposition	3l		
4	Stock Basis Before Distributions (Add lines 1 through 3)	4	10,201	
5	Reduction for Non-Taxable Distributions (Sch K-1, Line 16d)	5	7,000	
6	Stock Basis Before Non-Ded. Expense & Depletion (Cannot be negative)	6	3,201	
7a	Decrease for Non-Deductible Expense/Credit Adj (Sch K-1, Line 16c & 13)	a		
b	Decrease for Depletion (Sch K-1, Line 17r)	b		
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)	8	3,201	
9	Decreases for Loss and Deduction items:			
a	Ordinary Loss (Page 2, Col e, Line 9a)	a		
b	Real Estate Rental Loss (Page 2, Col e, Line 9b)	b		
c	Other Rental Loss (Page 2, Col e, Line 9c)	c		
d	Capital Loss (Page 2, Col e, Line 9d)	d		
e	Other Portfolio Loss (Page 2, Col e, Line 9e)	e		
f	Section 1231 Loss (Page 2, Col e, Line 9f)	f		
g	Other Loss (Page 2, Col e, Line 9g)	g		
h	Charitable Contributions (Page 2, Col e, Line 9h)	h		
i	Section 179 Expense (Page 2, Col e, Line 9i)	i	1,250	
j	Portfolio Income Expenses (Page 2, Col e, Line 9j)	j		
k	Other Deductions (Page 2, Col e, Line 9k)	k		
l	Interest Expense on Investment Debt (Page 2, Col e, Line 9l)	l		
m	Total Foreign Taxes Paid/Accrued (Page 2, Col e, Line 9m)	m		
n	Section 59(e) Expenditures (Page 2, Col e, Line 9n)	n		
	Total Loss and Deduction Items (Total Lines 9a-9n)	9a-n	1,250	
o	Other decreases (Page 2, Col e, Line 9o)	9o		
p	Loss from 179 asset disposition (Page 2, Col e, Line 9p)	9p		
	Total Decrease for Loss and Deductions Items and Business Credits	9	1,250	
10	Less: net increase applied to debt basis	10		
11	Stock Basis at End of Year (Cannot be negative)	11	1,951	

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	
13	New loans to corporation during year	13	
14	Restoration of Debt Basis (Line 10)	14	
15	Less: Loans repaid by corporation during the year	15	
16	Less: Applied against excess loss and deductions / non-deductible items	16	
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	1,951

Carryover

19	Total Beginning of year		
20	Add: Losses and deductions this year	1,250	
21	Less: Applied this year	1,250	
22	End of year (Not less than zero)	0	

Allocation of Losses and Deductions

2022

Keep for your records.

Shareholder Number:	TIN: XXX-XX-XXXX	Year Ended: 12-31-2022	Ownership %: 50.000000
Shareholder Name: RACHEL G LAWLOR			
Corporation Name: MASTERPIECE LLC			EIN 38-4080554

IMPORTANT: Loss limitations are applied at the individual shareholder level. This worksheet is informational only and may not match actual losses and deductions reported on Form 7203.

		(a) Beginning of Year Losses and Deductions	(b) Current Year Losses and Deductions	(c) Total Losses and Deductions	(d) %	(e) Allocable Losses and Deductions in Current Year	(f) Dissallowed Losses and Deductions (Carryover to Next Year)
9a Ordinary losses from trade or business	(Sch K, Line 1)						
b Net losses from rental real estate activities	(Sch K, Line 2)						
c Net losses from other rental activities	(Sch K, Line 3c)						
d Net short-term capital losses	(Sch K, Lines 7 & 8a)						
d Net long-term capital losses							
e Other portfolio losses	(Sch K, Line 10a)						
f Net losses under Section 1231	(Sch K, Line 9)						
g Other losses	(Sch K, Line 10e)						
h Charitable contributions	(Sch K, Line 12a-g)						
i Section 179 expense deduction	(Sch K, Line 11)		1,250	1,250	100.000000	1,250	
j Portfolio income expenses	(Sch K, Line 12l)						
k Other deductions	(Sch K, Ln 12, i,m-o,s)						
l Interest expense on investment debts	(Sch K, Line 12h)						
m Foreign taxes paid or accrued	(Sch K, Line 16f)						
n Section 59(e) expenditures	(Sch K, Line 12j)						
o Other decreases							
p Loss from 179 asset							
Total deductible losses and deductions			1,250	1,250		1,250	
7a Nondeductible expenses & credit adj	(Sch K, Line 16c & 13)						
b Oil and gas depletion	(Sch K, Line 17r)						
Total nondeductible losses and deductions							
Totals			1,250	1,250		1,250	

Schedule K-1 Supplemental Information**2022**

Shareholder's name

RACHEL G LAWLOR

Name of S Corporation

MASTERPIECE LLC

Shareholder's ID Number

XXX-XX-XXXX

S Corporation's EIN

38-4080554**Schedule K-3 Notification**

The corporation has met the following criteria for tax year 2022, presently exempting it from filing Schedule K-3 (Form 1120-S), Shareholder's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Corporation had no or limited foreign activity

Criteria 2 - Each of the shareholders was a U.S. citizen, resident alien, or certain domestic trust

With respect to the corporation meeting criteria 1 and 2, shareholders are hereby notified they will not be receiving a Schedule K-3 from the corporation unless the shareholder specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

Client Copy

**Schedule K-1
(Form 1120-S)****2022**Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year

beginning 2022 ending _____**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number 38-4080554		1 Ordinary business income (loss) 10,200	13 Credits
B Corporation's name, address, city, state, and ZIP code MASTERPIECE LLC 1425 H STREET NE WASHINGTON DC 20002		2 Net rental real estate income (loss)	
		3 Other net rental income (loss)	
C IRS Center where corporation filed return KANSAS CITY		4 Interest income	
D Corporation's total number of shares Beginning of tax year 100 End of tax year 100		5a Ordinary dividends	
		5b Qualified dividends	14 Schedule K-3 is attached if checked <input type="checkbox"/>
		6 Royalties	15 Alternative minimum tax (AMT) items
		7 Net short-term capital gain (loss)	
		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
		8c Unrecaptured section 1250 gain	
Part II Information About the Shareholder		9 Net section 1231 gain (loss)	16 Items affecting shareholder basis D 7,000
E Shareholder's identifying number XXX-XX-XXXX		10 Other income (loss)	
F Shareholder's name, address, city, state, and ZIP code ABBY SPANU 7366 LAUREL HILL LN RIXEYVILLE VA 22737			
G Current year allocation percentage 50.00000 %			17 Other information AC 571,307
H Shareholder's number of shares Beginning of tax year 50 End of tax year 50		11 Section 179 deduction 1,250	
I Loans from shareholder Beginning of tax year \$ End of tax year \$		12 Other deductions	V* STMT
For IRS Use Only		18 <input type="checkbox"/> More than one activity for at-risk purposes*	
		19 <input type="checkbox"/> More than one activity for passive activity purposes*	
	* See attached statement for additional information.		

Schedule K-1 Supplemental Information**2022**

Shareholder's name

ABBY SPANU

Shareholder's ID Number

XXX-XX-XXXX

Name of S Corporation

MASTERPIECE LLC

S Corporation's EIN

38-4080554

FORM 1120S SCHEDULE K-1 CODES

Line 16, Code D - Distributions

[See K-1 instructions, page 14 (Form 7203 instructions)]

Line 17, Code AC - Gross receipts for section 448(c)

[See K-1 instructions, page 17 (Form 8990)]

Line 17, Code V - Section 199A information

[Form 8995 or Form 8995-A]

Client Copy

Schedule K-1 Distribution Information

(This page is not filed with the return. It is for your records only.)

2022

Shareholder's name

ABBY SPANU

Shareholder's ID Number

XXX-XX-XXXX

Name of S Corporation

MASTERPIECE LLC

S Corporation's EIN

38-4080554

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2022	14,000	50.00	050.00000	7,000
TOTAL				7,000

Client Copy

STATEMENT A - QBI Pass-through Entity Reporting

Information Reported in Accordance with Section 199A-6
Schedule K-1, Line 17, Code V
(This page is e-filed with the return. Include it if paper-filing.)

2022

Name(s) as shown on return

MASTERPIECE LLC

Tax ID Number
38-4080554

Name(s) as shown on K1

ABBY SPANU

Tax ID Number
XXX-XX-XXXX

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	MASTERPIECE LLC	38-4080554			No

LINE NUMBER	NO. 1	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	10,200					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179	1,250					
Other Deductions						
W-2 Wages	433,190					
Unadjusted Basis Immediately After Acquisition	11,122					
Section 199A Dividends						

Shareholder's Basis Worksheet Prepared from the S Corporation Records

2022

Basis is reported on Form 7203 and must be determined at the shareholder level. Consult your tax advisor.

Shareholder Number:	TIN: XXX-XX-XXXX	Tax year ending: 12-31-2022	Ownership %: 50.000000
Shareholder Name: ABBY SPANU			
Corporation Name: MASTERPIECE LLC		EIN 38-4080554	

Stock basis

1	Stock basis, beginning of year (Not less than zero)		1	
2	Additional Capital Contributions of Stock Purchased		2	
3	Increases for income and gain items:			
a	Ordinary Income (Sch K-1, Line 1)	a	10,200	
b	Real Estate Rental Income (Sch K-1, Line 2)	b		
c	Other Rental Income (Sch K-1, Line 3c)	c		
d	Interest, Dividends & Royalties (Sch K-1, Lines 4, 5 & 6)	d		
e	Capital Gain (Sch K-1, Lines 7 & 8a)	e		
f	Other Portfolio Income (Sch K-1, Line 10a)	f		
g	Section 1231 Gain (Sch K-1, Line 9)	g		
h	Other Income (Sch K-1, Line 10)	h		
	Total Income and Gain Items (Total lines 3a-3h)	3a-h	10,200	
i	Increase for Non-Taxable Income (Sch K-1, Lines 16a & b)	3i		
j	Increase for Excess Depletion Adjustment	3j		
k	Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k		
l	Gain from 179 asset disposition	3l		
4	Stock Basis Before Distributions (Add lines 1 through 3)	4	10,200	
5	Reduction for Non-Taxable Distributions (Sch K-1, Line 16d)	5	7,000	
6	Stock Basis Before Non-Ded. Expense & Depletion (Cannot be negative)	6	3,200	
7a	Decrease for Non-Deductible Expense/Credit Adj (Sch K-1, Line 16c & 13)	a		
b	Decrease for Depletion (Sch K-1, Line 17r)	b		
8	Stock Basis Before Allowable Losses & Deductions (Cannot be negative)	8	3,200	
9	Decreases for Loss and Deduction items:			
a	Ordinary Loss (Page 2, Col e, Line 9a)	a		
b	Real Estate Rental Loss (Page 2, Col e, Line 9b)	b		
c	Other Rental Loss (Page 2, Col e, Line 9c)	c		
d	Capital Loss (Page 2, Col e, Line 9d)	d		
e	Other Portfolio Loss (Page 2, Col e, Line 9e)	e		
f	Section 1231 Loss (Page 2, Col e, Line 9f)	f		
g	Other Loss (Page 2, Col e, Line 9g)	g		
h	Charitable Contributions (Page 2, Col e, Line 9h)	h		
i	Section 179 Expense (Page 2, Col e, Line 9i)	i	1,250	
j	Portfolio Income Expenses (Page 2, Col e, Line 9j)	j		
k	Other Deductions (Page 2, Col e, Line 9k)	k		
l	Interest Expense on Investment Debt (Page 2, Col e, Line 9l)	l		
m	Total Foreign Taxes Paid/Accrued (Page 2, Col e, Line 9m)	m		
n	Section 59(e) Expenditures (Page 2, Col e, Line 9n)	n		
	Total Loss and Deduction Items (Total Lines 9a-9n)	9a-n	1,250	
o	Other decreases (Page 2, Col e, Line 9o)	9o		
p	Loss from 179 asset disposition (Page 2, Col e, Line 9n)	9p		
	Total Decrease for Loss and Deductions Items and Business Credits	9	1,250	
10	Less: net increase applied to debt basis	10		
11	Stock Basis at End of Year (Cannot be negative)	11	1,950	

Debt Basis

12	Debt basis at beginning of year (not less than zero)	12	
13	New loans to corporation during year	13	
14	Restoration of Debt Basis (Line 10)	14	
15	Less: Loans repaid by corporation during the year	15	
16	Less: Applied against excess loss and deductions / non-deductible items	16	
17	Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	
18	Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	1,950

Carryover

19	Total Beginning of year		
20	Add: Losses and deductions this year	1,250	
21	Less: Applied this year	1,250	
22	End of year (Not less than zero)	0	

Allocation of Losses and Deductions

2022

Keep for your records.

Shareholder Number:	TIN: XXX-XX-XXXX	Year Ended: 12-31-2022	Ownership %: 50.000000
Shareholder Name: ABBY SPANU			
Corporation Name: MASTERPIECE LLC			EIN 38-4080554

IMPORTANT: Loss limitations are applied at the individual shareholder level. This worksheet is informational only and may not match actual losses and deductions reported on Form 7203.

		(a) Beginning of Year Losses and Deductions	(b) Current Year Losses and Deductions	(c) Total Losses and Deductions	(d) %	(e) Allocable Losses and Deductions in Current Year	(f) Disallowed Losses and Deductions (Carryover to Next Year)
9a Ordinary losses from trade or business	(Sch K, Line 1)						
b Net losses from rental real estate activities	(Sch K, Line 2)						
c Net losses from other rental activities	(Sch K, Line 3c)						
d Net short-term capital losses	(Sch K, Lines 7 & 8a)						
d Net long-term capital losses							
e Other portfolio losses	(Sch K, Line 10a)						
f Net losses under Section 1231	(Sch K, Line 9)						
g Other losses	(Sch K, Line 10e)						
h Charitable contributions	(Sch K, Line 12a-g)						
i Section 179 expense deduction	(Sch K, Line 11)		1,250	1,250	100.000000	1,250	
j Portfolio income expenses	(Sch K, Line 12l)						
k Other deductions	(Sch K, Ln 12, i,m-o,s)						
l Interest expense on investment debts	(Sch K, Line 12h)						
m Foreign taxes paid or accrued	(Sch K, Line 16f)						
n Section 59(e) expenditures	(Sch K, Line 12j)						
o Other decreases							
p Loss from 179 asset							
Total deductible losses and deductions			1,250	1,250		1,250	
7a Nondeductible expenses & credit adj	(Sch K, Line 16c & 13)						
b Oil and gas depletion	(Sch K, Line 17r)						
Total nondeductible losses and deductions							
Totals			1,250	1,250		1,250	

Schedule K-1 Supplemental Information**2022**

Shareholder's name

ABBY SPANU

Name of S Corporation

MASTERPIECE LLC

Shareholder's ID Number

XXX-XX-XXXX

S Corporation's EIN

38-4080554**Schedule K-3 Notification**

The corporation has met the following criteria for tax year 2022, presently exempting it from filing Schedule K-3 (Form 1120-S), Shareholder's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Corporation had no or limited foreign activity

Criteria 2 - Each of the shareholders was a U.S. citizen, resident alien, or certain domestic trust

With respect to the corporation meeting criteria 1 and 2, shareholders are hereby notified they will not be receiving a Schedule K-3 from the corporation unless the shareholder specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

Client Copy

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2022

Attachment
Sequence No. 179

Name(s) shown on return

MASTERPIECE LLC

Business or activity to which this form relates

FORM 1120S

Identifying number

38-4080554

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	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	2,500
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
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	1,080,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	2022 EQUIPMENT	2,500	2,500
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	2,500
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,500
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	886,782
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	2,500
13	Carryover of disallowed deduction to 2023. 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 2022	17	875
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 2022 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 2022 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	875
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.

Form **8879-CORP**
(December 2022)

Department of the Treasury
Internal Revenue Service

Name of corporation

E-file Authorization for Corporations

For calendar year 2022, or tax year beginning _____, 2022, ending _____, 20 _____

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

MASTERPIECE LLC

Employer identification number

38-4080554

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	1,142,614

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize LEICHTER ACCOUNTING SERVICE to enter my PIN 99999 as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date 02-27-2023 Title PARTNER

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX 10055
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 07-07-2023

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

EEA

Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

DESCRIPTION	AMOUNT
100% MEALS	625
BANK CHARGES & FEES	32,561
BUILDING MAINTENANCE	1,180
EDUCATION	170
EMPLOYEE GIFTS	531
INSURANCE	10,851
JOB SUPPLIES	13,497
LAUNDRY SERVICE	9,763
LEGAL & PROFESSIONAL SERVICES	15,090
OFFICE SUPPLIES & SOFTWARE	7,807
PAYROLL PROCESSING FEES	2,456
POSTAGE	146
REPAIRS & MAINTENANCE	5,128
SUPPLIES	30
UTILITIES	34,322
TELEPHONE	2,198
TOTAL	136,355

PAGE 1

SCHEDULE K - LINE 17d - Other Items

Statement #18

DESCRIPTION	AMOUNT
GROSS RECEIPTS FOR SEC. 448(C)	1,142,614

PG01

SCHEDULE L - LINE 14 - OTHER ASSETS

Statement #21

DESCRIPTION	BEG OF YEAR	END OF YEAR
SECURITY DEPOSIT	5,000	5,000
TOTAL	5,000	5,000

Federal Supporting Statements**2022 PG01**

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES

Statement #22

DESCRIPTION	BEG OF YEAR	END OF YEAR
CREDIT CARDS	<u>15,845</u>	<u>19,627</u>
TOTAL	<u>15,845</u>	<u>19,627</u>

SCHEDULE M-2 - LINE 5 - OTHER REDUCTIONS

PG01
Statement #30

DESCRIPTION	AMOUNT
ALLOWED SECTION 179 EXPENSE	<u>2,500</u>
TOTAL	<u>2,500</u>

PG01
Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: MASTERPIECE LLC

Address: 1425 H STREET NE, WASHINGTON, DC 20002

EIN: 38-4080554

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Taxes and Licenses Attachment

(This page is not filed with the return. It is for your records only.)

2022

S CORPORATION NAME

EIN

MASTERPIECE LLC**38-4080554****Taxes and Licenses****Form 1120S****Page 1, Line 12**

1	State income taxes	1	
2	State franchise taxes	2	13,160
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	
6	Intangible property taxes	6	
7	Payroll taxes	7	73,697
8	Less: credit from Form 8846	8	
9	Foreign taxes paid	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	
14	Total to Form 1120S, Page 1, Line 12	14	86,857

Schedule M-2/Retained Earnings Worksheet

Form 1120S

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

Analysis of Current-Year Retained Earnings

1	Beginning retained earnings per balance sheet (Schedule L, column b, lines 24 and 25)	1	(37,082)
2	Book income (loss) (Schedule M-1, line 1, or Schedule M-3, page 1, line 11)	2	17,901
3	Distributions (Schedule K, line 16d + line 17c)	3	(14,000)
4	Subtotal (combines lines 1 through 3)	4	(33,181)
5	Ending retained earnings per balance sheet (Schedule L, column d, lines 24 and 25)	5	(33,181)
6	Difference (line 4 minus line 5) (should be zero)	6	

Current-Year Change to Retained Earnings Compared to Current-Year Change to AAA & OAA

1	Ending retained earnings (Schedule L, column d, line 24)	1	(33,181)
2	Beginning retained earnings (Schedule L, column b, line 24)	2	(37,082)
3	Retained earnings change (line 1 minus line 2)	3	3,901
4	Ending AAA plus OAA	4	(19,181)
5	Beginning AAA plus OAA	5	(37,082)
6	Difference (line 4 minus line 5)	6	17,901

Current-Year Timing Adjustments per Schedule M-1

Subtractions from net income per books (Schedule M-1, lines 5 and 6 - not included on Schedule M-2)

7	Other income recorded on books not included on Schedule K	7	
8	Depreciation on Schedule K not included on books	8	
9	Other Schedule K items not included on books	9	
10	Total subtractions (lines 7 through 9)	10	

Additions to net income per books (Schedule M-1, lines 2 and 3 - not included on Schedule M-2, line 3)

11	Income included on Schedule K not recorded on books	11	
12	Depreciation on books not included on Schedule K	12	
13	Other items on books not included on Schedule K	13	
14	Total additions (lines 11 through 13)	14	

15 Sch M-1 timing adjustments not included on Schedule M-2, lines 2 thru 5 (subtract line 14 from line 10)

Current-Year Timing Adjustments Per Schedule M-3

Permanent or temporary book-to-tax difference amounts entered on the M32, M33, 8916A, and SCH3 screens appear on line 16 and line 17 as opposite of the actual entries. For example, an entry of -100 would appear as 100.

16	Permanent differences	16	
17	Temporary differences	17	

18 Timing adjustments not included on Schedule M-2 (combine lines 16 and 17)

19	Distributions reported on Schedule K, line 16d, not allowed on Schedule M-2, line 7	19	(14,000)
20	Distributions reported on Schedule K, line 17c, dividend distributions paid from AE&P	20	
21	Adjustments to retained earnings (Schedule L, line 25 column d minus Schedule L, line 25, column b)	21	
22	M-2 amount after M-1 timing adjustments (add lines 6, 15, 19, 20 and 21)	22	3,901
23	M-2 amount after M-3 timing adjustments (add lines 6, 18, 19, 20 and 21)	23	

24 Net reconciliation difference (line 3 minus line 22 or 23)

Listing of Shareholder Distributions

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

MASTERPIECE LLC

Employer Identification Number

38-4080554

Date

12-31-2022

Amount

14,000**TOTAL**14,000

Client Copy

Summary of Stock Ownership

(This page is not filed with the return. It is for your records only.)

2022

CORPORATION NAME

MASTERPIECE LLC

EIN

38-4080554

Shareholder Information

Shares

% Ownership

Name

EIN/SSN

Type

Beginning

Ending

Beginning

Ending

RACHEL G LAWLOR

XXX-XX-XXXX

50

50

50.00000

50.00000

ABBY SPANU

XXX-XX-XXXX

50

50

50.00000

50.00000

TOTAL

100

100

Qualified Business Income Information

Summary of Statement A - QBI PTE Reporting

(Keep for your records)

2022

Name(s) as shown on return

MASTERPIECE LLC

Tax ID Number

38-4080554

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	MASTERPIECE LLC	38-4080554			No

LINE NUMBER	NO. 1	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	20,401					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179	2,500					
Other Deductions						
W-2 Wages	866,381					
Unadjusted Basis Immediately After Acquisition	22,244					
Section 199A Dividends						

(This page is not filed with the return. It is for your records only.)

S CORPORATION NAME

EIN

MASTERPIECE LLC

38-4080554

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	<u>20,401</u>	<u>20,401</u>	
11 Section 179 deduction	<u>2,500</u>	<u>2,500</u>	
16 D Property distributions	<u>14,000</u>	<u>14,000</u>	
17 AC Gross receipts for sec. 448(c)	<u>1,142,614</u>	<u>1,142,614</u>	

Depreciation Detail Listing
 FORM 1120S
 (This page is not filed with the return. It is for your records only.)

2022

PAGE 1

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

38-4080554

[illegible]

2,500	ST ADJ:	
3,375	UBIA:	22,244

S Corporation Business Income Limit Worksheet

Form 1120S

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

1	Dollar limitation for tax year. Enter amount from Form 4562, line 5	<u>1,080,000</u>
2	Ordinary business income (loss) (Form 1120S, Page 3, Sch K, Line 1)	<u>20,401</u>
3	Less: Credit amounts that reduced expenses or increased income	_____
4	Plus: Compensation paid to shareholder-employees (Form 1120S, Page 1, Lines 7 and 8) _____	<u>866,381</u>
5	Adjusted ordinary business income (loss) (Combine lines 2 through 4)	<u>886,782</u>
6	Net rental real estate income (loss) (Form 1120S, Sch K, Line 2)	_____
7	Other net rental income (loss). (Form 1120S, Sch K, Line 3c)	_____
8	Net short term capital gain (loss) (Form 1120S, Sch K, Line 7)	_____
9	Net long-term capital gain (loss) (Form 1120S, Sch K, Line 8a)	_____
10	Net section 1231 gain (loss) (Form 1120S, Sch K, Line 9)	_____
11	Other Income (Form 1120S, Sch K, Line 10)	_____
12	Charitable Contributions (Form 1120S, Sch K, Line 12a)	_____
13	Section 59(e)(2) expenditures (Form 1120S, Sch K, Line 12c(2))	_____
14	Other deductions (Form 1120S, Sch K, Line 12d) (excluding codes I and L)	_____
15	Total business income (loss). Combine lines 5 through 14	<u>886,782</u>
16	Business income limitation. Lesser of line 1 or line 15, but not < zero. Enter here and on Form 4562, line 11 . . .	<u>886,782</u>

Distribution among assets		Year Acquired	Elected Section 179	Used in prior years	Used in 2022	Remaining carryover
1120	2022 EQUIPMENT	2022	2,500		<u>2,500</u>	
TOTAL ALLOWABLE (4562 LN 12)					<u>2,500</u>	
TOTAL 2022 ELEC. COST (4562 LN 8)				2,500		

S Corporation Business Income Limit Worksheet

Form 1120S

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

1 Dollar limitation for tax year. Enter amount from Form 4562, line 5 RESIDENT. STATE DC . . .	25,000
2 Ordinary business income (loss) (Form 1120S, Page 3, Sch K, Line 1)	20,401
3 Less: Credit amounts that reduced expenses or increased income	
4 Plus: Compensation paid to shareholder-employees (Form 1120S, Page 1, Lines 7 and 8)	866,381
5 Adjusted ordinary business income (loss) (Combine lines 2 through 4)	886,782
6 Net rental real estate income (loss) (Form 1120S, Sch K, Line 2)	
7 Other net rental income (loss). (Form 1120S, Sch K, Line 3c)	
8 Net short term capital gain (loss) (Form 1120S, Sch K, Line 7)	
9 Net long-term capital gain (loss) (Form 1120S, Sch K, Line 8a)	
10 Net section 1231 gain (loss) (Form 1120S, Sch K, Line 9)	
11 Other Income (Form 1120S, Sch K, Line 10)	
12 Charitable Contributions (Form 1120S, Sch K, Line 12a)	
13 Section 59(e)(2) expenditures (Form 1120S, Sch K, Line 12c(2))	
14 Other deductions (Form 1120S, Sch K, Line 12d) (excluding codes I and L)	
15 Total business income (loss). Combine lines 5 through 14	886,782
16 Business income limitation. Lesser of line 1 or line 15, but not < zero. Enter here and on Form 4562, line 11 . . .	25,000

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2022	Remaining carryover
1120 2022 EQUIPMENT	2022	2,500		2,500	
TOTAL ALLOWABLE (4562 LN 12)				2,500	
TOTAL 2022 ELEC. COST (4562 LN 8)			2,500		

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

MASTERPIECE LLC

38-4080554

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
1120	1	2020 EQUIPMENT	11-20-2020		M	5	
1120	1	2019 EQUIPMENT	12-31-2019		M	5	
1120	1	2018 EQUIPMENT	12-31-2018	7,995	M	5	766
1120	1	2022 EQUIPMENT	12-31-2022		M	5	
		TOTAL					766

Client Copy

1120S TAX RETURN COMPARISON
2020 / 2021 / 2022

2022

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

MASTERPIECE LLC

Identifying number

38-4080554

	2020 FEDERAL	2021 FEDERAL	2022 FEDERAL	DIFFERENCE BETWEEN 2021 & 2022
Income				
Net receipts			1,142,614	1,142,614
Cost of goods sold				
Gross profit			1,142,614	1,142,614
Net gain/loss from 4797				
Other income				
Total income			1,142,614	1,142,614
Deductions				
Compensation of officers			239,900	239,900
Salaries and wages			626,481	626,481
Repairs and maintenance				
Bad debts				
Rents			27,098	27,098
Taxes and licenses			86,857	86,857
Interest			1,618	1,618
Net depreciation			875	875
Depletion				
Advertising			3,029	3,029
Pension, profit-sharing				
Employee benefits				
Other deductions			136,355	136,355
Total deductions			1,122,213	1,122,213
Ordinary business income(loss)			20,401	20,401
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23e				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

Income	2020	2021	2022	DIFFERENCE
Ordinary business income (loss)			20,401	20,401
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income				
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

2020

2021

2022

DIFFERENCE

1120S TAX RETURN COMPARISON
2020 / 2021 / 2022

(This page is not filed with the return. It is for your records only.)

2022

Page 2

Name(s) as shown on return

MASTERPIECE LLC

Identifying number

38-4080554

	2020 FEDERAL	2021 FEDERAL	2022 FEDERAL	DIFFERENCE BETWEEN 2021 & 2022
Deductions				
Section 179 deduction			2,500	2,500
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses				
Property distributions			14,000	14,000
Repayment of loans from shareholders				
Other information				
Investment income				
Investment expenses				
Dividend distributions paid from accum earnings and profits				

RESIDENT STATE

		DC	
Taxable income		25,881	25,881
Total tax		2,135	2,135
Overpayment		5,845	5,845
Balance due			

2020

2021

2022

DIFFERENCE

**2022 DC20 Filing Instructions
MASTERPIECE LLC**

Form filed:

DC20 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-18-2023

Overpayment Applied:

The full overpayment of \$5,845.00 will be applied to the
2023 liability

2022

**D-20 SUB Corporation
Franchise Tax Return**

2 2 0 2 0 3 S 1 1 0 2 4

Taxpayer Identification Number (TIN)

XXXXXXXXXX

Number of business locations

In DC: 1 Outside DC: 0

Name of corporation

MASTERPIECE LLC

Business mailing address #1

1425 H STREET NE

Business mailing address #2

City

WASHINGTON

State

DC

Zipcode + 4

20002

SOFTWARE DEVELOPER USE ONLY**VENDOR ID# 1024**

Mark if: QHTC located in DC

Ballpark TIF area

Mark if: AMENDED RETURN

Mark if: FINAL RETURN

Mark if: CERTIFIED QHTC

Mark if: COMBINED REPORT*

*You must fill in the Designated Agent info below

Mark if: WORLDWIDE**

**Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank;
if minus, enter amount and mark X.

GROSS INCOME

DEDUCTIONS

1	Gross receipts, minus returns and allowances	1	1142614.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)	2	0.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	3	1142614.00
4	Dividends from Form D-20, Schedule B	4	0.00
5	Interest (attach statement)	5	0.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6	6	0.00
7	Gross royalties (attach statement)	7	0.00
8a)	Net capital gain (loss) (attach a copy of your federal Schedule D)	8(a)	0.00
(b)	Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	8(b)	0.00
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9	.00
10	Other income (loss) (attach statement)	10	0.00
11	Total gross income. Add Lines 3-10.	11	1142614.00
12	Compensation of officers from Form D-20, Schedule C	12	239900.00
13	Salaries and wages	13	626481.00
14	Repairs	14	.00
15	Bad debts	15	.00
16	Rent	16	27098.00
17	Taxes From Form D-20, Schedule D	17	78877.00
18a)	Interest payments	18a)	1618.00
(b)	Minus nondeductible payments to related entities	18c)	1618.00
19	Contributions and/or gifts (attach statement)	19	.00
20	Amortization (attach a copy of your federal Form 4562)	20	.00
21	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)	21	3375.00
22	Depletion (attach statement)	22	.00
23a)	Enter royalty payments made	23a)	.00
(b)	Minus nondeductible payments to related entities	23c)	.00

Taxpayer Name: MASTERPIECE LLC



2 2 0 2 0 3 S 2 1 0 2 4

Taxpayer Identification Number (TIN) XXXXXXXXXX

Enter dollar amounts only

24	Pension, profit-sharing plans	24	.00
25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund	25	.00
26	Other deductions (attach statement)	26	139384.00
27	Total deductions. Add Lines 12-26.	27	1116733.00
28	Net income Line 11 minus Line 27.	28	25881.00
29	(a) Non-business income/state adjustment (attach statement)	29a	.00
	(b) Expense related to non-business income (attach statement)	29b	.00
	(c) 29(a) minus 29(b)	29c	.00
30	Net income subject to apportionment Line 28 minus Line 29(c)	30	25881.00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9	31	1.000000
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	32	25881.00
33	Other income/deductions attributable to DC (attach statement - see instructions)	33	.00
34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33	34	25881.00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)	35	.00
36	Total DC taxable income. Line 34 minus Line 35	36	25881.00
37	Tax 8.25% of Line 36.	37	2135.00
38	Minus nonrefundable credits from Schedule UB, Line 9	38	.00
39	Total DC gross receipts from Line '4' MTLGR Worksheet	39	1142614.00
40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.	40	2135.00
41	Payments and refundable credits:		
	(a) Tax paid, if any, with request for an extension of time to file	41a	.00
	(b) Tax paid, if any, with original return if this is an amended return	41b	.00
	(c) 2022 estimated franchise tax payments	41c	7980.00
	(d) Refundable credits from Schedule UB, Line 12	41d	.00
42	If this is an amended 2022 return, enter refund requested with original return.	42	.00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43	7980.00
44	Estimated tax interest (Mark if D-2220 attached)	44	.00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. <i>Will this payment come from an account outside of the U.S.? Yes No See instructions.</i>	45	.00
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46	5845.00
47	Amount you want to apply to your 2023 estimated franchise tax.	47	5845.00
48	Amount to be refunded. Line 46 minus Line 47.	48	0.00

Third party designee To authorize another person to discuss this return with OTR, mark in here and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

PLEASE SIGN HERE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PAID PREPARER ONLY	Officer's signature	Title	Date	17 WARREN ROAD, SUITE 11A
	Preparer's signature (If other than taxpayer)	Date	07-07-2023	LEICHTER A PIKESVILLE, MD 21208
	Preparer's PTIN XXXXXXXXXX	Firm name	Firm address	

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here X

Email Address

DAVID@LEICHTERCPA.COM



2 2 0 2 0 3 S 3 1 0 2 4

Taxpayer Name: MASTERPIECE LLC

Taxpayer Identification Number (TIN) XXXXXXXXXX

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year	0	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale	0		
3. Salaries and wages	0		
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)	0		
5. Total	0		
6. Minus: Inventory at end of tax year	0		
7. Cost of goods sold (Enter here and on D-20 Line 2.) . .	0		
Method of inventory valuation:		Total Dividends	
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 officers attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
RACHEL G LAWLOR	PARTNER	%	%	%	119950	
3453 LITTLE HUNTING CR ALEXANDRIA, VA 22309						
ABBY SPANU	PARTNER	%	%	%	119950	
7366 LAUREL HILL LN RIXEYVILLE, VA 22737						
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)					239900	

Schedule D - Taxes (See specific instructions for Line 17.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
FED TAXES MINUS STATE TAXES	78877		
		TOTAL (Enter here and on D-20, Line 17.)	78877

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	17901	7. Total DC taxable income reported (from D-20, Line 36).	25881
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME			
2. Income taxes (see specific instructions for line 17).	0	NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	7980	8. Net income apportioned or allocated to outside DC.	0
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0		
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		9. Other non-taxable income and additional deductions including NOL (itemize):	
(a) _____		(a) _____	
(b) _____		(b) _____	
6. TOTAL of Lines 1-5.	25881	10. TOTAL of Lines 7, 8 and 9.	25881



2 2 0 2 0 3 S 4 1 0 2 4

Taxpayer Name: MASTERPIECE LLC

Taxpayer Identification Number (TIN) XXXXXXXXX

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

Column 1 TOTAL

Column 2 in DC

Column 3 Factor
(Column 2 divided by Column 1)

1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

1142614.00

1142614.00

1.000000

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

.00

.00

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.

.00

.00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31.
For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

1.000000

Schedule G - Balance Sheets

Beginning of Taxable Year

End of Taxable Year

	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash		23697		21482
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations:				
(a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets	19744		22244	
(a) MINUS: Accumulated depreciation	16760	2984	20135	2109
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)		5000		5000
14. TOTAL ASSETS		31681		28591
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year		518		0
17. Other current liabilities (attach statement)		15845		19627
18. Loans from stockholders		52400		42145
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock:				
(a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated		-37082		-33181
25. MINUS: Cost of treasury stock		()		()
26. TOTAL LIABILITIES AND CAPITAL		31681		28591

Taxpayer Name: MASTERPIECE LLC

Taxpayer Identification Number (TIN) XXXXXXXXXX

**Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

1. Net income per books	17901	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest _____	
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation (b) Depletion		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion	
6. TOTAL of Lines 1 through 5	17901	9. TOTAL of Lines 7 and 8	0
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	17901

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year	-37082	5. Distributions: (a) Cash	
2. Net income per books	20401	(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize). _____	2500
		7. TOTAL of Lines 5 and 6	2500
4. TOTAL of Lines 1, 2 and 3.	-16681	8. Balance at end of year (Line 4 minus Line 7)	-19181

Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation * or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses * (Explain in Sch. I-1)
1.					
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)					

* excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount



*

Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions).

[illegible]

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION DC	2. (a) DATE OF INCORPORATION 04302018	2. (b) DATE BUSINESS BEGAN IN DC 04302018	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: KANSAS CITY
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - MASTERPIECE LLC		5. LOCATED AT - 1425 H STREET NE WASHINGTON, DC 20002	
6. During 2022, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO <input checked="" type="checkbox"/>		If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY	
If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.			
7. Is this corporation unitary with another entity?	YES <input checked="" type="checkbox"/> NO	If yes, explain:	
8. Is this return made on the accrual basis?	YES <input checked="" type="checkbox"/> NO	If no, indicate basis used: <input checked="" type="checkbox"/> Cash Basis Other (specify)	
9. Did you file a franchise tax return with DC for the year 2021?	<input checked="" type="checkbox"/> YES NO	If no, state reason:	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2022?	<input checked="" type="checkbox"/> YES NO	If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2022?	YES <input checked="" type="checkbox"/> NO		
12. (a) Has the business been terminated?	YES <input checked="" type="checkbox"/> NO	If yes, explain and give date:	
(b) Have you moved out of DC?	YES <input checked="" type="checkbox"/> NO		
13. Did you file an annual ballpark fee return?	YES <input checked="" type="checkbox"/> NO		

* Schedule J has been deleted.

Name(s) as shown on return

MASTERPIECE LLC

Your social security number

38-4080554

Minimum Tax

The minimum tax is \$250 if DC gross receipts are \$1M or less. Minimum tax is \$1,000 if DC gross receipts are greater than \$1M. DC gross receipts for purposes of minimum tax includes District gross receipts that are derived from any activity such as sales, rents, services, commissions, etc., from any source within the District. Gross receipts are determined without deduction of any expenses.

Note: Each member of a combined group must use the Minimum Tax Liability Gross Receipts (MTLGR) worksheet for the purposes of determining a minimum tax liability of a member whose computed tax is less than the minimum tax.

See Minimum Tax Liability Gross Receipts Worksheet (MTLGR) below. You must complete Schedule F even if your operation is 100% in the District.

Minimum Tax Liability Gross Receipts (MTLGR) Worksheet

DC gross receipts for minimum tax due and only for minimum tax due is computed as follows:

- | | | | | |
|---|--|---|----|---------|
| 1 | Amount from numerator of DC sales apportionment factor from Schedule F, Line 1, Column 2 of D-20 or D-30.
Financial institutions must use amount on Schedule F, line 2, Column 2 of D-20. | 1 | \$ | 1142614 |
| 2 | Add the adjusted basis of any property sold for which the gain is included in Line 1. | 2 | \$ | |
| 3 | Add Non-Business income allocated to DC reported per D-20, Line 33 or D-30, Line 30. | 3 | \$ | |
| 4 | Total DC Gross Receipts (Add Lines 1, 2 and 3) | 4 | \$ | 1142614 |

Minimum Tax

The minimum tax is \$250.00 if the amount on Line 4 above is \$1,000,000 or less.

The minimum tax is \$1,000.00 if the amount on Line 4 above is greater than \$1,000,000.

Depreciation and Amortization
(Including Information on Listed Property)**2022**
AttachmentState **DC**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return

MASTERPIECE LLC

Business or activity to which this form relates

FORM 1120S

Identifying number

38-4080554

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	25,000
2	Total cost of section 179 property placed in service (see instructions)	2	2,500
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
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	25,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	2022 EQUIPMENT	2,500	2,500
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	2,500
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,500
10	Carryover of disallowed deduction from line 13 of your 2021 Form 990	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	25,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	2,500
13	Carryover of disallowed deduction to 2023. 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 2022	17	875
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 2022 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 2022 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	875
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.

Form **4562** (2022)

DC Supporting Statements**2022**

Name(s) as shown on return

MASTERPIECE LLC

Your Social Security Number

38-4080554

DC-20 LINE 26 DEDUCTION BREAKDOWN

Statement # 1

DESCRIPTION

AMOUNT

ADVERTISING

3029

100% MEALS AND ENTERTAINMENT

625

OTHER

135730

TOTAL

139384

Client Copy

DCEF_ACK**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically****2022**

Name(s) as shown on return

MASTERPIECE LLC

Identification Number

-*0554

Address

1425 H STREET NE
WASHINGTON, DC 20002**Thank you for participating in IRS e-file.**

1. ☒ Your 2022 state income tax return for DC20 was filed electronically.
The electronic filing services were provided by LEICHTER ACCOUNTING SERVICES
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is _____.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**