

8/15/2023

Department of the Treasury
Internal Revenue Service
PO Box 480
Holtsville, NY 11742-0489

Taxpayer: Patrick D Galster

TIN: 574-54-9193

Address: PO Box 1137 Ephrata WA 98823

Tax Period: 2017

Tax Form: 1040

To Whom it May Concern;

This letter is response to Notice CP71C (**Attachment#1**) notice concerning the tax due for 1040 tax return.

It appears that the amended returns were not considered when sending out the letter.

Pat's Portable Welding Corporate tax (1120S) (**Attachment#2**) was amended on and sent on 12/20/2020. This amended tax return for 2017 is enclosed. Also Patrick D Galster's 1040 was amended with the new income on his K-1 for 2017. Please ensure that these returns are processed and updated. (enclosed **Attachment #3** 2017 1040-X personal tax return for Patrick Galster)

Many thanks for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick D Galster", with a long horizontal flourish extending to the right.

Patrick D Galster

Attachments: Original CP71C notice, 1120-S 2017 Amended Return, 1040-X 2017.



Department of the Treasury
Internal Revenue Service
P.O. Box 480
Holtsville, NY 11742-0480

Attachment #1

Notice	CP71C
Tax Year	2017
Notice date	June 26, 2023
Taxpayer ID number	574-54-9193
To contact us	800-829-3903
Your Caller ID	371757
Page 1 of 4	29H

J5731-0178918 P015 T00795 00178918 1 AB 0.507

PATRICK D GALSTER
PO BOX 1137
EPHRATA, WA 98823-1137



0178918

Annual reminder of balance due taxes for tax year 2017

Amount due: \$229,281.96

We're required to send you this annual reminder explaining the amount you still owe for your 2017 (Form 1040) taxes.

If you are already working with us to address the amount you owe, you have an installment agreement, or we notified you that we suspended enforced collection on your account, you don't need to do anything.

To prevent interest and applicable penalties from continuing to increase, pay the amount due by July 11, 2023.

Billing Summary

Amount you owe	\$229,281.96
Amount due by July 11, 2023	\$229,281.96

Continued on back...



PATRICK D GALSTER
PO BOX 1137
EPHRATA WA 98823-1137

Notice	CP71C
Notice date	June 26, 2023
Taxpayer ID number	574-54-9193



Payment

- Make your check or money order payable to the United States Treasury.
- Write your taxpayer identification number (574-54-9193), the tax year (2017), and the form number (1040) on your payment and any correspondence.


Amount due by July 11, 2023

\$229,281.96

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0114



574549193 QF GALS 30 0 201712 670 00022928196



Notice	CP71C
Tax Year	2017
Notice date	June 26, 2023
Taxpayer ID number	574-54-9193
Page 2 of 4	29H

What you need to do immediately**If you agree with the amount due and you're not working with an IRS representative**

- Pay the amount due of \$229,281.96 by July 11, 2023, to prevent interest and applicable penalties from continuing to increase.
- Pay online or mail a check or money order with the attached payment stub. You can pay online now at www.irs.gov/payments.

If we notified you that we suspended enforced collection on your account because it would create a financial hardship (meaning you would be unable to pay basic reasonable living expenses if we levied) and your financial situation has not changed, you don't need to do anything.

If you disagree with the amount due

Call us at 800-829-3903 to review your account with a representative. Be sure to have your account information available when you call.

We'll assume you agree with the information in this notice if we don't hear from you.

What you need to know**Denial or revocation of United States Passport:**

On December 4, 2015, as part of the Fixing America's Surface Transportation (FAST) Act, Congress enacted Section 7345 of the Internal Revenue Code (IRC), which requires the Internal Revenue Service to notify the State Department of taxpayers certified as owing a seriously delinquent tax debt. The FAST Act generally prohibits the State Department from issuing or renewing a passport to a taxpayer with seriously delinquent tax debt.

Notice	CP71C
Tax Year	2017
Notice date	June 26, 2023
Taxpayer ID number	574-54-9193
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What you need to know – continued

Denial or revocation of United States Passport – continued

Seriously delinquent tax debt means an unpaid, legally enforceable federal tax debt of an individual totaling more than \$59,000 that has been assessed and for which a Notice of Federal Tax lien has been filed and all administrative remedies under IRC Section 6320 have lapsed or been exhausted, or a levy has been issued. If you are individually liable for tax debt (including penalties and interest) totaling more than \$59,000 and you do not pay the amount you owe or make alternate arrangements to pay, we may notify the State Department that your tax debt is seriously delinquent. The State Department generally will not issue or renew a passport to you after we make this notification. If you currently have a valid passport, the State Department may revoke your passport or limit your ability to travel outside the United States. Additional information on passport certification is available at www.irs.gov/passports.

Payment options

Pay online, by phone, or with a mobile device. Visit IRS.gov/payments or the IRS2Go mobile app for all IRS payment options.

If you plan to mail a payment, consider the electronic options at IRS.gov/payments first. It's free to pay from a bank account (Direct Pay) or the Electronic Federal Tax Payment System (EFTPS). You can also schedule payments and receive email notifications.

If you pay by check, money order, or cashier's check, make sure it's payable to the U.S. Treasury.


Can't pay it all now?

- Apply for a payment plan (installment agreement) at IRS.gov/OPA
- Consider an offer in compromise at IRS.gov/OIC
- Request a temporary collection delay at IRS.gov/tempcollectiondelay

To view the amount you owe and your payment history visit IRS.gov/account.



3178918



Notice	CP71C
Tax Year	2017
Notice date	June 26, 2023
Taxpayer ID number	574-54-9193
Page 4 of 4	29H

If we don't hear from you

Pay \$229,281.96 by July 11, 2023, to avoid interest and any applicable penalty charges.

If you don't pay the amount due or call us to make payment arrangements, we will continue to send you annual reminder notices of your balance due until the statute of limitations for collection expires.

When you do not pay your tax debt, a federal tax lien arises as a claim against all your property. If you don't pay the amount due immediately or make payment arrangements, we can file a Notice of Federal Tax Lien (NFTL) publicly establishing our priority with your creditors and we may levy (subject to any applicable Collection Due Process rights). If we file the NFTL, it may be difficult to sell or borrow against your property. The NFTL may also appear on your credit report.

Additional information

- Visit www.irs.gov/cp71c
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- You can contact us by mail at the address at the top of the first page of this notice. Be sure to include your taxpayer identification number and the tax year and form number you are writing about.
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

ABC SERVICES NETWORK
237 2ND AVE SW
EPHRATA, WA 98823
8002798934

December 28, 2020

PATS PORTABLE WELDING INC
1322 BASIN ST SW UNIT B
EPHRATA, WA 98823

Dear Client:

Enclosed is your 2017 Amended Federal S Corporation Income Tax Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return as soon as possible to:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0013

You must distribute a copy of the 2017 Amended Schedule K-1 to each shareholder. Be sure to give each shareholder a copy of the Shareholder's Instructions for Schedule K-1 (Form 1120S).

Please call if you have any questions.

Sincerely,

Charles Wiegand

mailed

12/20/2020

Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

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.

OMB No 1545-0123

2017

For calendar year 2017 or tax year beginning 4/11, 2017, ending 12/31, 2017

A S election effective date

4/11/2017

B Business activity code number (see instrs)
238900C Check if Schedule M 3 attached ☐TYPE
OR
PRINTPATS PORTABLE WELDING INC
1322 BASIN ST SW UNIT B
EPHRATA, WA 98823

D Employer identification number

82-1143233

E Date incorporated

4/11/2017

F Total assets (see instructions)

\$ 155,706.

G Is the corporation electing to be an S corporation beginning with this tax year? ☒ Yes ☐ No If 'Yes,' attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change
(4) ☒ Amended return (5) ☐ S election termination or revocation

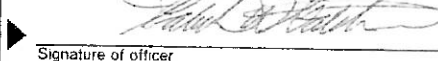
I Enter the number of shareholders who were shareholders during any part of the tax year 1

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	1 a	237,767.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a			1 c 237,767.
	2 Cost of goods sold (attach Form 1125-A)			2 52,352.
	3 Gross profit. Subtract line 2 from line 1c			3 185,415.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
5 Other income (loss) (see instrs - att statement)		See Statement 1	5 10.	
6 Total income (loss). Add lines 3 through 5			6 185,425.	
DEDUCTIONS SEE INSTRS	7 Compensation of officers (see instructions - attach Form 1125-E)		7	
	8 Salaries and wages (less employment credits)		8 78,387.	
	9 Repairs and maintenance		9 4,762.	
	10 Bad debts		10	
	11 Rents		11 11,100.	
	12 Taxes and licenses		12 64,851.	
	13 Interest		13 -2.	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15 Depletion (Do not deduct oil and gas depletion.)		15	
	16 Advertising		16	
	17 Pension, profit-sharing, etc, plans		17	
18 Employee benefit programs		18		
19 Other deductions (attach statement)		19 50,476.		
20 Total deductions. Add lines 7 through 19		20 209,574.		
21 Ordinary business income (loss). Subtract line 20 from line 6		21 -24,149.		
TAX AND PAYMENTS	22 a Excess net passive income or LIFO recapture tax (see instructions)	22 a		
	b Tax from Schedule D (Form 1120S)	22 b		
	c Add lines 22a and 22b (see instructions for additional taxes)		22 c	
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	23 a		
	b Tax deposited with Form 7004	23 b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23 c		
	d Add lines 23a through 23c		23 d	
	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 0.	
	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 2018 estimated tax		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.

Signature of officer  Date 12/6/17 President & CEO

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Charles Wiegand

Preparer's signature

Date

Title

Check ☐ if self employed

PTIN

P01701134

Firm's name

ABC SERVICES NETWORK

Firm's EIN

461429544

Firm's address

237 2ND AVE SW
Ephrata, WA 98823

Phone no.

8002798934

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0105L 08/17/17

Form 1120S (2017)

Schedule B Other Information (see instructions)

					Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____						
2 See the instructions and enter the: a Business activity ▶ WELDING b Product or service ▶ PORTABLE WELDING						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation.						X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
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 % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock ▶ _____						
(ii) Total shares of non-restricted stock ▶ _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year ▶ _____						
(ii) Total shares of stock outstanding if all instruments were executed ▶ _____						
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>						
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year \$ _____						
10 Does the corporation satisfy both of the following conditions?						
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000						
b The corporation's total assets at the end of the tax year were less than \$250,000					X	
If "Yes," the corporation is not required to complete Schedules L and M-1.						
11 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 \$ _____						X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions						X
13a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?					X	
b If "Yes," did the corporation file or will it file required Forms 1099?					X	

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -24,149.
	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 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	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	
Credits	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
	d Other deductions (see instructions) Type ▶	12d
	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
Foreign Transactions	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instrs) Type ▶	13d
	e Other rental credits (see instrs) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
	14a Name of country or U.S. possession ▶	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	14d
	d Passive category	14e
e General category	14f	
f Other (attach statement)	14f	
Deductions allocated and apportioned at shareholder level	14g	
g Interest expense	14g	
h Other	14h	
Deductions allocated and apportioned at corporate level to foreign source income	14i	
i Passive category	14j	
j General category	14j	
k Other (attach statement)	14k	
Other information	14l	
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
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 stmt if required) (see instrs)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income	17 a
	b Investment expenses	17 b
	c Dividend distributions paid from accumulated earnings and profits	17 c
	d Other items and amounts (attach statement)	
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 14l	18 -24,149.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2 a	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 stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt)				
19	Loans from shareholders				
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				
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity				

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		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
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):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, Ln 18) Ln 4 less Ln 7	

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	0.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(24,149.)		
5 Other reductions			
6 Combine lines 1 through 5	-24,149.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-24,149.		

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

Name

Employer identification number

PATS PORTABLE WELDING INC**82-1143233**

1 Inventory at beginning of year	1	
2 Purchases	2	52,352.
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	52,352.
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	52,352.

9a Check all methods used for valuing closing inventory:(i) ☐ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation)**b** Check if there was a writedown of subnormal goods. ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO**9d****e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions. ☐ Yes ☐ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation. ☐ Yes ☐ No**BAA** For Paperwork Reduction Act Notice, see instructions.

Form 1125-A (Rev 10-2016)

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2017

For calendar year 2017, or tax year

beginning **04 / 11 / 2017** ending **12 / 31 / 2017**

☐ Final K-1

☒ Amended K-1

671117
OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
82-1143233

B Corporation's name, address, city, state, and ZIP code
PATS PORTABLE WELDING INC
1322 BASIN ST SW UNIT B
EPHRATA, WA 98823

C IRS Center where corporation filed return
Ogden, UT

Part II Information About the Shareholder

D Shareholder's identifying number
574-54-9193

E Shareholder's name, address, city, state, and ZIP code
PATRICK GALSTER
P.O. BOX 1137
EPHRATA, WA 98823

F Shareholder's percentage of stock ownership for tax year **100 %**

FOR
IRS
USE
ONLY

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

1	Ordinary business income (loss)	13	Credits
	-24,149.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2017

Shareholder 1

Election by a Small Business Corporation

(Under section 1362 of the Internal Revenue Code)

(Including a late election filed pursuant to Rev. Proc. 2013-30)

▶ You can fax this form to the IRS. See separate instructions.

▶ Go to www.irs.gov/Form2553 for instructions and the latest information.

OVB No. 1545 0123

Note: This election to be an S corporation can be accepted only if all the tests are met under *Who May Elect* in the instructions, all shareholders have signed the consent statement, an officer has signed below, and the exact name and address of the corporation (entity) and other required form information have been provided.

Part I Election Information

Type or Print	Name (see instructions)	A Employer identification number
	<u>PATS PORTABLE WELDING INC</u>	<u>82-1143233</u>
	Number, street, and room or suite no. If a P.O. box, see instructions.	B Date incorporated
	<u>1322 BASIN ST SW UNIT B</u>	<u>4/11/2017</u>
	City or town, state or province, country, and ZIP or foreign postal code	C State of incorporation
	<u>EPHRATA, WA 98823</u>	<u>WASHINGTON</u>

D Check the applicable box(es) if the corporation (entity), after applying for the EIN shown in **A** above, changed its ☐ name or ☐ address

E Election is to be effective for tax year beginning (month, day, year) (see instructions) ▶ 1/01/17

Caution: A corporation (entity) making the election for its first tax year in existence will usually enter the beginning date of a short tax year that begins on a date other than January 1.

F Selected tax year:

- (1) ☒ Calendar year
(2) ☐ Fiscal year ending (month and day) ▶ _____
(3) ☐ 52-53-week year ending with reference to the month of December
(4) ☐ 52-53-week year ending with reference to the month of ▶ _____

If box (2) or (4) is checked, complete Part II.

G If more than 100 shareholders are listed for item J (see page 2), check this box if treating members of a family as one shareholder results in no more than 100 shareholders (see test 2 under *Who May Elect* in the instructions) ▶ ☐

H Name and title of officer or legal representative whom the IRS may call for more information

PATRICK GALSTER

I Telephone number of officer or legal representative

(509) 398-0093

If this S corporation election is being filed late, I declare I had reasonable cause for not filing Form 2553 timely. If this late election is being made by an entity eligible to elect to be treated as a corporation, I declare I also had reasonable cause for not filing an entity classification election timely and the representations listed in Part IV are true. See below for my explanation of the reasons the election or elections were not made on time and a description of my diligent actions to correct the mistake upon its discovery. See instructions.

The corporation intended to be classified as an S corporation as of the date entered on line E of Form 2553.

The corporation fails to qualify as an S corporation on the effective date entered on line E of Form 2553 solely because Form 2553 wasn't filed by the due date.

The corporation has reasonable cause for its failure to timely file Form 2553. The corporation relied on an electronic filing method for the 2553, but the program had failed to work properly, and the corporation has acted diligently to correct the mistake upon discovery of its failure to timely file Form 2553.

Sign Here

Under penalties of perjury, I declare that I have examined this election, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete.

▶ _____
Signature of officer

President & CEO
Title

Date

82-1143233

Part I Election Information (continued) **Note:** If you need more rows, use additional copies of page 2.[illegible]

Name

PATS PORTABLE WELDING INC

Employer identification number

82-1143233

Part III Qualified Subchapter S Trust (QSST) Election Under Section 1361(d)(2)* **Note:** If you are making more than one QSST election, use additional copies of page 4.

Income beneficiary's name and address

Social security number

Trust's name and address

Employer identification number

Date on which stock of the corporation was transferred to the trust (month, day, year) ▶

In order for the trust named above to be a QSST and thus a qualifying shareholder of the S corporation for which this Form 2553 is filed, I hereby make the election under section 1361(d)(2). Under penalties of perjury, I certify that the trust meets the definitional requirements of section 1361(d)(3) and that all other information provided in Part III is true, correct, and complete.

Signature of income beneficiary or signature and title of legal representative or other qualified person making the election

Date

*Use Part III to make the QSST election only if stock of the corporation has been transferred to the trust on or before the date on which the corporation makes its election to be an S corporation. The QSST election must be made and filed separately if stock of the corporation is transferred to the trust **after** the date on which the corporation makes the S election.

Part IV Late Corporate Classification Election Representations (see instructions)

If a late entity classification election was intended to be effective on the same date that the S corporation election was intended to be effective, relief for a late S corporation election must also include the following representations.

- 1 The requesting entity is an eligible entity as defined in Regulations section 301.7701-3(a);
- 2 The requesting entity intended to be classified as a corporation as of the effective date of the S corporation status;
- 3 The requesting entity fails to qualify as a corporation solely because Form 8832, Entity Classification Election, was not timely filed under Regulations section 301.7701-3(c)(1)(i), or Form 8832 was not deemed to have been filed under Regulations section 301.7701-3(c)(1)(v)(C);
- 4 The requesting entity fails to qualify as an S corporation on the effective date of the S corporation status solely because the S corporation election was not timely filed pursuant to section 1362(b); **and**
- 5a The requesting entity timely filed all required federal tax returns and information returns consistent with its requested classification as an S corporation for all of the years the entity intended to be an S corporation and no inconsistent tax or information returns have been filed by or with respect to the entity during any of the tax years, **or**
- b The requesting entity has not filed a federal tax or information return for the first year in which the election was intended to be effective because the due date has not passed for that year's federal tax or information return.

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

2017Attachment
Sequence No. **179**

Name(s) shown on return

PATS PORTABLE WELDING INC

Business or activity to which this form relates

Identifying number

82-1143233Form **1120S****Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	131,999.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	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	510,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	See Statement 3		12,649.
7	Listed property. Enter the amount from line 29	7	119,350.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	131,999.
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	131,999.
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	0.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	131,999.

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

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

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
2004 HYUNDAI	4/11/17	100.0	1,100.		5.0	200DB HY		1,100.
2017 TRUCK P	4/11/17	100.0	71,350.		5.0	200DB HY		71,350.
2006 CHEVY S	4/11/17	100.0	26,900.		5.0	200DB HY		26,900.
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.							28	0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.							29	119,350.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).						25		

26 Property used more than 50% in a qualified business use:

2006 CHEVY 3 4/11/17 100.0 20,000. 5.0 200DB HY 20,000.

27 Property used 50% or less in a qualified business use:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

PATS PORTABLE WELDING INC

82-1143233

Explanation of Changes

Description of the Change... Change in Gross Receipts
Line Number..... 1a
Original Amount..... \$195,666.
Amended Amount..... \$237,767.
Explanation of the Change... Original tax return did not include income data from July to September of 2017 and was erroneously reported on a Schedule C on the corporation's owner on a 1040. The 1040 is also being amended to reflect these changes.

Description of the Change... Change in Costs of Goods
Line Number..... 2
Original Amount..... \$0.
Amended Amount..... \$52,352.
Explanation of the Change... COGs were purchased through a credit card whose expenses were not included in the original profit & loss.

Description of the Change... Increase in Other Deductions
Line Number..... 19
Original Amount..... \$16,868.
Amended Amount..... \$50,476.
Explanation of the Change... These expenses were either misattributed to the sole owner of this Scorp's personal taxes, or were not included because they were paid out-of-pocket such as through a credit card and were not included in the original P&L.

Description of the Change... Increase in Rental Expenses
Line Number..... 11
Original Amount..... \$4,200.
Amended Amount..... \$11,100.
Explanation of the Change... These expenses were either misattributed to the sole owner of this Scorp's personal taxes, or were not included because they were paid out-of-pocket such as through a credit card and were not included in the original P&L.

PATS PORTABLE WELDING INC

82-1143233

Statement 1
Form 1120S, Line 5
Other Income

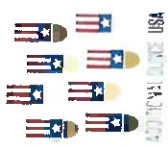
INTEREST	Total	\$ 10.
		<u>\$ 10.</u>

Statement 2
Form 1120S, Line 19
Other Deductions

Auto and Truck Expense	\$ 10,900.
DUMP EXPENSE	11.
FUEL & OIL	405.
Insurance	13,281.
Office Expense	147.
Outside Services	7,943.
Postage	112.
Supplies	4,193.
Telephone	5,829.
Travel	5,554.
Utilities	2,101.
Total	<u>\$ 50,476.</u>

Statement 3
Form 4562, Part I
Election To Expense Certain Tangible Property (Section 179)

Description of Property	Cost	Elected Cost
5-Year READYARC 300 WELDER	2,900.	\$ 2,900.
5-Year 1989 HYSTER FORKLIFT	4,710.	4,710.
5-Year CRANE	5,039.	5,039.
Total		<u>\$ 12,649.</u>



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0013

Attachment #3

ABC SERVICES NETWORK
237 2ND AVE SW
EPHRATA, WA 98823
8002798934

December 28, 2020

PATRICK D. GALSTER
P. O. BOX 1137
EPHRATA, WA 98823

Dear Patrick,

Enclosed is your 2017 Amended Federal Individual Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. You will receive a refund of \$130,915.

Mail your Federal return as soon as possible to:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
FRESNO, CA 93888-0422

If you have any questions, don't hesitate to call or text our local office line: (509) 717-3038.

Sincerely,

Charles Wiegand

mailed

12/28/2020

Department of the Treasury — Internal Revenue Service
Amended U.S. Individual Income Tax Return► Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial: **PATRICK D.** Last name: **GALSTER** Your social security number: **574-54-9193**If a joint return, spouse's first name and initial: Last name: Spouse's social security number: **533-62-4816**Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number: **509-754-1932**

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

EPHRATA, WA 98823

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

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☐ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☐ Married filing jointly
☒ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

☒ Yes ☐ No

Use Part III on page 2 to explain any changes

Income and Deductions

		Instructions	Explain in Part III	
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here	1	414,636.	-354,132. 60,504.
2	Itemized deductions or standard deduction	2	6,350.	6,350.
3	Subtract line 2 from line 1	3	408,286.	-354,132. 54,154.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29.	4		4,050. 4,050.
5	Taxable income. Subtract line 4 from line 3.	5	408,286.	-358,182. 50,104.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): <u>QDCGTW</u>	6	122,410.	-120,587.	1,823.
7	Credits. If a general business credit carryback is included, check here. ► <input type="checkbox"/>	7			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	122,410.	-120,587.	1,823.
9	Health care: individual responsibility (see instructions)	9			
10	Other taxes	10	27,689.	-10,328.	17,361.
11	Total tax. Add lines 8, 9, and 10.	11	150,099.	-130,915.	19,184.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	3,660.		3,660.
13	Estimated tax payments, including amount applied from prior year's return.	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15			

16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed.	16			
17	Total payments. Add lines 12 through 15, column C, and line 16	17			3,660.

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19			3,660.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20			15,524.
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return.	21			
22	Amount of line 21 you want refunded to you	22			
23	Amount of line 21 you want applied to your (enter year): estimated tax 23	23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself.	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation.	26		
27 Other dependents.	27		
28 Total number of exemptions. Add lines 24 through 27.	28		
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form	29		
30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

The profit & loss used to create the Schedule C included income and expenses that should have been attributed to the taxpayer's corporation, which is reported on an 1120s (the 1120s is also being amended). Also, out-of-pocket and credit card expenses were not included in the original profit & loss.

Remember to keep a copy of this form for your records.

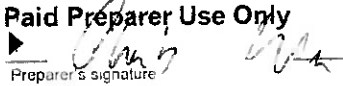
Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than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

Sign Here

 12/20/20 **WELDER**
 Your signature Date Your occupation

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

Paid Preparer Use Only

 12/20/20 **ABC SERVICES NETWORK**
 Preparer's signature Date Firm's name (or yours if self-employed)

Charles Wiegand **Ephrata, WA 98823**
 Print/type preparer's name Firm's address and ZIP code

P01701134 ☐ Check if self-employed **8002798934** **461429544**
 PTIN Phone number EIN

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

PATRICK D. GALSTER 574-54-9193

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

533-62-4816

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

P. O. BOX 1137

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

EPHRATA, WA 98823

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

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

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

3 ☒ Married filing separately. Enter spouse's SSN above & full name here. ▶ DAWN G. GALSTER 5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b. No. of children on 6c who: 1

b ☐ Spouse

c Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

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

Dependents on 6c not entered above. Add numbers on lines above. ▶ 1

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

d Total number of exemptions claimed. ▶ 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 20,192.

8a Taxable interest. Attach Schedule B if required. 8a

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule B if required. 9a

b Qualified dividends. 9b

10 Taxable refunds, credits, or offsets of state and local income taxes. 10

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12 143,500.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ ☐ 13 60,649.

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount. 15b

16a Pensions and annuities. 16a b Taxable amount. 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 -148,781.

18 Farm income or (loss). Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. List type and amount. 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶ 22 75,560.

Adjusted Gross Income 23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE. 27 8,556.

28 Self-employed SEP, SIMPLE, and qualified plans. 28

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid. b Recipient's SSN. ▶ 31a

32 IRA deduction. 32 6,500.

33 Student loan interest deduction. 33

34 Tuition and fees. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 15,056.

37 Subtract line 36 from line 22. This is your adjusted gross income. ▶ 37 60,504.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. F01A0112L 02/22/18 Form 1040 (2017)

Tax and Credits**Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Paid Preparer Use Only

38 Amount from line 37 (adjusted gross income) 38

60,504.

39a Check ☐ You were born before January 2, 1953. ☐ Blind. ☐ Total boxes checked ☐ 39a

if: ☐ Spouse was born before January 2, 1953. ☐ Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

6,350.

41 Subtract line 40 from line 38 41

54,154.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs 42

4,050.

43 Taxable income. Subtract line 42 from line 41. 43

If line 42 is more than line 41, enter -0-

50,104.

44 Tax (see instructions). Check if any from: a ☐ Form(s) 8814 c ☐

b ☐ Form 4972

1,823.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

0.

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47

1,823.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441. 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required. 52

53 Residential energy credits. Attach Form 5695 53

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56

1,823.

57 Self-employment tax. Attach Schedule SE 57

17,112.

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919. 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required. 60b

61 Health care: individual responsibility (see instructions) Full-year coverage ☒ 61

62 Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instrs, enter code(s) 62

249.

63 Add lines 56 through 62. This is your total tax. 63

19,184.

64 Federal income tax withheld from Forms W-2 and 1099 64

3,660.

65 2017 estimated tax payments and amount applied from 2016 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election ☐ 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74

3,660.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐ 76a

b Routing number ☐ c Type: ☐ Checking ☐ Savings

d Account number ☐

77 Amount of line 75 you want applied to your 2018 estimated tax. 77

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

15,524.

79 Estimated tax penalty (see instructions) 79

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ☐ Charles Wiegand

Phone no ☐ 800-279-8934

Personal identification number (PIN) ☐ 54102

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

Your signature ☐

Date ☐ 12/20/17

Your occupation ☐ WELDER

Daytime phone number ☐ 509-754-1932

Spouse's signature If a joint return, both must sign ☐

Date ☐

Spouse's occupation ☐

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

Print/type preparer's name ☐

Charles Wiegand

Preparer's signature ☐

Date ☐ 12/20/17

Check ☐ if self employed

PIN ☐ P01701134

Firm's name ☐ ABC SERVICES NETWORK

Firm's address ☐ 237 2ND AVE SW

Firm's EIN ☐ 461429544

Ephrata, WA 98823

Phone no. ☐ 8002798934

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OVB No. 1545 0074

2017

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor

PATRICK D. GALSTER

Social security number (SSN)

574-54-9193

A Principal business or profession, including product or service (see instructions)

WELDING

B Enter code from instructions

► **811310**

C Business name. If no separate business name, leave blank.

Pat's Portable Welding

D Employer ID number (EIN), (see instr.)

46-2236050

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2017? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

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

J If 'Yes,' did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked <input type="checkbox"/>	1	335,413.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	335,413.
4 Cost of goods sold (from line 42)	4	12,772.
5 Gross profit. Subtract line 4 from line 3	5	322,641.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	39.
7 Gross income. Add lines 5 and 6	7	322,680.

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

8 Advertising	8	371.	18 Office expense (see instructions)	18	2,404.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	14,800.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	13,339.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	9,235.
15 Insurance (other than health)	15	9,805.	23 Taxes and licenses	23	15,285.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	6,918.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	8,815.	25 Utilities	25	3,103.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	179,180.	26 Wages (less employment credits)	26	86,041.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	143,500.	27a Other expenses (from line 48)	27a	9,064.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	143,500.			

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 **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> 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 12,772.
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 12,772.
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 12,772.

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

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

44 Of the total number of miles you drove your vehicle during 2017, 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

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

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

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

Accounting	402.
AMENDED FUEL	1,559.
Bad Debts from Sales or Service	2.
Bank Charges	678.
FUEL	3,166.
Outside Services	500.
Telephone	2,757.
48 Total other expenses. Enter here and on line 27a	48 9,064.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

PATRICK D. GALSTER

Your social security number

574-54-9193**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	60,649.			60,649.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instrs				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 60,649.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule D (Form 1040) 2017**

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	60,649.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains?		
<input checked="" type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	0.
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank?		
<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

Name(s) shown on return: Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

PATRICK D. GALSTER

574-54-9193

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (a) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
1	2006 CHEVY SILVERADO	12/01/13	10/01/17	26,900.	0.			26,900.
1	2006 CHEVY 3500	6/24/16	10/01/17	20,000.	0.			20,000.
1	2004 HYUNDAI ACCENT	3/27/16	10/01/17	1,100.	0.			1,100.
1	READYARC 300 WELDER	7/01/16	10/01/17	2,900.	0.			2,900.
1	1989 HYSTER FORKLIFT	9/29/16	10/01/17	4,710.	0.			4,710.
1	CRANE	1/01/16	10/01/17	5,039.	0.			5,039.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				60,649.	0.		0.	60,649.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1

Your social security number

PATRICK D. GALSTER

574-54-9193

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations****Note:** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	PATS PORTABLE WELDING INC	S		82-1143233	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		24,149.	124,632.	
B				
C				
D				
29 a Totals				
b Totals		24,149.	124,632.	
30 Add columns (g) and (j) of line 29a			30	
31 Add columns (f), (h), and (i) of line 29b			31	-148,781.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	-148,781.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

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

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-148,781.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B, Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions).	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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

PATRICK D. GALSTER

Social security number of person
with self-employment income ▶

574-54-9193

Section B – Long Schedule SE**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions).	1 a	
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 Z.	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions).	2	143,500.
3 Combine lines 1a, 1b, and 2.	3	143,500.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4 a	132,522.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	4 b	
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.	4 c	132,522.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5 a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-.	5 b	0.
6 Add lines 4c and 5b.	6	132,522.
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 2017.	7	127,200.
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11.	8 a	20,192.
b Unreported tips subject to social security tax (from Form 4137, line 10).	8 b	
c Wages subject to social security tax (from Form 8919, line 10).	8 c	
d Add lines 8a, 8b, and 8c.	8 d	20,192.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	107,008.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	13,269.
11 Multiply line 6 by 2.9% (0.029).	11	3,843.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55.	12	17,112.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.	13	8,556.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ wasn't more than \$7,800, or (b) your net farm profits ⁽²⁾ were less than \$5,631.	
14 Maximum income for optional methods.	5,200.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$5,200. Also include this amount on line 4b above.	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$5,631 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.	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁽⁴⁾ (not less than zero) or the amount on line 16. Also include this amount on line 4b above.	

(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; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

(4) From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

**Allocation of Tax Amounts Between
Certain Individuals in Community Property States**

▶ Attach to Form 1040.

▶ Information about Form 8958 and its instructions is at www.irs.gov/form8958.

OMB No. 1545-0074

Attachment
Sequence No. **63**

Your first name and initial	Your last name		Your social security number
PATRICK D.	GALSTER		574-54-9193
Spouse's or partner's first name and initial	Spouse's or partner's last name		Spouse's or partner's social security number
DAWN G.	GALSTER		533-62-4816
	A Total Amount	B Allocated to Spouse or RDP	C Allocated to Spouse or RDP
		SSN 574-54-9193	SSN 533-62-4816
1 Wages (each employer)			
PATS PORTABLE	20,192.	10,096.	10,096.
2 Interest Income (each payer)			
3 Dividends (each payer)			
4 State Income Tax Refund			
5 Self-Employment Income (See instructions)			
6 Capital Gains and Losses			
7 Pension Income			
8 Rents, Royalties, Partnerships, Estates, Trusts			
PATS PORTABLE WELDING	104,440.	52,220.	52,220.

Additional Medicare Tax

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

Name(s) shown on return

Your social security number

PATRICK D. GALSTER**574-54-9193****Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	20,192.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	20,192.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	132,522.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	125,000.	
10	Enter the amount from line 4	10	20,192.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	104,808.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		27,714.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		249.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62. (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		249.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	293.	
20	Enter the amount from line 1	20	20,192.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	293.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.**2017**Attachment
Sequence No. **179**

Name(s) shown on return

PATRICK D. GALSTER

Business or activity to which this form relates

Identifying number

574-54-9193**Part I - Summary****Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	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	510,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	From Schedule K-1		124,632.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	124,632.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	124,632.
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	139,543.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	124,632.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	0.

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

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

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	
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	

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

PATRICK D. GALSTER

Identifying number
574-54-9193

Business or activity to which this form relates

Schedule C - Pat's Portable Welding

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

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

Part V Listed Property (include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
2004 HYUNDAI	3/27/16	100.0	1,100.		5.0	200DB HY		
2006 Chevy S	12/01/13	100.0	26,900.		5.0	200DB HY		
2006 CHEVY 3	6/24/16	100.0	20,000.		5.0	200DB HY		
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44



Dept. of the Treasury
Internal Revenue Service
Fresno, CA 93888-0422