## SCHEDULE F (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

Name of proprietor

Profit or Loss From Farming

Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.
 Go to www.lrs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

Social security number (SSN)

J.	IRI SEJBAL							686	-05-	7651
	Principal crop or activity HORSE BOARDING	B Enter co ▶ 1	de from Part 12900	IV	1 100	Accoun Cash	ting method: Accrual	D Em	ployer ID	number (EIN) (see instr.)
	Did you "materially participate" in the o							passiw	e losses	man broad
	Did you make any payments in 2019 to		ou to file Forr	n(s) 109	97 See in	structio	ns			Yes X No
	f "Yes," did you or will you file required									Yes No
Pa	art I Farm Income - Cash	Method. Comple	te Parts I a	nd II. (A	occrual n	nethod	The second second second second	and the same of	nd III, a	nd Part I, line 9.)
1a	Sales of livestock and other resale it	tems (see instruction	ons)		700	1a	1	431	THE STATE OF	
b	Cost or other basis of livestock or ot	ther items reported	on line 1a			1b			Hill	
C	Subtract line 1b from line 1a								1c	1,431
2	Sales of livestock, produce, grains,							newweb.	2	
3a	Cooperative distributions (Form(s) 1		3a				3b Taxable a	-	3Ь	
4a	Agricultural program payments (see		4a				4b Taxable a	mount	4b	
5a	Commodity Credit Corporation (CCC	<ul><li>D) loans reported u</li></ul>					,		5a	
b	CCC loans forfeited	= = 1	5b			_	5c Taxable a	mount	5c	
6	Crop insurance proceeds and federa	al crop disaster pay	1 1	nstructio	ns)		I Service mean	news.	imui	
a	Amount received in 2019		6a				6b Taxable a		6b	
C	If election to defer to 2020 is attached				6	d Amo	unt deferred from	n 2018	6d	
7	Custom hire (machine work) income								7	
8	Other income, including federal and state							00000	8	
9	Gross income. Add amounts in the right accrual method, enter the amount from P	art III, line 50. See ins	tructions	17:17:17:1	COLECCO .				9	1,431
P	art II Farm Expenses - Cas	sh and Accrual I	Method, Do	not inc	lude per	sonal	or living expen	ses, Se	e instr	uctions.
10	Car and truck expenses (see	201000000000000000000000000000000000000	AVAILABLE TO BE	23 F	ension a	nd profi	t sharing plans		23	
	instructions). Also attach Form 4562	10		24 Rent or lesse (see instructions):						
11	Chemicals	11		a /	/ehicles,	machin	ery, equipment	Say .	24a	
12	Conservation expenses (see instructions	12		b (	Other (lan	d, anim	als, etc.)	0	24b	
13	Custom hire (machine work)	13	494	25 F	Repairs a	nd main	tenance		25	
14	Depreciation and section 179				Seeds and			= 23	26	
	expense (see instructions)	14	47,510	27 5	Storage a	nd ware	ehousing		27	
15	Employee benefit programs			28 5	Supplies				28	150
	other than on line 23	15		29 Taxes					29	
16	Feed	16	149	30 (	Jtilities .				30	
17	Fertilizers and lime	17		31 \	/eterinary	, breed	ing, and medicin	0	31	
18	Freight and trucking	18		32 (	Other exp				HIER	52 KG129
19	Gasoline, fuel, and oil	19		a			EDDING	BOOK 1	32a	1,660
20	Insurance (other than health)	20		b HORSE SHOW				10000	32b	140
21	Interest (see instructions)	HIII .		c			PPLIES		32c	157
a	Mortgage (paid to banks, etc.)	21a		d	TELE	PHO	NE EXP.	MUUNE I	32d	45
ь	Other	21b		6				essente a	32e	
22	Labor hired (less employment credits)	22		1					32f	
33	Total expenses. Add lines 10 throu		s nogativo, so	e instru	ctions				33	50,305
34	Net farm profit or (loss). Subtract If a profit, stop here and see instructions		a loss, complet	e lines 35	and 36.				34	-48,874
35	Reserved for future use									
36 3	Check the box that describes your in X All investment is at risk.		ctivity and sec stment is not		tions for v	where to	report your loss	5		



# North Carolina Department of Revenue

P.O. Box 871, Raleigh, North Carolina 27602-0871

Roy Cooper Governor

August 6, 2020

Ronald G. Penny Secretary

MR. JIRI SEJBAL 2604 TIMOTHY DR FUQUAY VARINA, NC 27546

Dear MR. SEJBAL:

The Department received the application for a Conditional Farmer exemption certificate number for qualified purchases. The Department has assigned Exemption Certificate Number 807824 to be used to purchase qualified items exempt from tax based on your status as a purchaser and the intended use of the property. This letter should be retained for future reference. The perforated card bearing the exemption certificate number at the bottom of this letter can be detached for your convenience.

This exemption certificate number should be used in conjunction with Form E-595E, Streamlined Sales and Use Tax Agreement Certificate of Exemption. This exemption certificate authorizes a retailer to sell a qualified purchase to the holder of the certificate and not collect tax on the sale. A person who makes purchases of qualified items under an exemption certificate without payment of sales and use tax to the retailer is liable for any tax due and applicable penalties and interest if the Department determines that the person is not eligible for the exemption or the qualified item was not used as intended by the person.

A person who no longer qualifies for a use-based exemption certificate number must notify the Department within 30 days to cancel the exemption certificate number and must give notice to each seller that may rely on the exemption certificate on or before the next purchase.

Additional information regarding the use of the Conditional Farmer certificate number is available on the Department's website, www.ncdor.gov. If you have further questions, contact the Department at 1-877-252-3052 (8:00 am until 5:00 pm EST, Monday through Friday).

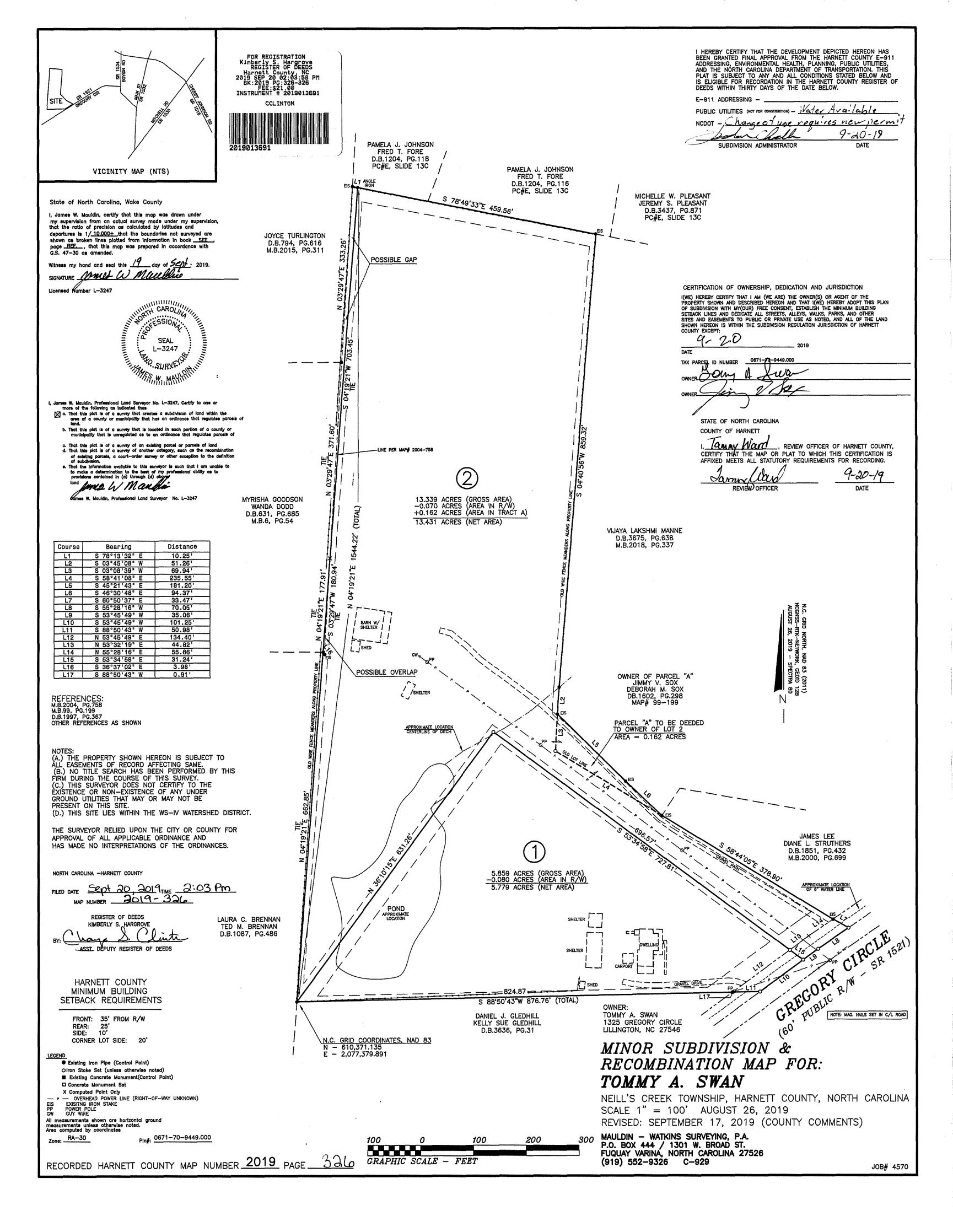


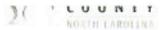
NC Department of Revenue Conditional Farmer Exemption

Exemption ID: 807824

SEJBAL JIRI 2604 TIMOTHY DR FUQUAY VARINA, NC 27546

Expires: 12/31/2022





\*\*This application expires 6 months from the Initial date if permits have not been issued\*\*

"This application to be filled out when applying for a septic system inspection."

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT

OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

### U Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation, \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

#### □ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park).
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

#### MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION

		{}} Innovative	{}} Conventional	{}} Any					
		{}} Other	No gaptie	NSS 0 10					
			rtment upon submittal of this a ST ATTACH SUPPORTING	application if any of the following apply to the property in G DOCUMENTATION:					
}YES	{€ } NO	Does the site contain	n any Jurisdictional Wetlands						
}YES	{∠} NO	Do you plan to have	Do you plan to have an irrigation system now or in the future?						
}YES	( NO	Does or will the bui	Does or will the building contain any drains? Please explain.						
}YES	( V) NO	Are there any existi	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?						
]YES	{ NO	Is any wastewater g	oing to be generated on the sit	e other than domestic sewage?					
_}YES	{\(\bullet\)} NO	Is the site subject to	approval by any other Public	Agency?					
}YES	IVI NO	Are there any Easer	nents or Right of Ways on this	s property?					
GYES	{_}} NO	Does the site contain	n any existing water, cable, ph	one or underground electric lines?					
		If yes please call N	o Cuts at 800-632-4949 to loc	ate the lines. This is a free service.					

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

strong roots - new growth

Structures (existing or proposed): Single family dwellings:

31	1		v	U	IN	1	I
1		141	ik i	100	ARO	(.)	NA

Application #	
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Other (specify):

	1			- delen-	0000011#		
					CU#_		
Central Permitting	108 E. Front Street, Lillings		Phone: (910) 893-7525			www.harne	tt org/pormits
"A RECORDED S	URVEY MAP, RECORDED DEED (	OR OFFER TO PUR	CHASE) & SITE PLAN ARE	REQUIRED	NHEN SUBMITTING A L	AND USE APPLI	CATION"
	RI SEJBAL						
iny Fuguay Va	crina state NC	Zip 27526	Contact No. (919) 818	6368	Email USFer	celle 9	tahoa c
PPLICANT - JIRI	SEJBAL	Mailing Add	ess 2604 TI	MOTI	HY DR		
ity Fuguay L	Aring State Uc	Zip 17526	Contact No (919) 81	8-636	8 Email USFe	nce Nc	grahoo.
DDRESS: 1329	Gregory cir	, Lilling	ON PIN:	20,0-			
oning: Floo	d: Watershed	: Dec	d Book / Page:				
etbacks – Front: 1681	Back: 191' Sido: 2	24' corner:	575'				
ROPOSED USE:							
SFD: (Size x	) # Bedrooms # Bath	ns: Basement	(w/wo bath) Garage	e Dec	k: Crawi Space	Slab	Monolithic Stab
	GARAGE SQ FT(Is						
Modular: (Size	x) # Bedrooms# 8	Basem	ent (w/wo bath)Gar	rage:	Site Built Deck:	On Frame	Off Frame_
OTAL HTD SQ FT	(Is the sa	econd floor finish	ed? () yes () no	Any other :	site built additions? (	) yes ()	10
Manufactured Home:	SWDWTW (S	20X	) # Bedrooms Go	arage:	(site built?) Deck	(site built	?)
Duplex: (Sizex	() No. Buildings:	No. E	Sedrooms Per Unit:		TOTAL HTD	SQFT	
Home Occupation: #	Rooms. Use	,	Hours of Opera	ation:		#Employe	es
Addition/Accessory/C	other (Size 160 x 100) Us	. Hay	Storage	2	Closets in	addition? ()	yes (X) no
OTAL HTD SQ FT 16	000 GARAGE	0	·				
Anter Supply: Cou	ntyExisting Well						e final
ewage Supply: Ne	w Septic Tank Expansion	(Need to Cor on Relocation	mplete New Well Applica on Existing Septic T	ank	same time as New Ta County Sewer	ank)	
(Complete	Environmental Health Check land, own land that contains	dist on other side	of application if Septic)			2/ \umaterial	\ ==
					or tract listed above	/) yes (_	_/ no
loes the property contain	any easements whether unde	erground or over	head () yes () no	)			

Signature/of Owner or Owner's Agent

""It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are applicate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Manufactured Homes:

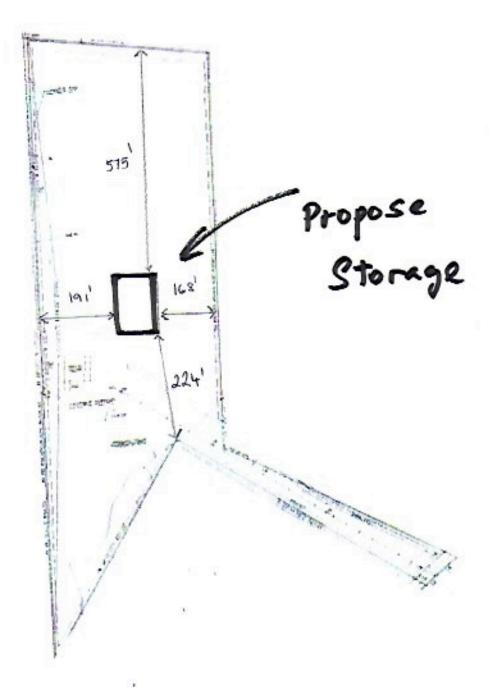
incorrect or missing information that is contained within these applications."\*

"This application expires 6 months from the initial date if permits have not been issued."

#### APPLICATION CONTINUES ON BACK

strong roots . new growth

71



1329 Gregory Cir Lillington NC-27546

Hag Storage 100'x160' No Eletric installation