

**KITSAP COUNTY
LODGING TAX FUNDING AWARD APPLICATION**

Application Deadline: August 30, 2024 @ 2:00 pm

Project Title: Sunny Jack Events LLC
Project Dates: Beginning: 01/01/2025 Ending: 12/31/2025
Name of Organization: Sunny Jack Events LLC Web Site: sunny@sunnyjackevents.com
Mailing Address: PO Box 2352 Silverdale, WA 98383
Contact Person: Sunny Saunders E-Mail: sunny@sunnyjackevents.com Phone: 360-710-0387
Amount Requested: \$ 290,000 Total Project Cost: \$ 290,000
Portion of Total Project Cost Requested: 70% (%)

Signature of Authorized Representative _____


Indicate the Project Type:

- Tourism marketing;
- Marketing and operations of special events and festivals designed to attract tourists;
- Operations and capital expenditures of tourism-related facilities owned or operated by a municipality or a public facilities district; or
- Operations of tourism-related facilities owned or operated by nonprofit 501(c)(3) and 501(c)(6) organizations.

NOTE: Applicants must refer to the Kitsap County Lodging Tax Funding Award Process Instructions for complete details of requirements.

Applicants Must Submit The Following:

- Application Funding Cover Sheet signed by an Authorized Representative
- Project Description
- Scope of Work
- Project Timeline
- Project Budget
- Project/Organizational History
- Business Qualification
- Tax Information
- Certificates of Insurance

If these basic criteria are not met, the application will not be considered by the Lodging Tax Committee.

Applications must be submitted in one combined PDF document and emailed to purchasing@kitsap.gov. Hardcopies will not be accepted.

Questions?
Contact Glen McNeill at (360) 337-4789 or gsmcneill@kitsap.gov
Kitsap County Administrative Services
614 Division St., MS-7
Port Orchard, WA 98366

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS



Lodging Tax Request: Organization/Event Description

Project Title: Yearly activites

Name of Organization: Sunny Jack Events LLC

Size of staff and board: 0 Size of Volunteer Base: 10

Geographic Area Served: Kitsap Demographic Served: All

Type of Service Provided: Choose an item. **Event prododuction**

Description of Proposed Project:

Provide a short (no more than one page) description of the proposed project and explain how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing/promotional plans and examples of performance indicators.

See attached

History of Organization/Event:

In addition to discussing the history of your project and organization, please discuss previous success at creating tourism.

See attached

Scope of Work:

In order to facilitate evaluation, please break down the project into a progression of logical steps, detailing the process the project will go through.

See attached

Project Timeline:

Provide a timeline for the proposed project.

See attached



Sunny Jack Events LLC

Creating Smiles from behind the Scenes

Mission:

At Sunny Jack Events LLC, our mission is to transform visions into unforgettable experiences. We are dedicated to curating extraordinary events that captivate, inspire, and leave lasting impressions for guests within our community and beyond. Through meticulous planning, innovative creativity, and unwavering attention to detail, our team of passionate professionals works tirelessly to bring together exceptional vendors and trendsetting concepts, fostering a harmonious blend of tradition and modernity. Sunny Jack Events LLC continues to set the standard for Kitsap County events.

About:

Sunny Jack Events LLC is the largest event production company in the west sound. We are a single member LLC with one half time employee. We rely on vendor fees and sponsorship to sustain our events.

- Over \$1,000,000 in economic impact to the community and creating a vast amount of tourism.
- Accounts for two out of the three largest festivals in the area.
- Directly serves over 100,000 people at four events.
- With all events combined, we bring more tourism to the area than any other single organization or event.
- Produces the most amount of festival tourism and has been privately funded.
- Added four night markets, the Bremerton Night Market, supporting over 50+ vendors at each event with an average attendance of 500 people per event.
- We have been consulting, free of charge, for the Pacific Islander Festival and the Downtown Bremerton Association. Collaboration with these organizations has taken place within Sunny Jack Events, specifically Bremerton Bridge Blast, and their respective events.
- All projects are completed by Sunny Saunders, and one part-time employee. We utilize outside contractors for items such as social media and website updates. This is included in our overall expenses.

Sunny Jack Events LLC would like to be a sustainable organization that can continue these events and no longer have them in jeopardy year after year.

Why we need funding:

We will detail each event, their budget, and the economic impact on the community. The supplemental documents are in support of this RFP. We are asking for funding based upon marketing, operational, and salary reimbursement. At this time, Sunny Jack Events LLC depends on sponsorship and vendor fees to bring these extraordinary events to the community, and lack of income will harm if not fully close these events. Our net profit for the last five years was below the poverty level in Washington State.

Sunny Jack Events LLC was able to open a physical office on the Bremerton Boardwalk in March of 2024. This office has allowed us to have regular office hours, become a contact for the Bremerton Boardwalk, and the ability to loan equipment to other events such as Rock the Dock with the Downtown Bremerton Association, and Make Music Day with the Music Discovery Center. Sunny Jack Events LLC has made an investment in additional event supplies such as 20 garbage cans, more tents and tables, and office equipment. We are available for other events to rent or borrow our



equipment to support the community. We have also offered co-working space to the Downtown Bremerton Association as well as other contractors. The cost of the office is \$8,000 per year and staffed 3 days per week.

In the future, we would like to become a touchpoint for tourists that are visiting the Bremerton Boardwalk, offering information and brochures. There are currently no way-finding signs, and we are working with the downtown Bremerton Association to include those in the immediate areas.

We are seeking the opportunity to manage the Quincy Square space and will be bidding on that project when it is released. As the largest event producer in West Sound, our LTAC funding allows us to bring in more tourism than any other organization in Bremerton and surrounding areas. A combined attendance of Bremerton Bridge Blast, Taste of Kitsap, Bremerton Night Market, and Blackberry Festival exceeds 100,000 people.

With over a \$1,000,000 dollar combined economic impact, these events are at the whim of funding and each year, hoping to bring these events to fruition. *Without salary reimbursement, operational funds, and marketing funds, these events may continue to be in jeopardy each year.*

SALARY REIMBURSEMENT

- 2024 Amount requested: \$0**
- 2024 Amount Received 2024: \$0**
- 2025 Amount Requested: \$75,000**

Overview:

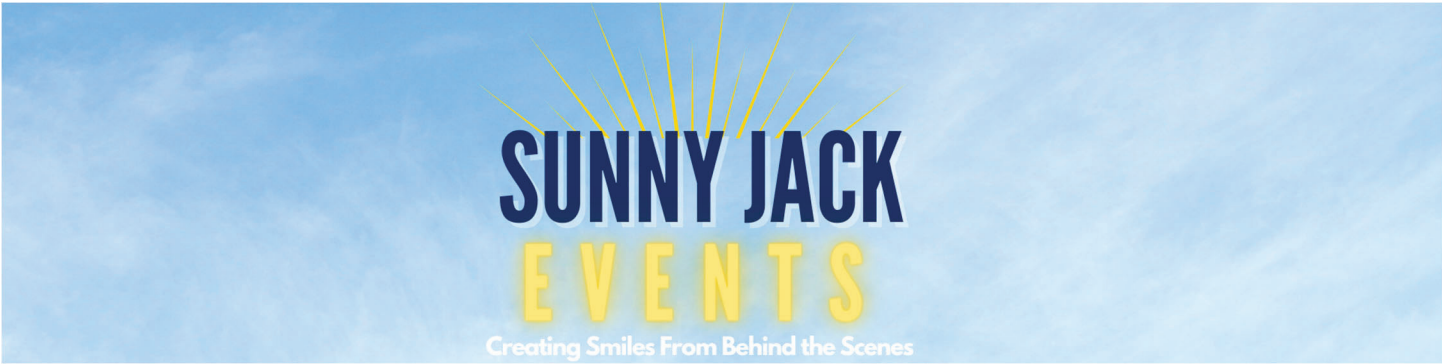
Sunny Saunders adjusted gross income for the last 5 years has been under 30,000. We are asking for salary reimbursement for Sunny Saunders to be including in the overall request. We believe a salary reimbursement of \$75,000 would be an adequate salary for Sunny Saunders considering all the year-round events that generate over \$1,000,000 in economic revenue to the community. Sunny Saunders supports over 400 vendors, 25 bands, local charities for support systems and uses 80% of overall funding in the direct Kitsap County area businesses from prortapotties, graphic design, social media support, contractors and more.

BREMERTON BRIDGE BLAST JUNE 28th, 2024, RECAP

- 2024 Amount requested: \$85,000**
- 2024 Amount Received 2024: \$56,000**
- 2025 Amount Requested: \$150,000**
- Total Event budget: \$98,000**

Overview:

Bremerton Bridge Blast is viewed by over 50,000 people from Silverdale to Port Orchard. The 2024 Bremerton Bridge Blast shows a \$30,000 reduction in sponsorship, consistent with other events around the country. If not for the Kitsap County LTAC (\$56,000) and the City of Bremerton LTAC (\$40,000 included Bremerton Bridge Blast, Taste of Kitsap and the Bremerton Night Market as well as operating expenses for Sunny Jack Events LLC), we would have had to cancel Bremerton Bridge Blast due to lack of sponsorship. The direct income received was only equal to the bill for the fireworks (\$48,000), porta potties and garbage. This would not have been enough to cover insurance, entertainment, set-up and cleanup, marketing, design, and so on. Most



of these factors are reasons why we are able to gain so many hotels night room. We offer a large variety of festivities, including adding a dog agility show and more entertainment in Evergreen Park. This has really become our family friendly focus.

We estimate over 25% of our attendance comes from outside of the area, and this is consistent with reporting from USS Turner Joy as a sampling of the attendance on the Bremerton Boardwalk. The only other revenue generated at this event is vendor fees and sponsorship. Each year we strive for the cost of putting on the event. As a small single member LLC, we do not usually receive more than \$15,000 net revenue. This is unsustainable as a professional event company.

This event generates over \$700,000 in revenue through economic impact in Kitsap County. This is done through vendors selling over \$200,000 in goods and services at the event. Local restaurants from Silverdale to Port Orchard, hotels, backyard parties and so on contribute to the total impact. All local hotels and marina spaces are consistently sold out.

Fireworks cost have risen 30% year after year, and we anticipate this cost to only increase.

Size of event:

For the first year, Bremerton Bridge Blast was sold out of vendor spaces. We had a wait list of 25 additional vendors. We counted over 300 boats in the water. The Bremerton Yacht Club hosted 20 boats from the Seattle area. This is the only multi-location festival in the area, planning and executing three festival locations.

- **110 vendors on the Bremerton Boardwalk**
- **16 vendors at Evergreen Park**
- **12 bands**
- **4 kid’s entertainers**
- **15,000 direct festival attendees**

Accommodations:

- Rooms: We only surveyed the Hampton Inn and the Fairfield Inn in downtown Bremerton. More rooms were likely booked at surrounding hotels.

Accommodations	27th	28th	29th	Total
Fairfield Inn	94	128	131	353
Hampton Inn	86	98	105	289
Total				642

Port of Bremerton	2-day	1-day		
Bremerton Marina	59	19		78
Port Orchard Marina	12	27		39
Total				117

Marketing Statistics

Online

Facebook	126,100
Instagram	4,900
Website	61,144
King 5 Impressions	188,000

Website:

- Page Views: 61,144
- #1 City responding: Seattle at 15,103
- #2 City traffic: Bremerton at 9,276
- #3 City responding: Port Orchard at 8,107
- Other cities in the thousands include Bainbridge Island, Federal Way, Poulsbo, and Tacoma.

Bremerton Bridge Blast June 28-29, 2025



TASTE OF KITSAP AUGUST 4-5, 2023 (YET TO TAKE PLACE) AND 2024

2024 Amount Request: \$25,000
2024 Amount Received: \$12,500
2025 Amount Requested: \$40,000
Budget: \$28,000

Online Traffic	
Facebook	40,600
Instagram	2,100
Website	9,200

Overview

The 2024 Taste of Kitsap continued for the 2nd year in 2024. Vendors from Oregon to northern Washington attend the event. Our attendance was approximately 5,000, down from our anticipated draw of 8,000 people. The heat of the weekend, and competing events, affected our anticipated draw. We had 21 food vendors and an additional 40 craft and commercial vendors.

The 2025 Taste of Kitsap will continue the first weekend of August, filling a weekend niche that needs additional engagement in the Bremerton / Kitsap area.

KITSAP WEDDING EXPO (FEBRUARY EACH YEAR)

2024 Amount Requested: \$15,000
2024 Amount Received: \$3,550
Budget: \$16,600
2025 Amount Requested: \$ 15,000

- Website Traffic: 5,200
- Social: 46,000

Overview:

The Kitsap Wedding Expo features over 80 wedding professionals, venues, and catering in Kitsap County. We are the largest Wedding Expo in the area and feature Kitsap County as a wedding destination. Over \$5,000,000 is spent in Kitsap County for weddings, and Sunny Jack Events LLC contributes greatly to that economic impact bringing tourism, hotel stays and lasting memories featuring Kitsap County.

BREMERTON NIGHT MARKET

First Friday May – October
Bremerton Boardwalk
Amount Requested: \$0
Amount received : \$0

2025 Amount Requested: \$10,000
Budget: \$2,500 for each May, June, July, October.

We executed this new project in 2024, and our expectations were exceeded on all fronts. We proved the concept clearly, this event was needed in the area based upon our reach, attendance, and vendor application. We set a goal of 25 crafters for each market and exceed that by 125% ending up with over 50 crafters for each market.

We plan to expand the opportunities of this market and comarket with the Downtown Bremerton Association First Friday events, adding a new and exciting perspective to keep attendees in the area.

We created a consistent sustainable event that will help create tourism for the marina and guests. As another added event, Sunny Jack Events LLC will continue to strive toward tourism related events in the Bremerton Community with



opportunities to expand. This event is only sustainable by vendors fees and not a particular income source. The event pays for itself but does not generate enough revenue as a profit center.

ADDITIONAL STRATEGIC PLANNING AND REQUEST FOR FUNDING

Sunny Jack Events LLC is strategically planning for additional tourism related events We are seeking collaboration with the Pacific Islander Festival as well as the Downtown Bremerton Association. Events we are considering:

- Continuation of Lease for 140 Washington Ave on the Bremerton Boardwalk
 - \$5,000
- Family Night at the Bremerton Boardwalk (featuring kids specific entertainment).
 - Once per month in June, July, and August on a weekday.
 - \$2500 per event
- Adding Sunny Saunders to the SJE LLC payroll. Currently only taking personal expenses.
 - \$75,000
- Continuation of .5 employee and movement into a 1 FTE position.
 - \$20,000

TIMELINE:

January:

- Execute on Kitsap Wedding Expo
- Start strategic planning of all events
- Start permitting with the City of Bremerton

February:

- Launch Bremerton Bridge Blast vendor application and sponsorship program.
- Launch Blackberry Festival vendor application and sponsorship program
- Execute Kitsap Wedding Expo
- Kitsap Wedding Expo wrap-up
- Seek sponsorship

March:

- Updated websites
- Continue with vendor invoicing
- Seek sponsorship
- Book over 25 bands
- Continue permitting process
- Create strategic marketing program for each event
- Start graphic design art for each event
- Secure contractors such as garbage, portapotties, beer garden, scouts for clean-up, security, and so on

April:

- Updated websites
- Continue with vendor invoicing
- Seek sponsorship



SUNNY JACK EVENTS

Creating Smiles From Behind the Scenes

- Create strategic marketing program for each event
- Continue permitting process
- Start promotion of each event
- Send entertainment contracts
- Update websites
- Start social media push
- Plan family fun night on boardwalk

May:

- Execute on marketing plans
- Updated websites
- Continue with vendor invoicing
- Execute Bremerton Night Market
- Continue permitting process
- Execute more marketing plans including social media, print and digital
- Meet with City of Bremerton department directors regarding street closures, fire guidelines, bridge coordination and more.

June:

- Execute Bremerton Night Market
- Execute Bremerton Bridge Blast
- Continue ramp up of Taste of Kitsap
- Continue ramp up of Blackberry Festival
- Continue invoicing
- Execute more marketing plans including social media, print and digital.

July:

- Finalize Taste of Kitsap
- Ramp up Blackberry Festival
- Execute Bremerton Night Market
- Execute Family Night on the Bremerton Boardwalk
- Execute marketing for Taste of Kitsap
- Execute marketing for Blackberry Festival.

August:

- Execute on Taste of Kitsap
- Execute on Bremerton Night Market
- Execute on Family Night at the Bremerton Boardwalk
- Continue planning and process for Blackberry Festival
- Execute blackberry Festival

September:

- Execute blackberry Festival



SUNNY JACK EVENTS

Creating Smiles From Behind the Scenes

- Release vendor applications and sponsorship for the Kitsap Wedding Expo
- Work on Bremerton Night Market
- Strategic wrap up of all events

October:

- Ramp up Kitsap Wedding Expo
- Survey 2024 vendors
- Budget and vendor fee evaluation for 2024 events

November:

- Ramp up Kitsap Wedding Expo
- Budget and vendor fee evaluation from 2024 events

December

- Ramp up Kitsap Wedding Expo

Bremerton Bridge Blast

Income	2024 BUDGET	2024 ACTUAL	2025 BUDGET
Vendors	\$ 25,000.00	\$ 44,457.00	\$ 46,000.00
Sponsorship	\$ 25,000.00	\$ 14,236.00	\$ 20,000.00
LTAC Bremerton	\$ 25,000.00	\$ 15,000.00	\$ -
LTAC Kitsap County	\$ 55,000.00	\$ 56,000.00	\$ -
Total	\$ 130,000.00	\$ 129,693.00	\$ 66,000.00

Expenses	2024 BUDGET	2024 ACTUAL	2025 BUDGET
Venue	\$ 100.00	\$ 100.00	\$ 100.00
Advertising	\$ 13,000.00	\$ 18,000.00	\$ 16,000.00
Catering	\$ 6,000.00	\$ 7,450.00	\$ 8,000.00
Fireworks Show	\$ 40,000.00	\$ 48,000.00	\$ 48,000.00
Insurance	\$ 1,800.00	\$ 2,600.00	\$ 2,600.00
Port a Potties	\$ 4,000.00	\$ 3,300.00	\$ 3,300.00
Boy Scouts /. Cleaning and garb	\$ 1,500.00	\$ 2,000.00	\$ 2,000.00
Security	\$ 1,000.00	\$ 780.00	\$ 1,000.00
Staffing	\$ 3,500.00	\$ 2,000.00	\$ 2,000.00
Dumpster	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
Job Supplies	\$ 3,500.00	\$ 3,500.00	\$ 2,200.00
Entertainment boardwalk	\$ 6,000.00	\$ 7,700.00	\$ 8,000.00
Entertainment Evergreen	\$ 4,500.00	\$ 3,550.00	\$ 4,000.00
Supplies	\$ 1,000.00	\$ 980.00	\$ 1,000.00
Total Expense	\$ 87,100.00	\$ 101,160.00	\$ 99,400.00
Revenue	\$ 130,000.00	\$ 129,693.00	\$ 66,000.00
Net	\$ 42,900.00	\$ 28,533.00	\$ (33,400.00)

Taste of Kitsap

Income	2024 BUDGET	2024 ACTUAL	2025 BUDGET
Vendors	\$ 14,000.00	\$ 13,675.00	\$ 15,000.00
Sponsorship	\$ 4,500.00	\$ 4,150.00	\$ 4,500.00
LTAC Kitsap	\$ 12,500.00	\$ 12,500.00	\$ -
LTAC Bremerton		\$ 10,000.00	\$ -
Total	\$ 31,000.00	\$ 40,325.00	\$ 19,500.00

Expenses	2024 BUDGET	2024 ACTUAL	2025 BUDGET
Venue	\$ 100.00	\$ 100.00	\$ 100.00
Advertising	\$ 2,500.00	\$ 3,450.00	\$ 4,000.00
Garbage	\$ 800.00	\$ 900.00	\$ 1,000.00
Port a Potties	\$ 1,500.00	\$ 1,278.00	\$ 1,500.00
Supplies	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Scouts - garbage	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00
Staffing	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Security	\$ 680.00	\$ 750.00	\$ 1,000.00
Bands	\$ 7,500.00	\$ 7,900.00	\$ 8,000.00
Total Expense	\$ 16,580.00	\$ 17,878.00	\$ 19,600.00
Revenue	\$ 31,000.00	\$ 40,325.00	\$ 19,500.00
Net	\$ 14,420.00	\$ 22,447.00	\$ (100.00)

Bremerton Nighth Market

Income	2024 BUDGET	2024 ACTUAL	2025 BUDGET
Vendors TOTAL	\$ 8,800.00	\$ 10,077.00	\$ 15,000.00
Sponsorship	\$ -	\$ -	\$ 1,000.00
Total	\$ 8,800.00	\$ 10,077.00	\$ 16,000.00

Expenses	2024 Per Event	2024 ACTUAL TOTAL	2025 ACTUAL TOTAL
Venue	\$ -	\$ -	\$ -
Permits	\$ 100.00	\$ 100.00	\$ 100.00
Advertising	\$ 200.00	\$ 350.00	\$ 500.00
Mentor board	\$ 700.00	\$ -	
Social Media	\$ 250.00	\$ 2,500.00	\$ 2,500.00
Port a Potties	\$ 750.00	\$ 1,800.00	\$ 2,000.00
Boy Scouts /. Cleaning and garb	\$ 400.00	\$ 1,000.00	\$ 1,200.00
Staffing	\$ 500.00	\$ 800.00	\$ 500.00
Dumpster	\$ 500.00	\$ 500.00	\$ 500.00
Entertainment boardwalk	\$ 500.00	\$ 4,000.00	\$ 4,000.00
Total Expense	\$ 3,900.00	\$ 11,050.00	\$ 11,300.00
Revenue	\$ 2,200.00	\$ 10,077.00	\$ 16,000.00
Net	\$ (1,700.00)	\$ (973.00)	\$ 4,700.00

Kitsap Wedding Expo

Income	2024 Budget	2024 Actual	2025 Budget
Booths	\$ 24,000.00	\$ 28,025.00	\$ 26,000.00
Sponsorship	\$ 3,000.00	\$ 3,000.00	\$ 1,500.00
Entrance \$8 / \$6	\$ 7,000.00	\$ 3,334.00	\$ 3,000.00
Kitsap LTAC		\$ 3,550.00	\$ -
Total	\$ 34,000.00	\$ 37,909.00	\$ 30,500.00
Expenses	2024 Budget	2024 Actual	2025 Budget
Venue	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00
Permits	\$ 450.00	\$ 550.00	\$ 600.00
Staffing	\$ 800.00	\$ 1,000.00	\$ 1,500.00
Supplies	\$ 1,500.00	\$ 1,000.00	\$ 1,000.00
Advertising	\$ 2,500.00	\$ 3,700.00	\$ 4,000.00
Rentals	\$ 2,500.00	\$ 3,200.00	\$ 4,000.00
Vendor Dinner		\$ 700.00	\$ 1,000.00
Total Expense	\$ 13,250.00	\$ 15,650.00	\$ 17,600.00
Income	\$ 34,000.00	\$ 37,909.00	\$ 30,500.00
Expense	\$ 13,250.00	\$ 15,650.00	\$ 17,600.00
Gross Profits	\$ 20,750.00	\$ 22,259.00	\$ 12,900.00

Sunny Jack Events LLC

Profit and Loss

January 1 - August 22, 2024

	TOTAL
Income	
LTAC	100,157.92
Sales	3,228.72
Bremerton Bridge Blast	58,693.71
Event Management	26,800.00
Kitsap Wedding Expo	11,972.77
Night Market	10,077.00
Taste of Kitsap	17,825.00
Total Sales	128,597.20
Total Income	\$228,755.12
Cost of Goods Sold	
Shipping	231.23
Total Cost of Goods Sold	\$231.23
GROSS PROFIT	\$228,523.89
Expenses	
Advertising & Marketing	30,065.98
Bank Charges & Fees	1,580.68
Car & Truck	384.19
Auto Insurance	1,386.75
Gas	1,284.78
Total Car & Truck	3,055.72
Charitable Contributions	3,750.00
Contractors	39,274.50
Equipment Rental	9,198.16
Facility Rental	3,292.55
Health Insurance	934.75
Insurance	2,179.00
Business Insurance	193.98
Total Insurance	2,372.98
Interest Paid	832.60
Job Supplies	54,381.08
Kitsap Wedding Expo	-667.00
Legal & Professional Services	1,599.00
Meals & Entertainment	4,657.07
Office Supplies & Software	6,141.45
Office/General Administrative Expenses	737.35
Parking	386.04
Payroll Expenses	
Taxes	229.34
Wages	2,381.50
Total Payroll Expenses	2,610.84

Sunny Jack Events LLC

Profit and Loss

January 1 - August 22, 2024

	TOTAL
Phone	1,809.09
Postage and fees	24.52
QuickBooks Payments Fees	2,350.27
Rent & Lease	3,111.14
Repairs & Maintenance	2,652.00
Storage & Utilities	12,345.09
Taxes & Licenses	2,286.80
Travel	1,024.87
Uncategorized Expense	13.75
Total Expenses	\$189,821.28
NET OPERATING INCOME	\$38,702.61
Other Expenses	
Personal Loan	5,532.50
Total Other Expenses	\$5,532.50
NET OTHER INCOME	\$ -5,532.50
NET INCOME	\$33,170.11

Sunny Jack Events LLC

Statement of Cash Flows

January 1 - August 22, 2024

	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUN 2024	JUL 2024	AUG 1-22, 2024	TOTAL
OPERATING ACTIVITIES									
Net Income	7,879.79	18,704.16	2,162.10	12,078.53	-7,988.65	-43,163.31	5,882.33	37,615.20	\$33,170.15
Adjustments to reconcile Net Income to Net Cash provided by operations:	-4,109.42	-5,220.06	1,645.94	-5,765.73	8,113.49	40,182.75	4,406.80	-41,132.93	\$ -1,879.16
Net cash provided by operating activities	\$3,770.37	\$13,484.10	\$3,808.04	\$6,312.80	\$124.84	\$-2,980.56	\$10,289.13	\$-3,517.73	\$31,290.99
FINANCING ACTIVITIES									
	\$-3,215.20	\$-2,132.88	\$-3,556.63	\$-4,683.07	\$-3,508.80	\$-2,437.51	\$-5,041.97	\$-976.67	\$-25,552.73
NET CASH INCREASE FOR PERIOD	\$555.17	\$11,351.22	\$251.41	\$1,629.73	\$-3,383.96	\$-5,418.07	\$5,247.16	\$-4,494.40	\$5,738.26

Sunny Jack Events LLC

Balance Sheet

As of August 22, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Bridge Blast Checking	5,200.00
Business (5811)	8,943.52
Cash on hand	775.00
Paypal	7,675.68
Personal (7411)	5,204.01
Wedding Expo Checking	288.29
Total Bank Accounts	\$28,086.50
Accounts Receivable	
Accounts Receivable (A/R)	-1,305.77
Total Accounts Receivable	\$ -1,305.77
Other Current Assets	
Credit Card Receivables	-40.00
Uncategorized Asset	-1,045.19
Undeposited Funds	-35.00
Total Other Current Assets	\$ -1,120.19
Total Current Assets	\$25,660.54
Other Assets	
Other Long-term Assets	28,844.00
Total Other Assets	\$28,844.00
TOTAL ASSETS	\$54,504.54
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Alaska Airlines	-710.00
American Express Blue	-13,550.30
CAPITOL ONE	-6,747.72
Chase	-6,684.00
CitiBank Diamond	6,792.48

Sunny Jack Events LLC

Balance Sheet

As of August 22, 2024

	TOTAL
Total Credit Cards	\$ -20,899.54
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	
Federal Taxes (941/943/944)	401.87
Federal Unemployment (940)	14.29
WA Cares Fund	13.81
WA Paid Family and Medical Leave Tax	12.60
WA SUI Employer	32.87
WA Workers Compensation	0.00
Total Payroll Liabilities	475.44
Total Other Current Liabilities	\$475.44
Total Current Liabilities	\$ -20,424.10
Long-Term Liabilities	
Notes Payable	39,740.00
SBA EIDL Loan	37,650.00
Total Long-Term Liabilities	\$77,390.00
Total Liabilities	\$56,965.90
Equity	
Opening Balance Equity	-34,290.32
Owner's Investment	-122.81
Owner's Pay & Personal Expenses	-239,198.87
Retained Earnings	237,980.49
Net Income	33,170.15
Total Equity	\$ -2,461.36
TOTAL LIABILITIES AND EQUITY	\$54,504.54

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial Sunny J Last name Saunders Your social security number 532 15 3819

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

Home address (number and street). If you have a P.O. box, see instructions. PO Box 2352 Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Silverdale WA 98311 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

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

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns 1a-1z and 1a-1z. Rows include: Total amount from Form(s) W-2, box 1; Household employee wages not reported on Form(s) W-2; Tip income not reported on line 1a; Medicaid waiver payments not reported on Form(s) W-2; Taxable dependent care benefits from Form 2441, line 26; Employer-provided adoption benefits from Form 8839, line 29; Wages from Form 8919, line 6; Other earned income (see instructions); Nontaxable combat pay election (see instructions).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Taxable interest; Ordinary dividends; Taxable amount.

Table with columns 7-15. Rows include: Capital gain or (loss). Attach Schedule D if required. If not required, check here; Additional income from Schedule 1, line 10; Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; Adjustments to income from Schedule 1, line 26; Subtract line 10 from line 9. This is your adjusted gross income; Standard deduction or itemized deductions (from Schedule A); Qualified business income deduction from Form 8995 or Form 8995-A; Add lines 12 and 13; Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

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

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,165.
24	Add lines 22 and 23. This is your total tax	24	2,165.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	261.
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	261.	
33	Add lines 25d, 26, and 32. These are your total payments	33	261.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																		
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,904.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

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

Your signature	Date	Your occupation Event Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (360) 710-0387	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address		Phone no.	Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

Sunny J Saunders

Your social security number

532-15-3819

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	15,328.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	15,328.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,083.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	1,603.
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	697.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	3,383.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Sunny J Saunders

Your social security number
532-15-3819

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	2,165.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			2,165.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

Sunny J Saunders

Your social security number

532-15-3819

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	2,479.		
	2 Enter amount from Form 1040 or 1040-SR, line 11 2 11,945.	2			
	3 Multiply line 2 by 7.5% (0.075)	3	896.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			1,583.	
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	682.		
	b State and local real estate taxes (see instructions)	5b	2,190.		
	c State and local personal property taxes	5c	240.		
	d Add lines 5a through 5c	5d	3,112.		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3,112.		
	6 Other taxes. List type and amount: _____	6			
7 Add lines 5e and 6	7			3,112.	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	6,106.		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved for future use	8d			
	e Add lines 8a through 8c	8e	6,106.		
9 Investment interest. Attach Form 4952 if required. See instructions	9				
10 Add lines 8e and 9	10			6,106.	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	3,703.		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14			3,703.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____	16			
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17			14,504.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor Sunny J Saunders		Social security number (SSN) 532-15-3819
A Principal business or profession, including product or service (see instructions) Event Manager	B Enter code from instructions 7 1 1 3 0 0	
C Business name. If no separate business name, leave blank. Sunny Jack Events LLC	D Employer ID number (EIN) (see instr.) 8 5 0 5 0 1 5 9 2	
E Business address (including suite or room no.) 5001 Ridgemoor Dr NE City, town or post office, state, and ZIP code Bremerton, WA 98311-3045		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	189,560.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	189,560.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	189,560.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	189,560.

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

8 Advertising	8	10,078.	18 Office expense (see instructions)	18	3,735.
9 Car and truck expenses (see instructions)	9	12,702.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	67,239.	a Vehicles, machinery, and equipment	20a	12,866.
12 Depletion	12		b Other business property	20b	5,292.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21 Repairs and maintenance	21	1,662.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	16,232.
15 Insurance (other than health)	15	3,729.	23 Taxes and licenses	23	2,093.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	2,300.
b Other	16b	2,113.	b Deductible meals (see instructions)	24b	3,111.
17 Legal and professional services	17	5,890.	25 Utilities	25	8,198.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	165,824.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	23,736.	27a Other expenses (from line 48)	27a	8,584.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	8,408.	27b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	15,328.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

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

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

See Additional Vehicle Information

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

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

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

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

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

Quickbooks fees		2,361.
Bank Charges and fees		1,248.
WFEA membership		150.
WFEA convention fees		500.
Postage		202.
Travel		2,300.
Parking & Tolls		161.
Repairs & Maintenance		1,662.
48 Total other expenses. Enter here and on line 27a	48	8,584.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

2023
Attachment
Sequence No. **17**

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

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

Social security number of person
with self-employment income 532-15-3819

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

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

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 15,328.

3 Combine lines 1a, 1b, and 2 **3** 15,328.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 14,155.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 14,155.

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

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

6 Add lines 4c and 5b **6** 14,155.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 160,200.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,755.

11 Multiply line 6 by 2.9% (0.029) **11** 410.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 2,165.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,083.

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

Schedule SE (Form 1040) 2023

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

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

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Sunny J Saunders

Your taxpayer identification number

532-15-3819

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Sunny Jack Events LLC	85-0501592	12,642.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	12,642.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	12,642.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	2,528.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	2,528.
11	Taxable income before qualified business income deduction (see instructions)	11	0.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

2023
Attachment
Sequence No. **73**

Name shown on your return

Your social security number

Sunny J Saunders

532-15-3819

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions	1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	11,945.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	11,945.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	13,590.
5	Household income as a percentage of federal poverty line (see instructions)	5	87 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0.
		b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		8b	0.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	5,942.	5,942.	0.	5,942.	5,942.	5,942.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	5,942.
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	5,942.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **Sunny J Saunders** Your social security number **532-15-3819**

Part I Part of Your Home Used for Business		Event Manager	
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	350
2	Total area of home	2	1,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	31.82 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	31.82 %

Part II Figure Your Allowable Deduction			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	23,736.
See instructions for columns (a) and (b) before completing lines 9-22.		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	8,955.
11	Real estate taxes (see instructions)	11	3,210.
12	Add lines 9, 10, and 11	12	12,165.
13	Multiply line 12, column (b), by line 7	13	3,871.
14	Add line 12, column (a), and line 13	14	3,871.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	19,865.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	1,047.
19	Rent	19	
20	Repairs and maintenance	20	1,662.
21	Utilities	21	6,421.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	9,130.
24	Multiply line 23, column (b), by line 7	24	2,905.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2,905.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,905.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	16,960.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	1,632.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	1,632.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	1,632.
34	Add lines 14, 27, and 33	34	8,408.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	8,408.

Part III Depreciation of Your Home			
37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	1,632.

Part IV Carryover of Unallowed Expenses to 2024		See Attached	
43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form7206 for instructions and the latest information.

Name(s) shown on return: Sunny J Saunders
 Your taxpayer identification number: 532-15-3819

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1	Enter the total amount paid in 2023 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2023 for you, your spouse, and your dependents. But don't include the following. See instructions	1	1,605.
	<ul style="list-style-type: none"> • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. • Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxable because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2). 		
2	For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b).		
	(a) Total payments made for that person during the year.		
	(b) The amount shown below. Use the person's age at the end of the tax year.		
	\$480— if that person is age 40 or younger		
	\$890— if age 41 to 50		
	\$1,790— if age 51 to 60		
	\$4,770— if age 61 to 70		
	\$5,960— if age 71 or older		
	Note: The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts		
3	Add lines 1 and 2	3	1,605.
4	Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	15,328.
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). Don't include any net losses shown on these schedules	5	15,328.
6	Divide line 4 by line 5	6	1.0000
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	1,083.
8	Subtract line 7 from line 4	8	14,245.
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	
10	Subtract line 9 from line 8	10	14,245.
11	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	14,245.
14	Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	1,605.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Additional Information From 2023 Federal Tax Return**Schedule C (Event Manager): Profit or Loss from Business****Additional Vehicle Info****Continuation Statement**

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?
10/15/2015	1,500	1,500	X	X
01/15/2022	17,892	5,768	X	X