

1040

Federal Return Summary

2025

Name

Taxpayer Identification Number

Tax Form 1040

Filing Status MFS

Tax Method Used Tax Computation Wrk

Dependents

Income

Salaries & wages	
Taxable interest income	1,701
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	26,479
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	100,823
Rental, royalty, partnership, etc. income/-loss	574,975
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	39,823
Other income	
Total income	743,801

Adjustments

Moving expenses	
Deductible part of self-employment tax	18,972
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	5,892
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	24,864
Adjusted gross income	718,937

Deductions

Medical and Dental expenses	
Taxes paid	5,000
Interest paid	39,012
Charitable contributions	8,687
Other itemized deductions	
Total itemized deductions	52,699
or, Standard deduction	
Additional deductions (Schedule 1-A)	
Taxable income before QBID	666,238
Qualified Business Income Deduction (QBID)	206
Taxable income	666,032

Tax Computation

Regular tax	208,463
Excess advance premium tax credit	
Repayment clean vehicle transfers and other	
Alternative minimum tax	
Total tax before credits	208,463
Child and dependent care credit	
Education credits	
Other credits	2,000
Total credits	2,000
Tax after credits	206,463
Self-employment tax	37,944
Additional tax on IRAs, etc.	
Other taxes	3,938
Total tax	248,345

Payments

Federal income tax withheld	10,743
Estimated payments	40,000
Other payments/credits	
Total payments	50,743

Refund/Amount Due

Amount overpaid	
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	197,602
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	197,602

2026 Estimates

1st quarter	5,400
2nd quarter	5,400
3rd quarter	5,400
4th quarter	5,400
Total Estimates	21,600

Tax Rates

Marginal tax rate - Ordinary income*	37.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	37.0 %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Name

Taxpayer Identification Number

Summary of Estimated Tax Payments

Voucher	(a) Due Date	(b) Total Estimate Amount	(c) 2025 Overpayment Applied	(d) Estimate Amt Paid	(e) Balance due Column b - Columns c & d	(f) Date paid	(g) Amount paid
1	04/15/26	5,400			5,400		
2	06/15/26	5,400			5,400		
3	09/15/26	5,400			5,400		
4	01/15/27	5,400			5,400		
Total		21,600			21,600		

Calculation of 1040-ES Payments

If adjusting current year amounts, then complete lines 1 through 9. Otherwise, skip to line 10.

1. Taxpayer self-employment income adjustment. 1. _____
2. Spouse self-employment income adjustment. 2. _____
3. Other adjustments to adjusted gross income. 3. _____
4. Computed adjustments to adjusted gross income. 4. _____
5. **Add lines 1 through 4.** Total adjustments to adjusted gross income. 5. _____
6. Computed adjustments to self-employment tax. 6. _____
7. Computed adjustments to income tax. 7. _____
8. Other planned adjustments to taxes/credits. 8. _____
9. **Add lines 6 through 8.** Total Planned tax adjustments. 9. _____
10. Enter Total Tax from Form 1040, 1040-SR, or 1040-NR, line 24. 10. _____
11. **Add lines 9 and 10.** Total adjusted tax before adjustments. 11. _____
12. Allowed adjustments from Form 1040-ES Instructions:
 - a. Unreported SS, Medicare tax, and RRTA tax. 12a. _____
 - b. Tax on excess contributions to IRAs, MSAs, Coverdell ESAs, HSAs, and excess accumulations in retirement plans. 12b. _____
 - c. Recapture of federal mortgage subsidy, excise tax on excess golden parachute payments, and look-back interest. 12c. _____
 - d. Refundable credits from Schedule EIC, Forms 8812, 8863, 8962, and 4136. 12d. _____
- Add Lines 12a through 12d.** Total allowed adjustments. 12. _____
13. **Subtract line 12 from line 11.** 2025 Estimated Tax. 13. _____
14. Enter 2025 Federal income tax withheld (Form 1040NR filers include amounts paid with Form 1040-C.) 14. _____
15. Enter adjustment(s) to withholding. 15. _____
16. **Estimated 2025 Tax, including adjustments.**
 - a. Based upon adjusted 2025 Tax (line 13 - lines 14 and 15). 16a. _____
 - b. Based upon projected 2026 tax. 16b. **21,586**
- Enter amount from 16a or 16b. 16. **21,586**
17. Enter 2025 overpayment applied to 2026 estimates from Form 1040, 1040-SR, or 1040-NR, line 36. 17. _____
18. Enter amounts already paid towards 2026 estimates. 18. _____
19. **Subtract lines 17 and 18 from line 16.** 19. **21,586**
20. Enter Rounding adjustment. 20. **14**
21. **Add lines 19 and 20.** Balance of Estimated Tax for 2026. 21. **21,600**

Taxpayer Name _____
Spouse Name _____

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN _____

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 04/12/26

Taxpayer's PIN (enter five numbers, other than all zeroes) _____

Spouse's PIN (enter five numbers, other than all zeroes) _____

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Filing Status: ☐ 1 Single ☐ 2 Married filing jointly ☒ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial

Last name

Taxpayer social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

Taxpayer ☐Spouse ☐

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

Foreign country name

Foreign province/state/county

Foreign postal code

At anytime during 2025, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

Boxes checked on 6a and 6b

1

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

1

6c Dependents:

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for

Child tax credit

Other dependents

If more than four

dependents,

✓ here ☐

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
	8a	Taxable interest. Attach Schedule B if required	8a	1,701
	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	26,479
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	102,032
	b	Taxable amount	16b	100,823
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	574,975
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	46,850
	b	Taxable amount	20b	39,823
	21	Other income. List type and amount	21	
Adjusted Gross Income (Schedule 1)	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	743,801
	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	18,972
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	5,892
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	24,864
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	718,937

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2025	
Name			Tp TIN		
38		Amount from line 37 (adjusted gross income)			38 718,937
Tax and Credits (Schedules 2, 3)	39a	Check ☒ You were born before January 2,1961, ☐ Blind. ☐ Spouse was born before January 2,1961, ☐ Blind. Total boxes checked ▶			39a 1
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶			39b ☒
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, \$15,750 Married filing jointly or Qualifying widow(er), \$31,500 Head of household, \$23,625	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40 52,699
	40b				40b
	41	Subtract line 40 and 40b from line 38			41 666,238
	42	Qualified business income deduction (see instructions) Sch 1-A			42 206
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43 666,032
	44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44 208,463
	45	Alternative minimum tax (see instructions). Attach Form 6251			45
	46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)			46
	47	Add lines 44, 45, and 46 ▶			47 208,463
	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/credit for other dependents			52
	53	Residential energy credits. Attach Form 5695			53 2,000
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐			54	
55	Add lines 48 through 54. These are your total credits			55 2,000	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56 206,463	
Other Taxes (Schedule 2)	57	Self-employment tax. Attach Schedule SE			57 37,944
	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
	60b	Reserved for future use			60b
	61	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) See Statement			61 3,938
	62	Section 965 net tax liability installment from Form 965-A			62
	63	Add lines 56 through 61. This is your total tax ▶			63 248,345
	64	Federal income tax withheld from:			
	64a	Form(s) W-2			64a
64b	Form(s) 1099			64b 10,743	
64c	Other forms			64c	
65	2025 estimated tax payments and amount applied from 2024 return			65 40,000	
Payments (Schedule 3)	66	Earned income credit (EIC)			66
	67	Additional child tax credit. Attach Schedule 8812			67
	68	American opportunity credit from Form 8863, line 8			68
	69	Recovery rebate credit			69
	70	Net premium tax credit. Attach Form 8962			70
	71	Amount paid with request for extension to file			71
	72	Excess social security and tier 1 RRTA tax withheld			72
	73	Credit for federal tax on fuels. Attach Form 4136			73
	74	Other payments and refundable credits			74
	75	Total pymts. Add lines 64 - 74.			75 50,743
Refund	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid			76
	77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐			77a
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	d	Account number ▶			
78	Amount of line 76 you want applied to your 2026 estimated tax ▶			78	
Amount You Owe	79	Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ▶			79 197,602
	80	Estimated tax penalty (see instructions)			80
Int/Pen	Date filed	Int	Fail to file	Fail to pay	Total
	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) ▶				
Third Party Designee	Designee's Name				Phone no. ▶
Other Info	Taxpayer Daytime phone number		Taxpayer: Occupation		IRS Identity Protection PIN
			Spouse: Occupation		IRS Identity Protection PIN
	☐ Taxpayer	☐ Spouse	Email address		

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

Filed pursuant to section 301.9100-2

Combat zone

Deceased

Spouse

Other

Your first name and middle initial

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O box, see instructions.

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

You

Spouse

Filing Status

Single

Head of household (HOH)

Check only one box.

Married filing jointly (even if only one had income)

Qualifying surviving spouse (QSS)

☒ Married filing separately (MFS). Enter spouse's SSN above and full name here:

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

Yes

☒ No

Dependents

(see instructions)

Dependent 1

Dependent 2

Dependent 3

Dependent 4

(1) First name

(2) Last name

(3) SSN

(4) Relationship

(5) Check if lived with you more than half of 2025

(a) ☐ Yes

(b) ☐ And in the U.S.

(a) ☐ Yes

(b) ☐ And in the U.S.

(a) ☐ Yes

(b) ☐ And in the U.S.

(a) ☐ Yes

(b) ☐ And in the U.S.

(6) Check if

☐ Full-time student

☐ Permanently and totally disabled

☐ Full-time student

☐ Permanently and totally disabled

☐ Full-time student

☐ Permanently and totally disabled

☐ Full-time student

☐ Permanently and totally disabled

(7) Credits

☐ Child tax credit

☐ Credit for other dependents

☐ Child tax credit

☐ Credit for other dependents

☐ Child tax credit

☐ Credit for other dependents

☐ Child tax credit

☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions)

1a

b Household employee wages not reported on Form(s) W-2

1b

c Tip income not reported on line 1a (see instructions)

1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1d

e Taxable dependent care benefits from Form 2441, line 26

1e

f Employer-provided adoption benefits from Form 8839, line 31

1f

g Wages from Form 8919, line 6

1g

h Other earned income (see instructions). Enter type and amount:

1h

i Nontaxable combat pay election (see instructions)

1i

z Add lines 1a through 1h

1z

2a Tax-exempt interest

2a

2b Taxable interest

2b

1,701

3a Qualified dividends

3a

b Ordinary dividends

3b

c Check if your child's dividends are included in

1 ☐ Line 3a

2 ☐ Line 3b

4a IRA distributions

4a

b Taxable amount

4b

c Check if (see instructions)

1 ☐ Rollover

2 ☐ QCD

3 ☐

5a Pensions and annuities

5a

102,032

b Taxable amount

5b

100,823

c Check if (see instructions)

1 ☐ Rollover

2 ☐ PSO

3 ☐

6a Soc. sec. ben.

6a

46,850

b Taxable amount

6b

39,823

c If you elect to use the lump-sum election method, check here (see instructions)

d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here

7a Capital gain or (loss). Attach Schedule D if required

7a

b Check if:

☐ Schedule D not required

☐ Includes child's capital gain or (loss)

8 Additional income from Schedule 1, line 10

8

601,454

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income

9

743,801

10 Adjustments to income from Schedule 1, line 26

10

24,864

11a Subtract line 10 from line 9. This is your adjusted gross income

11a

718,937

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

Form 1040 (2025)

DAA

Tax and Credits

11b Amount from line 11a (adjusted gross income) 11b 718,937

12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent

b ☒ Spouse itemizes on a separate return c ☐ You were a dual-status alien

d You: ☒ Were born before January 2, 1961 ☐ Are blind

Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

e Standard deduction or itemized deductions (from Schedule A) 12e 52,699

13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 206

b Additional deductions from Schedule 1-A, line 38 13b

14 Add lines 12e, 13a, and 13b 14 52,905

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 15 666,032

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972

3 ☐ 16 208,463

17 Amount from Schedule 2, line 3 17

18 Add lines 16 and 17 18 208,463

19 Child tax credit or credit for other dependents from Schedule 8812 19

20 Amount from Schedule 3, line 8 20 2,000

21 Add lines 19 and 20 21 2,000

22 Subtract line 21 from line 18. If zero or less, enter -0- 22 206,463

23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 41,882

24 Add lines 22 and 23. This is your total tax 24 248,345

Standard Deduction for –

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2 25a

b Form(s) 1099 25b 10,743

c Other forms (see instructions) 25c

d Add lines 25a through 25c 25d 10,743

26 2025 estimated tax payments and amount applied from 2024 return 26 40,000

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

27a Earned income credit (EIC) 27a

b Clergy filing Schedule SE (see instructions) ☐

c If you do not want to claim the EIC, check here ☐

28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28

29 American opportunity credit from Form 8863, line 8 29

30 Refundable adoption credit from Form 8839, line 13 30

31 Amount from Schedule 3, line 15 31

32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 32

33 Add lines 25d, 26, and 32. These are your total payments 33 50,743

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34

35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐ 35a

b Routing number c Type: ☐ Checking ☐ Savings

d Account number

36 Amount of line 34 you want applied to your 2026 estimated tax 36

Direct deposit? See instructions.

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe. 37 197,602

For details on how to pay, go to www.irs.gov/Payments or see instructions.

38 Estimated tax penalty (see instructions) 38

Third Party Designee

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

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

Sign Here

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

Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no. Email address

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name Preparer's signature Date PTIN Check if: ☐ Self-employed

Firm's name Phone no.

Firm's address Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

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

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	26,479
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	574,975
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	601,454

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

Schedule 1 (Form 1040) 2025

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	18,972
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	5,892
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	24,864

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

Your social security number

Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f		
y	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y		1z	
2	Alternative minimum tax. Attach Form 6251		2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐	4	37,944
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	3,874
12	Net investment income tax. Attach Form 8960	12	64
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy. If you sold your home, see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****g** Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan
described in section 457A**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**17n****o** Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040
or 1040-SR, line 23; or Form 1040-NR, line 23b**21****41,882**

Schedule 2 (Form 1040) 2025

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **03**

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

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	2,000
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	2,000

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j) ..	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

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

Schedule 3 (Form 1040) 2025

Underpayment of Estimated Tax by
Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form2210 for instructions and the latest information.

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B , C , or D in Part II apply?
No		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210 .
Yes		You must figure your penalty.
No		
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210 .		

Part I Required Annual Payment

1	Enter your 2025 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	206,463
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	41,882
3	Other payments and refundable credits (see instructions)	3	
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	248,345
5	Multiply line 4 by 90% (0.90)	5	223,511
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	10,743
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	237,602
8	Maximum required annual payment based on prior year's tax (see instructions)	8	43,176
9	Required annual payment. Enter the smaller of line 5 or line 8	9	43,176

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
 - If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- ☐ **A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- ☐ **B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- ☐ **C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- ☐ **D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- ☐ **E** You filed or are filing a joint return for either 2024 or 2025, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A—Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/25	(b) 6/15/25	(c) 9/15/25	(d) 1/15/26
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	10,794	10,794	10,794	10,794
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	12,686	12,686	12,686	12,685

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12		1,892	3,784	5,676
13 Add lines 11 and 12	13		14,578	16,470	18,361
14 Add the amounts on lines 16 and 17 in the previous column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	12,686	14,578	16,470	18,361
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,892	3,784	5,676	

Section B—Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B — Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B — Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	
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SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

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

Your social security number

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions)
- 2 Enter amount from Form 1040 or 1040-SR, line 11b
- 3 Multiply line 2 by 7.5% (0.075)
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1 **35,171**

2 **718,937**

3 **53,920**

4 **0**

**Taxes You
Paid**

- 5 State and local taxes (SALT).
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐
- b State and local real estate taxes (see instructions)
- c State and local personal property taxes
- d Add lines 5a through 5c
- e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions
- 6 Other taxes. List type and amount:

5a **5,886**

5b **7,630**

5c **806**

5d **14,322**

5e **5,000**

6

7 Add lines 5e and 6

7 **5,000**

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
- c Points not reported to you on Form 1098. See instructions for special rules
- d Reserved for future use
- e Add lines 8a through 8c
- 9 Investment interest. Attach Form 4952 if required. See instructions
- 10 Add lines 8e and 9

8a **39,012**

8b

8c

8d

8e **39,012**

9

10 **39,012**

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500
- 13 Carryover from prior year
- 14 Add lines 11 through 13

11 **3,388**

12 **5,299**

13

14 **8,687**

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount:

16

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

17 **52,699**

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2025

Form 1040	State and Local Tax (SALT) Limitation Worksheet	2025
Name 		Taxpayer Identification Number

2025 Schedule A Itemized Deductions - State and Local Taxes Limitation

1. Enter the Adjusted Gross Income (AGI) from Form 1040, 1040-SR or 1040-NR Line 11b	1.	718,937
2. Additions to Adjusted Gross Income		
Excluded Puerto Rico Income		0
Foreign Earned Income and/or Housing Exclusion from Form 2555, line 45		0
Housing Deduction from Form 2555, line 50		0
Excluded American Samoa Income from Form 4563, line 15		0
Total Additions to Adjusted Gross Income	2.	0
3. Add Lines 1 and 2 (Total Modified AGI)	3.	718,937
4. Enter \$500,000 (\$250,000 if married filing separately (MFS))	4.	250,000
5. Subtract Line 4 from Line 3 (leave blank if less than zero)	5.	468,937
6. Enter \$40,000	6.	40,000
7. Multiply Line 5 by 30% (0.30)	7.	140,681
8. Subtract Line 7 from Line 6 (leave blank if less than zero)	8.	
9. Enter the larger of Line 8 or \$10,000	9.	10,000
10. State and local tax deduction - Smaller of Line 9 (half the amount of Line 9, if MFS) or SALT paid on Schedule A line 5d (1040-NR Schedule A Line 1a)	10.	5,000

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2025

Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Your social security number

Part I
Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Amount

1,701

1

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2

1,701

3

4

1,701

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer:

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Part III
Foreign Accounts and Trusts

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

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

Schedule B (Form 1040) 2025

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

2025

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

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

B Enter code from instructions

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

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

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 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 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	☐	1	39,576
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	39,576
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	39,576
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	39,576

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

8	Advertising	8		18	Office expense (see instructions)	18	3,168
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	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	4,204
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Int. (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	921
b	Other	16b		b	Deductible meals (see instructions)	24b	17
17	Legal and professional services	17	738	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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: 2300 and (b) the part of your home used for business: 300. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			27b	Other expenses (from line 48)	27b	2,549
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			30		30	1,500
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 Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			31		31	26,479
				32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025

Part III	Cost of Goods Sold (see instructions)
-----------------	--

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

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation **35**

36 Purchases less cost of items withdrawn for personal use **36**

37 Cost of labor. Do not include any amounts paid to yourself **37**

38 Materials and supplies **38**

39 Other costs **39**

40 Add lines 35 through 39 **40**

41 Inventory at end of year **41**

42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 **42**

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

- 43** When did you place your vehicle in service for business purposes? (month/day/year) **09/25/19**

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

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

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

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

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

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V	Other Expenses. List below business expenses not included on lines 8-27a, or line 30.
---------------	--

[illegible]

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

Your social security number

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, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. 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 (f) 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 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 basis computation is required	(f) Check if any amount is not at risk
A		P				
B						
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		0		574,975	
B					
C					
D					
29a Totals				574,975	
b Totals					
30 Add columns (h) and (k) of line 29a			30	574,975	
31 Add columns (g), (i), and (j) of line 29b			31	(0)	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	574,975	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
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			
34a 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		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 Schedule 1 (Form 1040), line 5	41	574,975
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 1120-S), box 17, code AN; 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, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 17

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

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

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

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

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

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

- 3** Combine lines 1a, 1b, and 2

- 4a** 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.

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

- 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

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

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

- 6** Add lines 4c and 5b

- 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 2025

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

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

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

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

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

- 10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

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

- 13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

1a	
1b	
2	601,454
3	601,454
4a	555,443
4b	
4c	555,443
5a	
5b	0
6	555,443
7	176,100
8a	
8b	
8c	
8d	
9	176,100
10	21,836
11	16,108
12	37,944
13	18,972

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

Schedule SE (Form 1040) 2025

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 \$10,860, or (b) your net farm profits ² were less than \$7,840.	
14 Maximum income for optional methods	14 7,240
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.	
16 Subtract line 15 from line 14	16
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.	³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
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.	⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

2025

Attachment
Sequence No. 55A

Name(s) shown on return

Your taxpayer identification number

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

Use this form if your taxable income, before your qualified business income deduction, is above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	Form 1065, Pg. 1	☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 556,838	19,752	
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 111,368	3,950	
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0	0	
5 Multiply line 4 by 50% (0.50)	5 0	0	
6 Multiply line 4 by 25% (0.25)	6 0	0	
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 2,913	5,306	
8 Multiply line 7 by 2.5% (0.025)	8 73	133	
9 Add lines 6 and 8	9 73	133	
10 Enter the greater of line 5 or line 9	10 73	133	
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 73	133	
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 73	133	
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 73	133	
16 Total qualified business income component. Add all amounts reported on line 15	16 206		

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

Form 8995-A (2025)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17 Enter the amounts from line 3	17		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19		
20 Taxable income before qualified business income deduction	20		
21 Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	21		
22 Subtract line 21 from line 20	22		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24 Phase-in percentage. Divide line 22 by line 23	24	%	
25 Total phase-in reduction. Multiply line 19 by line 24	25		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	206	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	0	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		206
33 Taxable income before qualified business income deduction	33	666,238	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		666,238
36 Income limitation. Multiply line 35 by 20% (0.20)	36		133,248
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		206
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		206
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Name(s) shown on return

Your social security number

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		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4		
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 surviving spouse \$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), Part I, line 6. If you had a loss, enter -0-	8	555,443	
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 surviving spouse \$200,000	9	125,000	
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	125,000	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		430,443
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		3,874

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 surviving spouse \$200,000	15	125,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
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 Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		3,874
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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		
20	Enter the amount from line 1	20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
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, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

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

Form **8959** (2025)

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2025Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,701
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	601,454
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-601,454
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1,701

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions) See Stmt	9b	12
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	12
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	12

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	1,689
13	Modified adjusted gross income (see instructions)	13	718,937
14	Threshold based on filing status (see instructions)	14	125,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	593,937
16	Enter the smaller of line 12 or line 15	16	1,689
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	64
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2025)

Noncash Charitable Contributions
Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.
Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	██████████ ██████████ ████████████████████	☐	Misc Household Goods & Clothing
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	Various	Various	Purchase	15,897	5,299	████████████████████
B						
C						
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated. See instructions for definitions.

- | | | |
|---|--|---|
| a ☐ Art (contribution of \$20,000 or more) | d ☐ Other real estate | i ☐ Vehicles |
| b ☐ Qualified conservation contribution | e ☐ Equipment | j ☐ Clothing and household items |
| b(1) ☐ Certified historic structure | f ☐ Securities | k ☐ Digital assets |
| NPS # _____ | g ☐ Collectibles | l ☐ Other |
| c ☐ Art (contribution of less than \$20,000) | h ☐ Intellectual property | |

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return

Your social security number

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2024**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b.
For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code		
1 Qualified solar electric property costs					1	
2 Qualified solar water heating property costs					2	
3 Qualified small wind energy property costs					3	
4 Qualified geothermal heat pump property costs					4	
5a Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology					5a	☐ Yes ☒ No
b If you checked the "Yes" box, enter the qualified battery technology costs					5b	
6a Add lines 1 through 5b					6a	
b Multiply line 6a by 30% (0.30)					6b	
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.					7a	☐ Yes ☒ No
b Enter the complete address of the main home where you installed the fuel cell property.						
Number and street					Unit no.	City or town
State					ZIP code	
Caution: You can only have one main home at a time. (See instructions.)						
c If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)						
8 Qualified fuel cell property costs					8	
9 Multiply line 8 by 30% (0.30)					9	
10 Kilowatt capacity of property on line 8 above. If less than 0.5 kW, enter -0-. (See instructions.)					10	
11 Enter the smaller of line 9 or line 10					11	
12 Credit carryforward from 2024. Enter the amount, if any, from your 2024 Form 5695, line 16					12	
13 Add lines 6b, 11, and 12					13	0
14 Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)					14	
15 Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a					15	0
16 Credit carryforward to 2026. If line 15 is less than line 13, subtract line 15 from line 13					16	

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

Form **5695** (2025)

Section B—Residential Energy Property Expenditures

21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States that you use as a residence?	21a	☒ Yes	☐ No
b Was the qualified energy property originally placed into service by you?	21b	☒ Yes	☐ No
If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.			
c Enter the complete address of each home where you installed qualified energy property.			
Number and street	Unit no.	City or town	State
ZIP code			
22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)			
a Enter the Qualified Manufacturer Identification Number and cost of the most expensive central air conditioner	22a		
b Enter the cost of all other central air conditioners. If none, enter -0-	22b		
c Add lines 22a and 22b	22c		
d Multiply line 22c by 30% (0.30). Enter the results. Do not enter more than \$600	22d		
23a Enter the Qualified Manufacturer Identification Number(s) and cost(s) of the two most expensive natural gas, propane, or oil water heater(s). If none, enter -0-			
(i) _____ \$ _____	23a		
(ii) _____ \$ _____			
b Enter the cost of all other natural gas, propane, or oil water heaters. If none, enter -0-	23b		
c Add lines 23a and 23b	23c		
d Multiply line 23c by 30% (0.30). Enter the results. Do not enter more than \$600	23d		
24a Enter the Qualified Manufacturer Identification Number and cost of the most expensive natural gas, propane, or oil furnace or hot water boiler			
b Enter the cost of all other natural gas, propane, or oil furnace or hot water boilers. If none, enter -0-	24a		
c Add lines 24a and 24b	24b		
d Multiply line 24c by 30% (0.30). Enter the results. Do not enter more than \$600	24c		
25a Did you install improvements or replacements of panelboards, subpanelboards, branch circuits, or feeders (enabling property) to enable the installation and use of a separate qualified energy efficient improvement or qualified energy property (enabled property), and were both the enabling property and the enabled property installed in 2025? (See instructions if some of the property was installed in 2024.)			
If you checked the "No" box, you cannot claim the credit for enabling property. Skip lines 25b through 25e. Go to line 26. (See instructions.)		25a	☐ Yes
b If you checked the "Yes" box for line 25a, enter the code for the type of enabled property. (See instructions.)		☒ No	
c Enter the cost of improvements or replacement of enabling property	25c		
d Enter the Qualified Manufacturer Identification Number(s) of the enabling property.			
(i) _____			
(ii) _____			
e Multiply line 25c by 30% (0.30). Enter the results. Do not enter more than \$600	25e		

Section B—Residential Energy Property Expenditures *(continued)*

26	Home energy audits.			
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.)		26a	☐ Yes ☒ No
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.			
b	Enter the cost of the home energy audits	26b		
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c		
27	Add lines 18b, 19h, 20d, 22d, 23d, 24d, 25e, and 26c	27		
28	Enter the smaller of line 27 or \$1,200	28		
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
a	Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump	29a	7,811	
	E8X7			
b	Enter the cost of all other electric or natural gas heat pumps. If none, enter -0-	29b		
c	Enter the Qualified Manufacturer Identification Number and cost of the most expensive electric or natural gas heat pump water heater	29c		
d	Enter the cost of all other electric or natural gas heat pump water heaters. If none, enter -0-	29d		
e	Enter the Qualified Manufacturer Identification Number and cost of the most expensive biomass stove or boiler	29e		
f	Enter the cost of all other biomass stoves and biomass boilers. If none, enter -0-	29f		
g	Add lines 29a through 29f	29g	7,811	
h	Multiply line 29g by 30% (0.30). Enter the results. Do not enter more than \$2,000	29h		2,000
30	Add lines 28 and 29h	30		2,000
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)		31	208,463
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b		32	2,000
a	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)			
b	If you live in a condominium or cooperative and have a fractional share of the qualified energy efficiency improvements or residential energy property expenditures, check here ☐ . (See instructions.)			

Name

Taxpayer Identification Number

Name of Entity

EIN

Passive Activity Type

K1 Unit

1**Part 1 - Partners Basis**1. Adjusted basis at the beginning of tax year, 1. **24,115****Section A - Increases**

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3. Increase in liabilities 3. _____

4a. Ordinary business income 4a. **574,975**

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain and ordinary business gains 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt interest, other tax-exempt income, and recapture of credits 4l. _____

4m. Other increases to basis 4m. _____

4n. Business interest expense (BIE) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. **574,975**

5. Gain recognized on contributions of property during the year 5. _____

6. Excess of deductions for depletion over basis of property (other than oil and gas) 6. _____

7. Total basis before decreases (add lines 1,2,3, 4o, 5 and 6) 7. **599,090****Section B - Decreases**

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. **558,371**

8b. Distributions subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. **558,371**9a. Decrease in share of partnership liabilities **See Statement** 9a. **3,601**

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. **3,601**10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. **561,972**11. Basis after distributions (line 7 less line 10) 11. **37,118**12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. **0**

13a. Oil and gas property depletion deduction up to adjusted basis of property 13a. _____

13b. Other decreases 13b. _____

13c. Total decreases other than distributions. Combine lines 12 to 13b. 13c. _____

14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. **37,118**

15. Total deductions and losses (See Partner's Basis Worksheet Page 2) 16. _____

16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. _____

17. Unutilized EBIE on sale of partnership interest 17. _____

18. Adjusted basis at the end of the year. (Subtract lines 16 and 17 from line 14. Do not enter less than zero) 18. **37,118****Gain Recognized on Distributions**19. Total distributions less other property distributions. (Line 10 less line 8c) 19. **561,972**20. Total basis before decreases (line 7) 20. **599,090**21. Gain recognized on excess distributions. (Subtract line 20 from line 19) 21. **0**

● Sch E page 2, ordinary income

● Sch D/8949, short-term capital gain

● Sch D/8949, long-term capital gain

22. Gain recognized on disposition of section 737 property 22. _____

Federal Statements

Partner's Basis Worksheet Page 1 - Decrease in Share of Partnership Liabilities

Description	Amount	Amount
2025 Share of Partnership Liabilities (Sch K-1 (1065) Item L)	\$	\$
1. Nonrecourse		
2. Qualified nonrecourse financing		
3. Recourse	54	
4. 2025 Total share of partnership liabilities. Combine lines 1 through 3.		54
2024 Share of Partnership Liabilities (Sch K-1 (1065) Item L)		
5. Nonrecourse		
6. Qualified nonrecourse financing		
7. Recourse	3,655	
8. 2024 Total share of partnership liabilities. Combine lines 5 through 7.		3,655
9. Subtract line 8 from line 4		-3,601
10. Partnership liabilities assumed during the tax year		
11. Decrease in share of partnership liabilities. Combine lines 9 and 10.		-3,601

Name

Taxpayer Identification Number

Description

Form/Schedule **C**

Unit number **1**

	Asset Listing Number	Date	Description
Vehicle 1	2	09/25/19	
Vehicle 2			
Vehicle 3			
Vehicle 4			

General Information	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1. Total mileage				
2. Business miles before 7/1 (70 cents per mile)				
3. Commuting mileage				
4. Other mileage				
5. Business use percentage	%	%	%	%

Actual Expenses

6. Parking fees and tolls				
7 a. Gasoline				
b. Oil				
c. Repairs				
d. Maintenance				
e. Tires				
f. Car washes				
g. Insurance				
h. Interest				
i. Registration				
j. Licenses				
k. Property taxes				
l. Other vehicle expenses				
m. Vehicle rentals (net of inclusion amount)				
8. Total expenses. Add lines 7a - 7m				
9. Business use percentage from line 5	%	%	%	%
10. Business use portion of actual expenses				
11. Depreciation				
12. Total actual expense allowable. Add lines 6, 10 and 11				

Standard Mileage Rate Method

13. Business mileage (line 2) multiplied by applicable rate				
14. Parking fees and tolls from line 6				
15. Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16. Standard mileage rate				

	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
Allowable Deduction				

Name as shown on return

Taxpayer Identification Number

State of

Locality of

General Sales Tax from IRS Tables

1. Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 11b 1. 718,937
2. Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 5a, 6a (Exclude rollovers and tax-free Sec. 1035 exchanges) 2. 8,236
3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.
Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits
received in 2025 3. _____
4. Add lines 1 through 3, this is income for general sales tax table purposes 4. 727,173
5. Enter the amount from the sales tax table in the Schedule A instructions. 5. 1,052
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9
6. Enter the number of days of residence in state 6. _____
7. Total days in year 7. 365
8. Divide line 6 by line 7 (rounded to at least 3 decimal places) 8. _____
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. 9. 1,052

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions. 10. 1,052
11. If you are a resident of Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi,
Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter
the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. 11. 248
12. Enter the local general sales tax rate (exclude statewide local sales tax rate) 12. 5.00000
13. Enter the state general sales tax rate (include statewide local sales tax rate) 13. _____
14. Divide line 12 by line 13 (rounded to at least 3 decimal places) 14. _____
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax
using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax
using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 15. 1,240
16. Enter the number of days of residence in locality 16. _____
17. Total days in year 17. 365
18. Divide line 16 by line 17 (rounded to at least 3 decimal places) 18. _____
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. 19. 1,240

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets 20. 1,052
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets 21. 1,240
22. Add lines 20 and 21, this is the total General Sales taxes using the tables 22. 2,292
23. Enter the actual state and local general sales taxes paid 23. _____
24. Enter the greater of line 22 or line 23 24. 2,292
25. Enter the state and local taxes paid on specified items (major purchases) 25. _____
26. Add lines 24 and 25, this is the deductible General Sales tax 26. 2,292
27. Enter total state and local income taxes paid 27. 5,886

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Name

Taxpayer Identification Number

Description

Form/Schedule **C**

Unit number **1**

Simplified Method Worksheet

1. Enter the amount of the gross income limitation

27,979

2. Allowable square footage for the qualified business use. Do not enter more than 300 square feet.

300

3. Simplified method amount

a. Maximum allowable amount

\$5

b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0

1.00

c. Multiply line 3a by the line 3b and enter result to 2 decimal places

5.00

1,500

4. Multiply line 2 by line 3c

1,500

5. Allowable expenses using the simplified method. Enter the smaller of line 1 or line 4. If zero or less, enter -0-.

1,500

6. Carryover of unallowed expenses from years simplified method was not used

Enter the amounts, if any, from the most recent Form 8829 or Business Use of Home Worksheet

a. Operating expenses.

b. Excess casualty losses and depreciation.

Daycare Facility Worksheet

1. Total hours of daycare use

2. Total hours available for use during the year

3. Divide line 1 by line 2. Enter the result as a decimal amount here and on line 3b of the Simplified Method Worksheet

Area Adjustment Worksheet - Area Changed During Year

1. Complete lines 1a through 1n when the area of the qualified business use was used for part of the year or the area used changed during the year.

(i) Month	Note. If qualified business use was less than 15 days in a month, enter -0- Otherwise, use the lower of qualified business use area or Maximum area (300).	(ii) Area
a. January		
b. February		
c. March		
d. April		
e. May		
f. June		
g. July		
h. August		
i. September		
j. October		
k. November		
l. December		
m. Add lines 1a through 1l, column (ii)		
n. Average monthly allowable square footage. Divide line 1m by 12. Enter the results on line 2 of the Simplified Method Worksheet.		

Form 1040		K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797						2025	
Name						Taxpayer Identification Number			
Entity Name		EIN		Entity Type		Partnership		Screen K1 K1 Unit 1	
Activity		Passive Activity Type		Not Passive		Entire disposition of activity			
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return	
Schedule E page 2									
Ordinary business income/-loss	574,975							574,975	
Net rental real estate income/-loss									
Other net rental income/-loss									
Guaranteed payments									
Section 179 expense									
Disallowed Section 179 expense									
Depletion									
Section 59(e)(2) expenditures									
Preproductive period expense									
Reforestation expense deduct									
Other deductions									
Unreimbursed expenses									
Other inc/loss - Schedule E									
Debt financed acquisition									
Dependent care benefits									
Total Schedule E page 2	574,975							574,975	
Schedule E page 1									
Royalties									
Deductions-royalty income									
Depletion									
Total Schedule E page 1									
Schedule B									
Interest Income									
Tax-exempt interest income									
Dividend Income									
Qualified dividends (1040, Page 2)									
Schedule D/8949/6781									
Short-term capital gain/-loss									
Long-term capital gain/-loss									
28% capital gain/-loss									
1256 contracts and straddles									
Form 4797									
4797 Part I									
4797 Part II									
Section 179/280F recapture									

Entity Name	EIN	Entity Type	Screen	K1	K1 Unit	1
		Partnership				

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
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[illegible]

Name

Taxpayer Identification Number

Form 8960, Line 4b, Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business

Activity	Profit or loss on Sch C/F Net Rental Income(Loss) on Sch E	Net Royalty Income(Loss) on Sch E	Net K-1 Nonpassive Income(Loss) on Sch E	Net K-1 Passive Income(Loss) on Sch E	Non-section 1411 Adjustment
	26,479				-26,479
			574,975		-574,975
Totals	26,479		574,975		
Additional adjustment					
Total adjustment. Enter on Form 8960, line 4b					-601,454

Form 8960, Line 5b, Net gain or loss from disposition of property not subject to net investment income tax

Description	Schedule D Short Term Gain(Loss)	Schedule D Long Term Gain(Loss)	Form 4797 Short Term Gain(Loss)	Form 4797 Long Term Gains (Losses)	Non-section 1411 Adjustment
Totals					
Adjustment for capital loss carryforward from 2024					
Total capital gain/(loss)			Total ordinary gain/(loss)		
Additional adjustment				▶	
Total net gain or loss from disposition of property not subject to net investment income tax				▶	
Adjustment for capital loss carryover to 2026. Lesser of line 3 or 4 from worksheet below, entered as a negative number				▶	0
Total adjustment. Enter on Form 8960, line 5b				▶	

Adjustment for capital loss carryover to 2026

- Complete this worksheet if there is a capital loss carryover to next year
1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a negative. If a loss, enter as a positive.

2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3

3. Combine lines 1 and 2. If zero or less, enter -0-

4. Enter the amount of capital loss carried over to the following year, as a positive number

1.

2.

3.

4.

Amounts from tax return

a. Regular tax (Form 1040, line 16)	a. 208,463	h. Child tax cr, Wrk 8, line 14	h.	n. Form 8859, line 3	n.
b. AMT (Form 1040, Schedule 2, line 2)	b.	i. Child tax cr (Form 1040, line 19)	i.	o. Form 8936, line 13	o.
c. Exc adv PTC (Form 1040, Sch 2, ln 1a)	c.	j. Form 5695, line 32	j. 2,000	p. Form 8936, line 18	p.
d. Foreign tax cr (Form 1040, Sch 3, ln 1)	d.	k. Form 5695, line 15	k.	q. Form 8834, line 7	q.
e. Child care cr (Form 1040, Sch 3, ln 2)	e.	l. Form 8396, line 9	l.	r. Form 3800, line 38	r.
f. Education cr (Form 1040, Sch 3, ln 3)	f.	m. Elderly cr (Sch R, line 22)	m.	s. Form 8839, line 16	s.
g. Retirement cr (Form 1040, Sch 3, ln 4)	g.			t. Form 8978, line 14	t.

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1.			208,463	
2. Other nonrefundable personal credits allowed	2.				
3. Limitation based on tax liability, line 1 minus line 2	3.			208,463	
4. Amount from line 3 reported on	4.			F5695, ln 31	
5. Code(s) for tax amount(s) from above	5.			a b c	
6. Code(s) for credit amount(s) from above	6.			d e f g m t	

	Form 8936, Part III	Form 8936, Part IV	Form 8911, Part II	Form 8396	Form 8839
1. Total tax available	1.				
2. Other nonrefundable personal credits allowed	2.				
3. Limitation based on tax liability, line 1 minus line 2	3.				
4. Amount from line 3 reported on	4.				
5. Code(s) for tax amount(s) from above	5.				
6. Code(s) for credit amount(s) from above	6.				

	Form 8859	Form 8801
1. Total tax available	1.	
2. Other nonrefundable personal credits allowed	2.	
3. Limitation based on tax liability, line 1 minus line 2	3.	
4. Amount from line 3 reported on	4.	
5. Code(s) for tax amount(s) from above	5.	
6. Code(s) for credit amount(s) from above	6.	

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18		5. Enter the total of code(s) d, e, m and t from above	
2. Enter the amount from Form 8863, line 9		6. Subtract line 5 from line 4	
3. Add lines 1 and 2		7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	
4. Enter the amount from Form 1040, line 18			

Name

Taxpayer Identification Number

Principle business or profession

Form/Schedule

C

Unit

1

1.	Schedule C, Line 31, Net profit or (loss)	1.	26,479
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	2.	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 carryover	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7.	
8.	Deductible portion of self-employment taxes	8.	835
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	5,892
11.	Tip income excluded from net profit under Section 224	11.	
12.	Reserved	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	6,727
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	19,752

	Beginning of Year			End of Year		
Carryovers:	Pre -2018	After 2017	Allowed loss	Pre -2018	After 2017	QBI Portion of
Passive activity:	(A)	(B)	(C)	(D)	(E)	Allowed Losses
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Name

Taxpayer Identification Number

Entity Name

EIN

Entity Type **Partnership**

Screen **K1**

K1 Unit **1**

Activity	Passive Activity Type				Not Passive		Entire disposition of activity		
	Screen K1QBI Amount	QBI Items from Schedule K-1	Basis Limit Adjustment	At-risk Limit Adjustment	Passive Limitation	Qualified Business Income	Prior Year Suspended QBI	Losses Allowed	
Qualified Business Income	574,975	574,975				574,975			
Ordinary business inc/-loss									
Net rental real estate inc/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 exp									
Other income (loss)									
Other income/-loss Form 1040									
Reserved									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acq									
Deductible part of SE tax						-18,137			
Self-employed health insurance									
Self-employed qualified plans									
Ordinary gains on distribution									
Total Qualified Business Income						556,838			

Form 8995 or 8995-A

Qualified business net (loss) carryforward from prior years
Form 8995, line 3 or Form 8995-A (Schedule C), line 2

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Name

Taxpayer Identification Number

Taxpayer

Spouse

Farm profit or (loss)

Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	()	()
Amortization from farm partnerships	()	()
Depreciation & Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Intangible drilling costs from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Debt financed acquisition interest from farm partnerships	()	()
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0

Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, ln 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b(0) (0)

Nonfarm profit or (loss)

Schedule C (excluding minister Schedule C income reported below)	26,479	
Nonfarm partnerships - Schedule K-1, box 14, code A	574,975	
Auto expense from nonfarm partnerships	()	()
Amortization from nonfarm partnerships	()	()
Depreciation & section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Intangible drilling costs from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Debt financed acquisition interest from nonfarm partnerships	()	()
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)		
Net nonfarm profit or (loss) - Schedule SE line 2	601,454	0

Other income items subject to and/or exempt from self-employment tax

Fees received for services performed as a notary public	(_____)	(_____)	
Earnings while debtor in a chapter 11 bankruptcy case	_____	_____	
Taxable community property income/-loss			
Exempt community property income/-loss	(_____)	(_____)	
Net adjustment included on Schedule SE, line 3	0	0	

Net profit (loss) from self-employment activities - Schedule SE line 3	601,454	0
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Church employee income - Schedule SE, Page 1 line 5a

Self-Employed Health Insurance DeductionAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **206**

Name(s) shown on return

Your taxpayer identification number

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

1	Enter the total amount paid in 2025 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2025 for you, your spouse, and your dependents. But don't include the following. See instructions	1	5,892
	• Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2025. • Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxable because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).		
2	For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b).		
	(a) Total payments made for that person during the year.		
	(b) The amount shown below. Use the person's age at the end of the tax year.		
	\$480 — if that person is age 40 or younger		
	\$900 — if age 41 to 50		
	\$1800 — if age 51 to 60		
	\$4810 — if age 61 to 70		
	\$6020 — if age 71 or older		
	Note: The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2025. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3	Add lines 1 and 2	3	5,892
4	Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	26,479
5	Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). Don't include any net losses shown on these schedules	5	601,454
6	Divide line 4 by line 5	6	0.0440
7	Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	835
8	Subtract line 7 from line 4	8	25,644
9	Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	
10	Subtract line 9 from line 8	10	25,644
11	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13	Subtract line 12 from line 10 or 11, whichever applies	13	25,644
14	Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	5,892

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

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

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

Form **7206** (2025)

Form 1040	Social Security Worksheet	2025
Name [REDACTED]		Taxpayer Identification Number [REDACTED]

If you are married filing separately and you **lived apart** from your spouse for all of 2025:

- Form 1040/1040-SR: Enter "D" to the right of the word "benefits" on line 6a.

1. Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 (if applicable). Also, enter this amount on Form 1040 or 1040-SR, line 6a. Tp: Sp: 	1. <u>46,850</u>
2. Multiply line 1 by 50% (0.50).	2. <u>23,425</u>
3. Add the amounts on Form 1040 or 1040-SR, lines 1z, 2a, 2b, 3b, 4b, 5b, 7, and Schedule 1, line 10. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 28), foreign earned income or housing (Form 2555, lines 45 and 50), certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	3. <u>703,978</u>
4. Add lines 2 and 3	4. <u>727,403</u>
5. Enter the total of the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, 23, and 25.	5. <u>24,864</u>
6. Subtract line 5 from line 4	6. <u>702,539</u>
7. Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2025)	7. <u>0</u>
8. Subtract line 7 from line 6. If zero or less, enter -0-	8. <u>702,539</u>
- If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2025, enter -0- on Form 1040 or 1040-SR, line 6b. - If line 8 is more than zero, go to line 9.	
9. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2025)	9. <u>0</u>
10. Subtract line 9 from line 8. If zero or less, enter -0-	10. <u>702,539</u>
11. Enter the smaller of line 8 or line 9	11. <u> </u>
12. Enter one half of line 11	12. <u> </u>
13. Enter the smaller of line 2 or line 12	13. <u> </u>
14. Multiply line 10 by 85% (0.85). If line 10 is zero, enter -0-	14. <u>597,158</u>
15. Add lines 13 and 14	15. <u>597,158</u>
16. Multiply line 1 by 85% (0.85)	16. <u>39,823</u>
17. Taxable benefits. Enter the smaller of line 15 or line 16. Also, enter this amount on Form 1040 or 1040-SR, line 6b.	17. <u>39,823</u>
Percentage of total benefits received included as taxable income.	<u>85.0 %</u>

Note: If part of your benefits are taxable for 2025 **and** they include benefits paid in 2025 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

Federal Statements

Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes

Description	Amount
Form 8959	\$ 3,874
Form 8960	64
Total	<u>\$ 3,938</u>

Federal Statements

Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

Description				Amount	
1st	quarter	estimate	payment	\$	10,000
2nd	quarter	estimate	payment		10,000
3rd	quarter	estimate	payment		10,000
4th	quarter	estimate	payment		10,000
Total				\$	40,000

Federal Statements

Schedule A, Line 5a - State and Local Taxes

Description	Amount
2024 Estimates paid in 2025	\$ 800
State Tax Payments	5,086
Total Income Taxes*	5,886
General Sales Tax	2,292
Total Sales Taxes	2,292

*Income taxes are being deducted

Schedule A, Line 5b - Real Estate Taxes

Description	Amount
Mountain Woods	\$ 198
Sunset Bluff	1,514
Landsmere	5,918
Total	\$ 7,630

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

Description	Amount
Dovenmuehle Mortgage	\$ 36,447
Redstone Federa Credit Union	2,565
Total	\$ 39,012

Schedule A, Line 11 - Charitable Contributions by Cash or Check

Description	Amount
Lifeline Pet Rescue	\$
Misc Cash	3,388
Total	\$ 3,388

Schedule A, Line 12 - Charitable Contributions Other Than Cash or Check

Description	Amount
50% Contrib from 8283	\$ 5,299
Total	\$ 5,299

Federal Statements

Business Coach

Schedule C, Line 1 - Gross Receipts or Sales

Description	Amount
	\$ 12,176
Center for Unification & Sci	
Avani Services	27,400
Total	\$ 39,576

Federal Statements

Form 8960, Line 9b - State, local, and foreign income tax

Description	Amount
State Tax Payments	\$ 5,086
2024 Estimates paid in 2025	800
Mountain Woods	198
Sunset Bluff	1,514
Landsmere	5,918
Personal property taxes	806
Total state/local taxes prior to lim	14,322
State and local tax deduction	5,000
Reasonable meth alloc percent: 0.24 (Form 8960, line 8 / AGI)	
State/local taxes attrib to NII	12

Federal Asset Report

Business Coach

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Other Depreciation:</u>										
1	Home Office	7/05/2010	0	13.04			0	0 HY	0	0
	Total Other Depreciation		0				0		0	0
	Total ACRS and Other Depreciation		0				0		0	0
<u>Listed Property:</u>										
2	Acura RDX	9/25/2019	46,540	11.40			5,306	5 MO S/L	20,639	0
			46,540				5,306		20,639	0
	Grand Totals		46,540				5,306		20,639	0
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Less: Domestic R & E Expense		0				0		0	0
	Net Grand Totals		46,540				5,306		20,639	0

AMT Asset Report

Business Coach

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Other Depreciation:</u>										
1	Home Office	7/05/2010	0	13.04			0	0 HY	0	0
	Total Other Depreciation		0				0		0	0
	Total ACRS and Other Depreciation		0				0		0	0
<u>Listed Property:</u>										
2	Acura RDX	9/25/2019	46,540	11.40			5,306	5 MO S/L	38,861	0
			46,540				5,306		38,861	0
	Grand Totals		46,540				5,306		38,861	0
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		46,540				5,306		38,861	0

██████████

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/2026
Business Coach

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
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Other Depreciation:

1	Home Office	7/05/2010	<u>0</u>	<u>0</u>	<u>0</u>
	Total Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>

Listed Property:

2	Acura RDX	9/25/2019	<u>46,540</u>	<u>0</u>	<u>0</u>
			<u>46,540</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>46,540</u>	<u>0</u>	<u>0</u>

Name

Taxpayer Identification Number

T/S	Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A	Office of Personnel Management	7	52,032		50,823
B	Thrift Savings Plan	7	50,000		50,000
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer			102,032		100,823
Spouse					
Total			102,032		100,823

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				3,199		
B				7,544		
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				10,743		
Spouse						
Total				10,743		

Name

Taxpayer Identification Number

		2024	2025	Differences
		MFS	MFS	
Filing Status				
Dependents		0	0	
Income	1. Salaries and wages	1.		
	2. Interest income	2. 22	1,701	1,679
	3. Tax exempt interest income	3.		
	4. Dividend income	4.		
	5. Qualified dividend income	5.		
	6. Taxable state/local refunds	6.		
	7. Alimony received	7.		
	8. Business income/loss	8. 57,494	26,479	-31,015
	9. Capital gain/loss	9.		
	10. Other gains/losses	10.		
	11. Taxable IRA distributions	11.		
	12. Taxable pensions	12. 49,803	100,823	51,020
	13. Rent and royalty income including farm rental	13.		
	14. Partnership/S corp income	14. 85,997	574,975	488,978
	15. Estate or trust income	15.		
	16. Farm income/loss	16.		
	17. Unemployment compensation	17.		
	18. Taxable social security	18. 25,440	39,823	14,383
	19. Other income	19.		
	20. Total income	20. 218,756	743,801	525,045
Adjustments	21. Moving expenses	21.		
	22. Deductible part of self-employment tax	22. 4,062	18,972	14,910
	23. SEP/SIMPLE/Qualified plans deductions	23.		
	24. SE health insurance	24. 8,719	5,892	-2,827
	25. Penalty on early withdrawal of savings	25.		
	26. Alimony paid	26.		
	27. IRA deductions	27.		
	28. Student loan interest	28.		
	29. Other adjustments	29.		
	30. Adjusted gross income	30. 205,975	718,937	512,962
Deductions	31. Medical	31.		
	32. Taxes	32. 3,785	5,000	1,215
	33. Interest	33. 1,267	39,012	37,745
	34. Contributions	34. 3,461	8,687	5,226
	35. Casualty losses	35.		
	36. Miscellaneous expenses	36.		
	37. Allowable itemized deductions	37. 8,513	52,699	44,186
	38. Standard deduction	38. 16,150	17,350	1,200
		Standard	Itemized	
	39. Deduction taken	39. 16,150	52,699	36,549
	40. Additional deductions (Sch 1-A)	42.		
	41. Taxable income before qualified business inc ded (QBID)	40. 189,825	666,238	476,413
	42. Qualified business income deduction	41. 26,142	206	-25,936
	43. Taxable income	43. 163,683	666,032	502,349

Name

Taxpayer Identification Number

		2024	2025	Differences
	44. Taxable income from 2YR page 1, line 43	44. 163,683	666,032	502,349
	45. Tax on taxable income	45. 32,326	208,463	176,137
	46. Alternative minimum tax	46.		
	47. Excess advance premium tax credit & other advanced repayment	47.		
	48. Child care credit	48.		
	49. Education credits	49.		
T	50. Retirement savings credit	50.		
a	51. Child & other dependent tax credit	51.		
x	52. General business credit	52.		
	53. Other credits	53. 1,200	2,000	800
C	54. Total credits	54. 1,200	2,000	800
o	55. Net tax liability	55. 31,126	206,463	175,337
m	56. Self-employment taxes	56. 8,124	37,944	29,820
p	57. Other taxes	57. 1	3,938	3,937
u	58. Total tax	58. 39,251	248,345	209,094
t	59. Income tax withheld	59. 3,185	10,743	7,558
a	60. Estimated tax payments	60. 34,395	40,000	5,605
t	61. Earned income credit	61.		
i	62. Additional Child tax credit	62.		
o	63. Other refundable tax credits	63.		
n	64. Other payments	64.		
	65. Total payments	65. 37,580	50,743	13,163
	66. Tax due/-refund	66. 1,671	197,602	195,931
	67. Penalties and interest	67.		
	68. Net tax due/-refund	68. 1,671	197,602	195,931
	69. Refund applied to estimated tax payments	69.		
	70. Refund received	70.		
	71. Effective tax rate	71. 24.0 %	37.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2024	2024 Marginal	2025	2025 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	163,683	24.0 %	666,032	37.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form 1040	Two Year Comparison Report - Schedule C	2024 & 2025
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Name 	Taxpayer identification number
Principal business or profession 	
Unit 1	

Income		2024	2025	Differences
1. Gross receipts or sales	1.	69,712	39,576	-30,136
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	69,712	39,576	-30,136
5. Other income	5.	3,176		-3,176
6. Gross income	6.	72,888	39,576	-33,312

Expenses				
7. Advertising	7.			
8. Car and truck expenses	8.	569		-569
9. Commissions and fees	9.			
10. Contract labor	10.			
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.	796		-796
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.			
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.		738	738
18. Office expense	18.		3,168	3,168
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.			
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.		4,204	4,204
24. Taxes and licenses	24.			
25. Travel	25.	11,057	921	-10,136
26. Total meals and entertainment	26.		33	33
26a. Nondeductible meals and entertainment	26a.		16	16
26b. Deductible meals and entertainment	26b.		17	17
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.		2,549	2,549
30. Energy efficient commercial buildings deduction (Form 7205)	30.			
31. Total expenses	31.	12,422	11,597	-825

Profit/ (loss)				
32. Tentative profit (loss)	32.	60,466	27,979	-32,487
33. Expenses for business use of home	33.	2,972	1,500	-1,472
34. Net profit or (loss)	34.	57,494	26,479	-31,015

Cost of Goods Sold				
35. Inventory - Beginning of year	35.			
36. Purchases	36.			
37. Labor	37.			
38. Materials	38.			
39. Other costs	39.			
40. Goods available for sale (sum of lines 34-38)	40.			
41. Inventory - End of year	41.			

Projection date: April 12, 2026

Name

Taxpayer Identification Number

		2025	2026	Differences	
		MFS	SGL		
Income	Filing Status				
	Dependents				
	1. Salaries and wages	1.			
	2. Interest income	2.	1,701	1,701	
	3. Dividend income	3.			
	4. Taxable state/local refunds	4.			
	5. Alimony received	5.			
	6. Business income/loss	6.	26,479	26,479	
	7. Capital gain/loss	7.			
	8. Other gains/losses	8.			
	9. Taxable IRA distributions	9.			
	10. Taxable pensions and annuities	10.	100,823	100,823	
	11. Schedule E income/loss	11.	574,975	40,000	-534,975
	12. Farm income/loss	12.			
	13. Unemployment benefits	13.			
	14. Taxable social security benefits	14.	39,823	40,938	1,115
15. Other income	15.				
	16. Total income	16.	743,801	209,941	-533,860
Adjustments	17. Moving expenses	17.			
	18. Deductible part of self-employment tax	18.	18,972	5,126	-13,846
	19. SEP/SIMPLE/Qualified plans deductions	19.			
	20. Self-employed health insurance deduction	20.	5,892	5,892	
	21. Penalty on early withdrawal of savings	21.			
	22. Alimony paid	22.			
	23. IRA deductions	23.			
	24. Student loan interest deduction	24.			
	25. Other adjustments	25.			
		26. Adjusted gross income	26.	718,937	198,923
Deductions	27. Medical	27.		20,252	20,252
	28. State/local income or sales taxes	28.	5,886	5,886	
	29. Real estate taxes	29.	7,630	7,630	
	30. Personal property taxes	30.	806	806	
	31. Total State/Local taxes. Add lines 28 - 30	31.	14,322	14,322	
	32. State/Local taxes allowed. (From Itemized Deductions State/Local Taxes Phaseout Worksheet, Line 6).	32.	5,000	14,322	9,322
	33. Other taxes	33.			
	34. Interest	34.	39,012	39,012	
	35. Contributions	35.	8,687	8,687	
	36. Casualty losses from a federally declared disaster	36.			
	37. Miscellaneous expenses (including qualified disaster loss)	37.			
	38a. Itemized deductions before limitation	38a.		82,273	
	38b. Allowable itemized deductions	38b.	52,699	82,273	29,574
	39a. Standard deduction	39a.	17,350	18,150	800
	39b. Charitable contributions if standard deduction	39b.			
	40a. Deduction taken	40a.	Itemized 52,699	Itemized 82,273	29,574
	40b. Sch 1 - A Deductions	40b.			
	41. Subtract line 40 from line 26	41.	666,238	116,650	-549,588
	42. Qualified business income deduction	42.	206	206	
43. Taxable income	43.	666,032	116,444	-549,588	

Form 1040	Federal Tax Projection Worksheet 2 - Tax Computation Projection date: April 12, 2026	2025 & 2026
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Name [REDACTED]	Taxpayer Identification Number [REDACTED]
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		2025	2026	Differences
Filing Status		MFS	SGL	
T a x C o m p u t a t i o n	44. Taxable income from TPW page 1, line 43	44. 666,032	116,444	-549,588
	45. Tax on taxable income	45. 208,463	20,545	-187,918
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.		
	47. Alternative minimum tax	47.		
	48. Add lines 45, 46, and 47	48. 208,463	20,545	-187,918
	49. Foreign tax credit	49.		
	50. Child and dependent care credit	50.		
	51. Education credits	51.		
	52. Retirement savings credit	52.		
	53. Credit for the elderly	53.		
	54. Child tax credit/credit for other dependents	54.		
	55. Energy Efficient Home Improvement Credit	55. 2,000		-2,000
	56. Previously owned clean vehicles credit (Form 8936)	56.		
	57. New clean vehicles credit (Form 8936)	57.		
	58. Mortgage interest credit	58.		
	59. D.C. first-time homebuyer credit	59.		
	60. Residential Clean Energy Credit	60.		
	61. Adoption credit	61.		
	62. General business credit	62.		
	63. Prior year minimum tax credit	63.		
	64. Other credits	64.		
	65. Total credits	65. 2,000		-2,000
	66. Net tax liability	66. 206,463	20,545	-185,918
	67. Self-employment tax	67. 37,944	11,784	-26,160
	68. Tax on unreported tips	68.		
	69. Tax on IRA or qualified plans	69.		
	70. Household employment taxes	70.		
	71. Reserved	71.		
	72. Reserved	72.		
	73. Additional Medicare Tax	73. 3,874	0	-3,874
	74. Net Investment Income Tax	74. 64		-64
	75. Other taxes	75.		
	76. Total tax	76. 248,345	32,329	-216,016
	77. Income tax withheld	77. 10,743	10,743	
	78. Estimated tax payments	78. 40,000	21,600	-18,400
	79. Earned income credit	79.		
	80. Additional child tax credit	80.		
	81. Reserved	81.		
	82. Reserved	82.		
	83. Other payments	83.		
	84. Total payments	84. 50,743	32,343	-18,400
	85. Net tax due/-refund	85. 197,602	-14	-197,616
	86. Marginal Tax Rate - Ordinary Income	86. 37.0 %	24.0 %	
	87. Marginal Tax Rate - Capital Income	87. %	%	
	88. Effective Tax Rate	88. 37.0 %	28.0 %	

Name

Taxpayer Identification Number

2026 Itemized Deductions State/Local Taxes Phaseout Worksheet

1. Enter the amount from TPW, line 26 without any Sec. 911, 931, and 933 exclusions	1.	198,923
2. Subtract \$505,000 (\$252,500 if MFS) from line 1.	2.	0
3. Multiple line 2 by 30%.	3.	
4. Subtract line 3 from \$40,400. Enter the greater of the result or \$10,100 (half of the amount, if MFS).	4.	40,400
5. Total State/Local Taxes from TPW, line 31	5.	14,322
6. Enter the lesser of line 4 or line 5 here and on TPW, line 32.	6.	14,322

2026 Deductions for working Americans and seniors

1. Enter the amount from TPW, line 26 without any Sec. 911, 931, and 933 exclusions	1.	198,923	
2. Subtract \$150,000 (\$300,000 if MFJ) from line 1. Round down to the nearest \$1,000	2.	48,000	
3. Multiple line 2 by 10%	3.	4,800	
4. Enter amount of qualified tips	4.		
5. If line 4 is greater than line 3, subtract line 3 from line 4. Otherwise, enter 0. This is the deduction for qualified tips.	5.		0
6. Enter amount of qualified overtime	6.		
7. If line 6 is greater than line 3, subtract line 3 from line 6. Otherwise, enter 0. This is the deduction for qualified overtime.	7.		0
8. Subtract \$100,000 (\$200,000 if MFJ) from line 1. Round up to the nearest \$1,000.	8.	99,000	
9. Multiple line 8 by 20%	9.	19,800	
10. Enter the amount of qualified car loan interest	10.		
11. If line 10 is greater than line 9, subtract line 9 from line 10. Otherwise, enter 0. This is the deduction for qualified car loan interest	11.		0
12. Subtract \$75,000 (\$150,000 if MFJ) from line 1.	12.	123,923	
13. Multiple line 12 by 6%	13.	7,435	
14. Enter \$6,000 for each of taxpayer or spouse 65 or older.	14.	6,000	
15. Subtract line 13 amount from line 14 for each qualified taxpayer. This is the deduction for seniors	15.		0
16. Deduction for working Americans and seniors. Add lines 5, 7, 11, and 15. Enter the result on TPW, line 40b.	16.		0

2026 Itemized Deductions Worksheet

1. Total itemized deductions before limit.	1.	82,273
2. Taxable income before itemized deductions. Enter the amount from TPW, line 26 - line 42 - line 40b	2.	198,717
3. Income Phaseout limit (Start of 37% bracket for filing status)	3.	640,600
4. Excess income over limit. Subtract line 3 from line 2. If the result is zero, stop here ; enter the amount from line 1 above on line 7.	4.	
5. Enter the lesser of line 1 or line 4.	5.	
6. Reduction amount. Line 5 multiplied by (2/37).	6.	
7. Allowable itemized deductions. Subtract line 6 from line 1. Enter the result here and on TPW, line 38b.	7.	82,273

Name

Taxpayer Identification Number

Additional Medicare Tax (Form 8959)

1. Taxpayer medicare wages and tips from Form W-2, box 5	1.		
2. Spouse medicare wages and tips from Form W-2, box 5	2.		
3. Taxpayer self-employment income from Schedule SE, Part I, line 6	3.	555,443	
4. Spouse self-employment income from Schedule SE, Part I, line 6	4.		
5. Total earned income	5.		555,443
6. Enter \$200,000 (\$250,000 if married filing jointly, \$125,000 if married filing separately)	6.		200,000
7. Earned income subject to the Additional Medicare Tax. Subtract line 6 from line 5. If zero or less, enter -0-	7.		355,443
8. Additional Medicare Tax on Earned Income. Multiply line 7 by 0.9% (0.009) and enter on the Tax Projection Worksheet line 73	8.		3,199

Additional Medicare Tax Withholding (From Form(s) W-2). Enter on the Tax Projection Worksheet, line 77, income tax withheld

Tax on Net Investment Income (Form 8960)

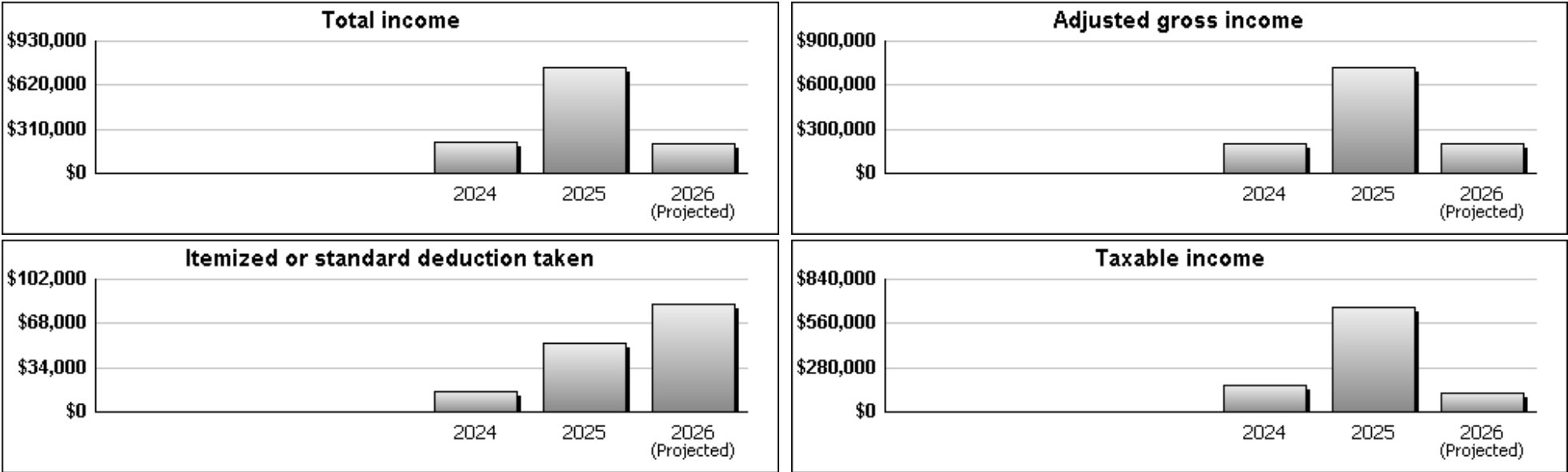
1. Taxable interest	1.	1,701
2. Ordinary dividends	2.	
3. Annuities	3.	
4. Rental real estate, royalties, partnerships, S Corps, trusts, trades or businesses	4.	40,000
5. Net gains on disposition of property (other than property held in an active trade or business)	5.	
6. Reserved	6.	
7. Other modifications to investment income	7.	
8. Total investment income. Combine lines 1 through 7	8.	41,701
9. Adjusted gross income	9.	198,923
10. Foreign earned income exclusion	10.	
11. Deductions allocable to excluded income	11.	
12. Subtract line 11 from line 10	12.	
13. Modified adjusted gross income. Add lines 9 and 12	13.	198,923
14. Enter \$200,000 if single or head of household; \$250,000 if married filing jointly or qualifying surviving spouse; \$125,000 if married filing separately	14.	200,000
15. Subtract line 14 from line 13. If zero or less, enter -0-	15.	0
16. Enter the smaller of line 8 or line 15. If zero or less, enter -0-	16.	0
17. Net Investment Income Tax. Multiply line 16 by 3.8% (.038) and enter on the Tax Projection Worksheet line 74	17.	

Name

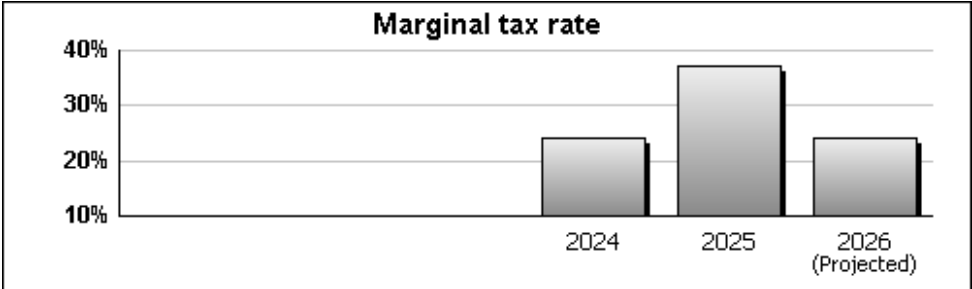
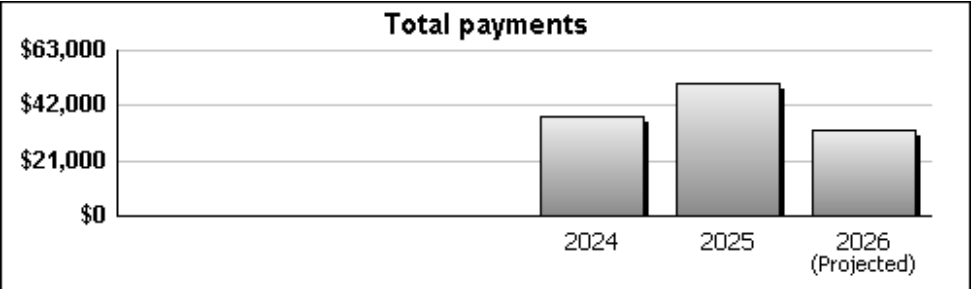
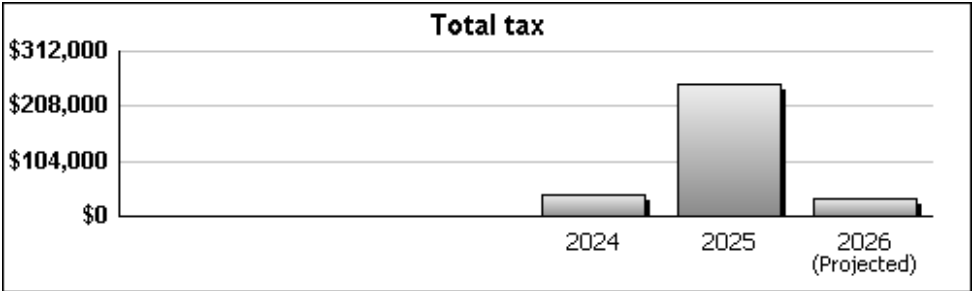
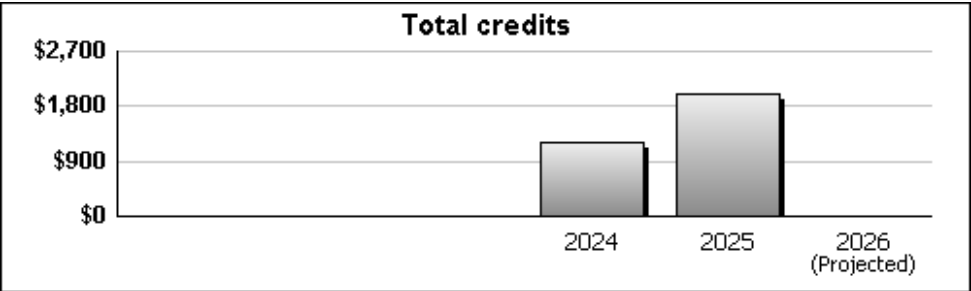
Taxpayer Identification Number

			2024	2025	2026 Projected
Filing Status			MFS	MFS	SGL
Salaries and wages					
Interest income			22	1,701	1,701
Dividend income					
Business income/loss			57,494	26,479	26,479
Capital gains/losses					
Other gains/losses					
IRA distributions, pensions, annuities			49,803	100,823	100,823
Rent, royalty, farm rental income					40,000
Partnership/S corp income			85,997	574,975	*
Estate or trust income					*
Farm income/loss					
Other income/loss			25,440	39,823	40,938
Total income			218,756	743,801	209,941
Total adjustments			12,781	24,864	11,018
Adjusted gross income			205,975	718,937	198,923
Allowable itemized deductions			8,513	52,699	82,273
Standard deduction			16,150	17,350	18,150
Itemized or standard deduction taken			16,150	52,699	82,273
Additional deductions (Schedule 1-A)					
Taxable income before QBID			189,825	666,238	116,650
Qualified business income deduction			26,142	206	206
Taxable income			163,683	666,032	116,444

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



Name				Taxpayer Identification Number		
				2024	2025	2026 Projected
Taxable income				163,683	666,032	116,444
Tax on taxable income and Form 8962				32,326	208,463	20,545
Alternative minimum tax						
Total credits				1,200	2,000	
Net tax liability				31,126	206,463	20,545
Self-employment taxes				8,124	37,944	11,784
Other taxes				1	3,938	
Total tax				39,251	248,345	32,329
Income tax withheld				3,185	10,743	10,743
Estimated tax payments				34,395	40,000	21,600
Other payments						
Total payments				37,580	50,743	32,343
Total due/-refund				1,671	197,602	-14
Penalties and interest						
Net tax due/-refund				1,671	197,602	-14
Refund applied to estimated tax payments						
Refund received						
Marginal tax rate	%	%	%	24.0 %	37.0 %	24.0 %
Effective tax rate	%	%	%	24.0 %	37.0 %	28.0 %



Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2025
Name [REDACTED]		Taxpayer Identification Number [REDACTED]

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status	Married filing separate	Tax Pct	Total Tax (ln 27) divided Total Taxable Income (ln 19)	31.0 %
Tax Method	Tax rate schedule			

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:		
Tax using capital gains rates	Tax using Ordinary rates	Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	666,032	37.0 %	208,463	\$375,800 +	
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates		(a) Taxable Income	(b) Tax*
1. 10% rate	Maximum taxable income per this bracket: \$11,925	1a. 11,925	1b. 1,193
2. 12% rate	Maximum taxable income per this bracket: \$36,550	2a. 36,550	2b. 4,386
3. 22% rate	Maximum taxable income per this bracket: \$54,875	3a. 54,875	3b. 12,072
4. 24% rate	Maximum taxable income per this bracket: \$93,950	4a. 93,950	4b. 22,548
5. 32% rate	Maximum taxable income per this bracket: \$53,225	5a. 53,225	5b. 17,032
6. 35% rate	Maximum taxable income per this bracket: \$125,275	6a. 125,275	6b. 43,846
7. 37% rate	No maximum taxable income per this bracket	7a. 290,232	7b. 107,386
8. Total ordinary taxable income and ordinary tax.	Add lines 1 through 7	8a. 666,032	8b. 208,463

Income taxed at capital gains rates			
9. 0% capital gains rate		9a.	9b.
10. 15% capital gains rate		10a.	10b.
11. 20% capital gains rate		11a.	11b.
12. 25% capital gains rate	Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate	Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax.	Add lines 9 through 13	14a.	14b.

Total taxable income			
15. Total ordinary taxable income. Enter the amount from line 8a.		15.	666,032
16. Total capital gains taxable income. Enter the amount from line 14a.		16.	
17. Add lines 15 and 16.		17.	666,032
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		18.	
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.		19.	666,032

Total tax			
20. Total ordinary tax. Enter the amount from line 8b.		20.	208,463
21. Total capital gains tax. Enter the amount from line 14b.		21.	
22. Tax on child's interest and dividend.		22.	
23. Tax on lump-sum distribution.		23.	
24. Other taxes.		24.	
25. Add lines 20 through 24.		25.	208,463
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.		26.	
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.		27.	208,463

Form 1040	Reconciliation Worksheet - Projected Taxable Income & Tax	2026
Name [REDACTED]		Taxpayer Identification Number [REDACTED]

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2026 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Single** Tax Pct Total Tax (ln 24) divided by Total Taxable Income (ln 19) **18.0 %**
Tax Method **Tax Rate Schedules**

☐ Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:		
☐ Tax using capital gains rates	☐ Tax using Ordinary rates	☐ Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	116,444	24.0 %	20,545	\$105,700 - \$201,775	85,331
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
Projected Income taxed at ordinary rates		
1. 10.0% rate Maximum taxable income per this bracket: \$12,400	1a. 12,400	1b. 1,240
2. 12.0% rate Maximum taxable income per this bracket: \$38,000	2a. 38,000	2b. 4,560
3. 22.0% rate Maximum taxable income per this bracket: \$55,300	3a. 55,300	3b. 12,166
4. 24.0% rate Maximum taxable income per this bracket: \$96,075	4a. 10,744	4b. 2,579
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 116,444	8b. 20,545

Projected Income taxed at capital gains rates		
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 116,444	
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17. 116,444	
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19. 116,444	

Total projected tax		
20. Total ordinary tax. Enter the amount from line 8b.	20. 20,545	
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22. 20,545	
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.	
24. Total projected 2026 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24. 20,545	

Alabama Individual Return Summary
Tax Year 2025

Income and Adjustments

Salaries and wages	
Interest and dividends	1,701
Alimony received	
Business income	26,479
Gain/loss from sales	
IRA/Pension distribution	44,000
Rent/Royalty/K-1	574,975
Farm income	
Other income	
Total income	647,155
Adjustments	5,892
Adjusted gross income	641,263

Deductions

Itemized deductions ☒	Standard deduction ☐	73,779
Federal tax deduction		206,527
Exemptions		1,500
Taxable income		359,457

Tax, Payments, and Credits

Income tax	17,931
Nonrefundable credits	
Use tax	
Political contributions	
Total tax liability	17,931
Income tax withheld	
Estimated tax payments	4,760
Paid with extension	
Refundable credits	
Credit from taxed pass-through entities	
Amended return original payment or refund	
Overpayment applied to next year	
Contributions	
Amount due/refund	13,171

Refund/Amount Due

Underpayment of estimates penalty	
Late filing interest	
Failure to file penalty	
Failure to pay penalty	
Net amount due/refund	13,171

Miscellaneous Information

Tax form	Form 40
Residency type	Resident
Direct debit withdrawal date	
Amended return	☐
Marginal tax rate	5.000 %
Effective tax rate	4.988 %

2026 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total estimates	



For the year Jan. 1 - Dec. 31, 2025, or other tax year:

Beginning:

Ending:

Your social security number

Spouse's SSN if joint return

Check if primary is deceased

Check if spouse is deceased

Primary's deceased date (mm/dd/yyyy)

Spouse's deceased date (mm/dd/yyyy)

Your first name

Initial

Last name

Spouse's first name

Initial

Last name

Present home address (number and street or P.O. Box number)

CHECK BOX IF AMENDED RETURN

City, town, or post office

State

ZIP code

Check if address is outside U.S.

Foreign Country

Filing Status/

1

\$1,500 Single

3

\$1,500 Married filing separate.

Complete Spouse SSN

NRA

Exemptions

2

\$3,000 Married filing joint

4

\$3,000 Head of Family (with qualifying person). Complete Sch. HOF

Income

and

Adjustments

5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)

A - Alabama tax withheld

B - Income

5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):

5a

5b

6 Interest and dividend income (also attach Schedule B if over \$1,500)

6

1,701

7 Other income (from page 2, Part I, line 8)

7

645,454

8 Total income. Add amounts in the income column for line 5b through line 7

8

647,155

9 Total adjustments to income (from page 2, Part II, line 16)

9

5,892

10 Adjusted gross income. Subtract line 9 from line 8

10

641,263

Deductions

Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.

Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)

a Itemized Deductions b Standard Deduction

12 Federal tax deduction (see instructions)

11

73,779

DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)

12

206,527

13 Personal exemption (from line 1, 2, 3, or 4)

13

1,500

14 Dependent exemption (from page 2, Part III, line 2)

14

15 Total deductions. Add lines 11, 12, 13, and 14

15

281,806

16 Taxable income. Subtract line 15 from line 10

16

359,457

17 Income Tax due. Enter amount from tax table or check if from Form NOL-85A

17

17,931

18 Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 17

18

17,931

19 Additional taxes (from Schedule ATP, Part I, Line 3)

19

20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:

a Alabama Democratic Party

\$1

\$2

none

20a

b Alabama Republican Party

\$1

\$2

none

20b

21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b

21

17,931

22 Alabama income tax withheld (from column A, line 5a)

22

23 2025 estimated tax payments/Automatic Extension Payment

23

4,760

24 Amended Returns Only - Previous payments (see instructions)

24

25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F6

25

26 Payments from Schedule CP, Section B, Line 1

26

27 Total payments. Add lines 22, 23, 24, 25, and 26

27

4,760

28 Amended Returns Only - Previous refund (see instructions)

28

29 Adjusted Total Payments. Subtract line 28 from line 27

29

4,760

AMOUNT YOU OWE

30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE.

30

Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

13,171

31 Penalties (from Schedule ATP, Part II, line 3) (see instructions)

31

OVERPAID

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID

32

33 Amount of line 32 to be applied to your 2026 estimated tax

33

Donations

34 Total Donation Check-offs from Schedule DC, line 2

34

REFUND

35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)

If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32

35

For Direct Deposit, check here and complete Part V, Page 2.



PART I Other Income (See instructions)	1	Alimony received	• 1	
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	• 2	26,479
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	• 3	
	4	Retirement Income (attach Schedule RS)	• 4	44,000
	5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	• 5	574,975
	6	Farm income or (loss) (attach Federal Schedule F)	• 6	
	7	Other income (state nature and source — see instr.)	• 7	
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	• 8	645,454
PART II Adjustments to Income (See instructions)	1a	Your IRA deduction	• 1a	
	b	Spouse's IRA deduction	• 1b	
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	• 2	
	3	Penalty on early withdrawal of savings	• 3	
	4	Alimony paid. Recipient's last name _____ SSN • _____	• 4	
	5	Adoption expenses	• 5	
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	• 6	
	7	Self-employed health insurance deduction	• 7	5,892
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	• 8	
	9	Health insurance deduction for small employer employee (see instructions)	• 9	
	10	Costs to retrofit or upgrade home to resist wind or flood damage	• 10	
	11	Deposits to a catastrophe savings account	• 11	
	12	Contributions to a health savings account	• 12	
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	• 13	
	14	Firefighter's Insurance Premium	• 14	
	15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	• 15	
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	• 16	5,892	
PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	• 1	
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	• 2	
PART IV General Information	1	Residency Check only one box ☒ Full Year • ☐ Part Year From _____ 2025 through _____ 2025.		
	2	Did you file an Alabama income tax return for the year 2024? • ☒ Yes • ☐ No If no, state reason _____		
	3	Give name and address of present employer(s). Yours _____ Your Spouse's _____		
	4	Enter the Federal Adjusted Gross Income • \$ 718,937 and Federal Taxable Income • \$ 666,032 as reported on your 2025 Federal Individual Income Tax Return.		
	5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? • ☒ Yes • ☐ No If yes, enter source(s) and amount(s) below: (other than state income tax refund)		
(See instructions)	Source	• Taxable Social Security	Amount •	39,823
	Source	• Nontaxable retirement distributions	Amount •	50,823
PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)			
	1	Routing Number: _____	2	Type: ☐ Checking ☐ Savings
Drivers License Info	3 Account Number: _____			
	4	Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No		
	DOB (mm/dd/yyyy) • _____	Your state • _____	DL# • _____	Iss date (mm/dd/yyyy) • _____
	DOB (mm/dd/yyyy) • _____	Spouse state • _____	DL# • _____	Iss date (mm/dd/yyyy) • _____
Sign Here In Black Ink Keep a copy of this return for your records.	• ☒ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.			
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Your Signature _____	Date _____	Daytime Telephone Number _____	Your Occupation _____
	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
	Preparer's Signature _____	Date _____	Check if Self-employed ☐	Preparer's SSN or PTIN _____
	Firm's Name (or yours if self employed) _____	04/12/26	E.I. Number _____	Daytime Telephone No. _____
Address _____		ZIP Code _____		

SCHEDULES
A, B, & DC
(FORM 40)



Alabama Department of Revenue
Schedule A—Itemized Deductions

2025

(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 [REDACTED]	Your social security number [REDACTED]
---	---

The itemized deductions you may claim for the year 2025 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

	<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
Medical and Dental Expenses	1 Medical and dental expenses.	1	35,171	00	
	2 Enter amount from Form 40, line 10. 2 641,263			00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.	3	25,651	00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.				4 9,520 00
Taxes You Paid	5 Real estate taxes.	5	7,630	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	8,124	00	
	7 Railroad Retirement (Tier 1 only).	7		00	
	8 Other taxes. (List — include personal property taxes.) Personal property taxes	8	806	00	
	9 Add the amounts on lines 5 through 8. Enter the total here.				9 16,560 00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.	10a	39,012	00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) 10b			00	
	11 Vehicle loan interest (see instructions). If more than 2 VINs, see instructions.				
	a • Date new vehicle purchased: _____ Vehicle VIN: 11a _____			00	
	b • Date new vehicle purchased: _____ Vehicle VIN: 11b _____			00	
	c Qualified vehicle loan interest. Enter the amount from line 8 of the Qualified loan interest worksheet in Form 40 instruction booklet 11c			00	
	12 Points not reported to you on Form 1098.	12		00	
	13 Investment interest. (Attach Form 4952A.)	13		00	
	14 Add the amounts on lines 10a, 10b, 11c, 12 and 13. Enter the total here				14 39,012 00
	Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>			
15 Contributions by cash or check (If more than \$250, see instructions)		15	3,388	00	
16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)		16	5,299	00	
17 Carryover from prior year.		17		00	
	18 Add the amounts on lines 15 through 17. Enter the total here.				18 8,687
Casualty and Theft Loss (Attach Form 4684)	19a Enter the loss from Federal Form 4684, either A ☐ line 15, or B ☐ line 16	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.	19b		00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-.				19c 0 00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. 20			00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. 21			00	
	22 Add the amounts on lines 20 and 21. Enter the total.	22		00	
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23		00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.				24 0 00
Other Miscellaneous Deductions	25 Other (from list in the instructions). List type and amount. 25				25 0 00
Qualified Long-Term Care Ins. Premiums	<i>CAUTION: Do not include medical premiums.</i> 26 Enter amount here.				26 00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions				27 73,779 00



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on other side)

Your social security number

SCHEDULE B – Interest And Dividend Income

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions.

List Payers and Amounts		A Exempt Interest	B Taxable Interest and Dividends
1 I N T E R E S T		00	1,701 00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
2 D I V I D E N D S			00
			00
			00
			00
			00
			00
			00
			00
3 TOTAL TAXABLE INTEREST AND DIVIDENDS		3	1,701 00

SCHEDULE DC – Donation Check-Offs

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	1a	00	j Alabama Veterinary Medical Foundation	1j	00
b Alabama Arts Development Fund	1b	00	Spay-Neuter Program		
c Alabama Nongame Wildlife Fund	1c	00	k Cancer Research Institute	1k	00
d Child Abuse Trust Fund	1d	00	l Children First Trust Fund	1l	00
e Alabama Veterans Program	1e	00	m State Parks Division of the Department of		
f Foster Care Trust Fund	1f	00	Conservation and Natural Resources	1m	00
g Mental Health	1g	00	n Department of Mental Health – 2023	1n	00
h Alabama Breast & Cervical Cancer Program	1h	00	o Alabama Medicaid Agency	1o	00
i Alabama Military Support Foundation	1i	00			

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, and o. Enter here and on Form 40, page 1, line 34



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2025

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

PART I Additional Taxes

- | | | |
|---|-----|---|
| 1 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box • ☒ | • 1 | 0 |
| 2 Catastrophe savings tax (see instructions) | • 2 | |
| 3 Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19 | • 3 | |

PART II Penalties

- | | | |
|--|-----|--|
| 1 Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box • ☐ | • 1 | |
| 2 First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4) | • 2 | |
| 3 Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31 | • 3 | |



SCHEDULE
E
(FORM 40)



Alabama Department of Revenue
Supplemental Income and Loss **2025**

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ **ATTACH TO FORM 40.** ▶ **SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).**

Name(s) shown on return

Your social security number

PART I

Income or Loss From Rental Real Estate and Royalties

Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each **Rental Real Estate Property**:

A

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:

• 14 days, or

• 10% of the total days rented at fair rental value?

	Yes	No
A		
B		
C		

Income:	Properties						Totals	
	A		B		C		(Add Columns A, B, and C)	
3 Rents received	3	00	00	00	00	00	3	00
4 Royalties received	4	00	00	00	00	00	4	00
Expenses:								
5 Advertising	5	00	00	00	00	00		
6 Auto and travel	6	00	00	00	00	00		
7 Cleaning and maintenance	7	00	00	00	00	00		
8 Commissions	8	00	00	00	00	00		
9 Insurance	9	00	00	00	00	00		
10 Legal and other professional fees	10	00	00	00	00	00		
11 Management fees	11	00	00	00	00	00		
12 Mortgage interest	12	00	00	00	00	00	12	00
13 Other interest	13	00	00	00	00	00		
14 Repairs	14	00	00	00	00	00		
15 Supplies	15	00	00	00	00	00		
16 Taxes	16	00	00	00	00	00		
17 Utilities	17	00	00	00	00	00		
18 Other (list) ▶	18	00	00	00	00	00		
		00	00	00	00	00		
		00	00	00	00	00		
		00	00	00	00	00		
19 Add lines 5 through 18	19	00	00	00	00	00	19	00
20 Depreciation expense or depletion	20	00	00	00	00	00	20	00
21 Total expenses. Add lines 19 and 20	21	00	00	00	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	00	00	00	00	00		
23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here	23						23	00

PART II **Income from Partnerships, S Corporations, Estates, and Trusts**

(g) Name and Address	(h) Check One	Partner-ship	Estate or Trust	S Corp.	(i) Employer Identification Number	(j) Amount
.....						
.....	X					574,975 00
.....						00
.....						00
.....						00

24 **TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS.** Add the amounts in column (j). Enter the total here and include on line 25 below. ▶ **24** **574,975 00**

25 **TOTAL INCOME OR (LOSS).** Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 5 ▶ **25** **574,975 00**



SCHEDULE
RS

(FORM 40 OR
FORM 40NR)



2025



Alabama Department of Revenue
Retirement Schedule
ATTACH TO FORM 40 OR FORM 40NR

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

Schedule RS must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements (Form 1099-R) to your return.

PART I Retirement Distribution(s) Exempt from Alabama Income									
	A FEIN	B IRA	C Distribution Code(s)	D Account Number	E Gross Distribution	F State Code	G State ID	H Alabama Withheld	I Reason Exempt
• 1									
• 2									
• 3									
• 4									
• 5									
• 6									
• 7									
• 8	ALABAMA TAX WITHHELD from Retirement Distribution(s) Exempt from Alabama Income. Total lines 1-7, Column H and enter the amount here and Part 5, line 1 .								
PART II Primary's Fully or Partially Taxable Retirement Distributions									
	A FEIN	B IRA	C Distribution Code(s)	D Account Number	E Gross Distribution	F State Code	G State ID	H Alabama Withheld	I Taxable to Alabama
• 1			7		50,000				50,000
• 2									
• 3									
• 4									
• 5									
• 6									
• 7									
• 8	ALABAMA TAX WITHHELD from Primary's Fully or Partially Taxable Retirement Distributions. Total lines 1-7, Column H and enter the amount here and Part 5, line 2								
• 9	RETIREMENT INCOME TAXABLE TO ALABAMA. Total lines 1-7, Column I and enter the amount here								50,000
• 10	RETIREMENT EXCLUSION. Is the primary taxpayer 65 or older and receives taxable retirement? • ☒ Yes • ☐ No If "Yes", each taxpayer is eligible up to \$6,000 not to exceed the Retirement Income Taxable to Alabama on line 9. If "No", you do not qualify for this exclusion. Stop and go to line 11. (See instructions for more information)								6,000
• 11	Primary's Alabama Taxable Retirement Distribution. Subtract line 10 from line 9. Enter the amount here and on Part 4, line 1								44,000



Alabama Department of Revenue
Retirement Schedule
ATTACH TO FORM 40 OR FORM 40NR

ALABAMA SCHEDULE RS – 2025

PAGE 2

PART III Spouse's Fully or Partially Taxable Retirement Distributions									
	A	B	C	D	E	F	G	H	I
	FEIN	IRA	Distribution Code(s)	Account Number	Gross Distribution	State Code	State ID	Alabama Withheld	Taxable to Alabama
• 1									
• 2									
• 3									
• 4									
• 5									
• 6									
• 7									
• 8	ALABAMA TAX WITHHELD from Spouse's Fully or Partially Taxable Retirement Distributions. Total lines 1-7, Column H and enter the amount here and Part 5, line 3								
• 9	RETIREMENT INCOME TAXABLE TO ALABAMA. Total lines 1-7, Column I and enter the amount here								
• 10	RETIREMENT EXCLUSION. Is the spouse 65 or older and receives taxable retirement? • ☐ Yes • ☒ No If "Yes", each taxpayer is eligible up to \$6,000 not to exceed the Retirement Income Taxable to Alabama on line 9. If "No", you do not qualify for this exclusion. Stop and go to line 11. (See instructions for more information)								
• 11	Spouse's Alabama Taxable Retirement Distribution. Subtract line 10 from line 9. Enter the amount here and on Part 4, line 2								
PART IV Total Alabama Taxable Retirement Distribution									
• 1	Primary's Alabama Taxable Retirement Distribution. Enter the amount from Part 2, line 11							44,000	
• 2	Spouse's Alabama Taxable Retirement Distribution. Enter the amount from Part 3, line 11								
• 3	Total Alabama Taxable Retirement Distribution. Add lines 1 and 2. Enter the amount here and on Form 40, Page 2, Part 1, Line 4 or Form 40NR, Page 2, Part 1, Line 3, Column B							44,000	
PART V Alabama Tax Withheld									
• 1	Alabama tax withheld from Retirement Distribution(s) Exempt from Alabama Income. Enter the amount from Part 1, line 8								
• 2	Primary's Alabama tax withheld from a taxable retirement distribution. Enter the amount from Part 2, line 8								
• 3	Spouse's Alabama tax withheld from a taxable retirement distribution. Enter the amount from Part 3, line 8								
• 4	Total Alabama Tax Withheld from a 1099-R. Add lines 1, 2, and 3. Enter the amount here and include in the amount on Schedule W-2, line 17								

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue ServiceRecomputed for Alabama
Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

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

B Enter code from instructions

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

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

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 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions

☐ Yes ☐ No

J If "Yes," did you or will you file required Form(s) 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	☐	1	39,576
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	39,576
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	39,576
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	39,576

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

8	Advertising	8		18	Office expense (see instructions)	18	3,168
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	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	4,204
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Int. (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	921
b	Other	16b		b	Deductible meals (see instructions)	24b	17
17	Legal and professional services	17	738	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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: 2300 and (b) the part of your home used for business: 300. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			27b	Other expenses (from line 48)	27b	2,549
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			30		30	1,500
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 Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			31		31	26,479
				32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025

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

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

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

43 When did you place your vehicle in service for business purposes? (month/day/year) **09/25/19**

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

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

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

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

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

b If "Yes," is the evidence written? ☒ Yes ☐ No

[illegible]

48	2,549
----	-------

Tax and Credits

11b Amount from line 11a (adjusted gross income) 11b 718,937

12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent

b ☒ Spouse itemizes on a separate return c ☐ You were a dual-status alien

d You: ☒ Were born before January 2, 1961 ☐ Are blind

Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

e Standard deduction or itemized deductions (from Schedule A) 12e 52,699

13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 206

b Additional deductions from Schedule 1-A, line 38 13b

14 Add lines 12e, 13a, and 13b 14 52,905

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 15 666,032

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 16 208,463

3 ☐ 17 Amount from Schedule 2, line 3 17

18 Add lines 16 and 17 18 208,463

19 Child tax credit or credit for other dependents from Schedule 8812 19

20 Amount from Schedule 3, line 8 20 2,000

21 Add lines 19 and 20 21 2,000

22 Subtract line 21 from line 18. If zero or less, enter -0- 22 206,463

23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 41,882

24 Add lines 22 and 23. This is your total tax 24 248,345

Standard Deduction for –

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2 25a

b Form(s) 1099 25b 10,743

c Other forms (see instructions) 25c

d Add lines 25a through 25c 25d 10,743

26 2025 estimated tax payments and amount applied from 2024 return 26 40,000

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

27a Earned income credit (EIC) 27a

b Clergy filing Schedule SE (see instructions) ☐

c If you do not want to claim the EIC, check here ☐

28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28

29 American opportunity credit from Form 8863, line 8 29

30 Refundable adoption credit from Form 8839, line 13 30

31 Amount from Schedule 3, line 15 31

32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 32

33 Add lines 25d, 26, and 32. These are your total payments 33 50,743

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34

35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐ 35a

b Routing number c Type: ☐ Checking ☐ Savings

d Account number

36 Amount of line 34 you want applied to your 2026 estimated tax 36

Direct deposit? See instructions.

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe. 37 197,602

For details on how to pay, go to www.irs.gov/Payments or see instructions.

38 Estimated tax penalty (see instructions) 38

Third Party Designee

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

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

Sign Here

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

Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no. Email address

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name Preparer's signature Date 04/12/26 PTIN Check if: ☐ Self-employed

Firm's name Phone no.

Firm's address Firm's EIN

Noncash Charitable Contributions
Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.
Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return [REDACTED]	Identifying number [REDACTED]
---	----------------------------------

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	[REDACTED]	☐	[REDACTED]
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	Various	Various	Purchase	15,897	5,299	[REDACTED]
B						
C						
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated. See instructions for definitions.

- | | | |
|--|---|--|
| a ☐ Art (contribution of \$20,000 or more) | d ☐ Other real estate | i ☐ Vehicles |
| b ☐ Qualified conservation contribution | e ☐ Equipment | j ☐ Clothing and household items |
| b(1) ☐ Certified historic structure
NPS # _____ | f ☐ Securities | k ☐ Digital assets |
| c ☐ Art (contribution of less than \$20,000) | g ☐ Collectibles | l ☐ Other |
| | h ☐ Intellectual property | |

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

Name

Taxpayer Identification Number

Federal Income Tax Deduction Worksheet - Form 40 Line 12 or Form 40NR Line 4 Part IV

- | | |
|---|-------------------|
| 1. Enter the tax as shown on line 22 of Form 1040 or line 22 of Form 1040NR | 1. <u>206,463</u> |
| 2. Net Investment Income Tax. Enter amount from line 17, Form 8960 | 2. <u>64</u> |
| 3. Federal Tax. Add lines 1 and 2 | 3. <u>206,527</u> |
| 4. a Earned Income Credit (EIC).
Enter the amount from line 27 of Form 1040 | 4a. _____ |
| b Additional Child Tax Credit. Enter the amount from line 28 of Form 1040
or line 28 on Form 1040NR | 4b. _____ |
| c American Opportunity Credit.
Enter the amount from line 29 of Form 1040 | 4c. _____ |
| d Refundable Adoption Credit. Enter the amount from line 30 of Form 1040 | 4d. _____ |
| e Credits from Form 2439. Enter the amount from Schedule 3, Part II, line 13a of Form 1040 | 4e. _____ |
| 5. Add lines 4a, b, c, d, and e | 5. _____ |
| 6. Subtract line 5 from line 3 and enter on line 12 of Form 40 or line 4, Part IV, page 2 of Form 40NR
if neither worksheet below applies. If amount is negative enter zero | 6. <u>206,527</u> |

Ratio of Alabama AGI to Federal AGI (part-year returns only)

- | | |
|---|------------|
| 1. Alabama AGI (line 10 of Form 40) | 1. _____ |
| 2. Joint federal AGI (line 11 of Form 1040 or Form 1040NR) | 2. _____ |
| 3. Divide line 1 by line 2 | 3. _____ % |
| 4. Multiply line 6, above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero | 4. _____ |

Ratio of separate federal AGI to combined federal AGI (full year residents with a joint federal return and split or separate state returns)

- | | |
|---|------------|
| 1. Separate federal AGI (line 11 of Form 1040 or Form 1040NR) | 1. _____ |
| 2. Combined federal AGI (line 11 of Form 1040 or Form 1040NR) | 2. _____ |
| 3. Divide line 1 by line 2 | 3. _____ % |
| 4. Multiply line 6, above, by line 3 and enter on line 12 of Form 40. If amount is negative enter zero | 4. _____ |

Form AL40		Alabama Partner's Basis Worksheet Page 1		2025	
Name [REDACTED]			Taxpayer Identification Number [REDACTED]		
Activity Type Not Passive		EIN	[REDACTED]	K1 Unit	1

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1.	24,115
Increases to basis:		
2. Capital contributions: Cash	2.	
3. Capital contributions: Property (Adjusted basis)	3.	
4. Increase in share of partnership liabilities	4.	
5. Ordinary business income	5.	574,975
6. Net rental real estate income	6.	
7. Other net rental income	7.	
8. Interest	8.	
9. Dividends	9.	
10. Royalties	10.	
11. Net short-term capital gain	11.	
12. Net long-term capital gain	12.	
13. Net 28% rate capital gain	13.	
14. Net section 1231 gain and ordinary business gains	14.	
15. Tax-exempt interest and other income	15.	
16. Other income	16.	
17. Excess of deductions for depletion over basis of property (Other than oil and gas)	17.	
18. Other increases	18.	
19. Total increases to basis. Combined lines 2 through 18	19.	574,975
20. Adjusted basis before items decreasing basis. Add line 1 and line 19	20.	599,090
Decreases to basis:		
21. Distributions: Cash and marketable securities (Schedule K-1 (1065), Box 19 A)	21.	558,371
22. Distributions: Property (Adjusted basis) (Schedule K-1 (1065), Box 19 B)	22.	
23. Decrease in share of partnership liabilities	23.	See Statement
24. Total distributions. Combine lines 21 through 23	24.	561,972
25. Nondeductible non-capital expenses. (See Partner's Basis Worksheet Page 2)	25.	0
26. Oil and gas property depletion deduction up to adjusted basis of property	26.	
27. Other decreases	27.	
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27	28.	
29. Adjusted basis before items of loss or deductions (Subtract line 28 from line 20. Do not enter less than zero)	29.	37,118
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)	30.	
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)	31.	37,118

Gain Recognized on Distributions

32. Total distributions less property distributions. Subtract line 22 from line 24	32.	561,972
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.	33.	599,090
34. Gain recognized on excess distributions. (Subtract line 33 from line 32)	34.	0
• Schedule E page 2, ordinary income		
• Schedule D, short-term capital gain		
• Schedule D, long-term capital gain		
35. Gain recognized on appreciated property	35.	
36. Total gain recognized on distributions	36.	0

Form **AL-40****Alabama Schedule K-1 Reconciliation Worksheet****2025**

Name

Taxpayer Identification Number

Activity Name

Form

K-1

Unit

1

Address

EIN

	Current Year	Basis Adjustment	At-Risk Adjustment	Tax Return
AL Schedule E, Part II				
Schedule K1 Income:				
Ordinary income (loss)	574,975			
Rental real estate income (loss)				
Other rental income (loss)				
Guaranteed payments				
Royalties				
Short term capital gains (loss)				
Long term capital gains (loss)				
Other portfolio income (loss)				
Section 1231 and ordinary business gain (loss)				
Other income (loss), Schedule E				
Other income from 1040, line 21				
Total Schedule K1 Income	574,975			
Schedule K1 Deductions:				
Investment interest expense, Schedule E (Passive)				
Depreciation				
Section 179 expense deduction				
Expenses other than auto				
Royalty expenses				
Auto expenses				
Home office expense				
Other				
Total Schedule K1 Deductions				
Schedule K1 Net Income	574,975			574,975
AL Form 40				
Penalty for early w/d Page 2, Part II, Line 3				
AL Schedule A				
SE medical insurance premiums				0
Real estate taxes				
Charitable contributions				
Cash (60%) Schedule A, Line 14				
Cash (30%) Schedule A, Line 14				
Noncash 50% Schedule A, Line 15				
Noncash 30% Schedule A, Line 15				
Capital gain property to 50% Schedule A, Line 15				
Capital gain (20%) Schedule A, Line 15				
Portfolio income expense (Fed subj to 2% AGI)				
Portfolio income expense (Fed not subj to 2% AGI)				
AL Form 4952A				
Investment interest expense Form 4952A, Line 1				
Investment income adjustment Form 4952A, Line 4				
Investment expenses Form 4952A, Line 4				

Recomputed for Alabama

Form AL-40	Alabama Self-Employed Health Insurance Deduction Worksheet	2025
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Name of person with **self-employment** income (as shown on Form 1040)

Taxpayer Identification Number

Description	Form/Schedule	C	Unit number
1. Enter total payments made during the tax year for health insurance for you, your spouse and dependents	1.		5,892
2. For long-term care insurance, enter the lesser of total payments made, or limited amount based on age	2.		
3. Add the total of lines 1 and 2	3.		5,892
4. Enter your net profit and any other earned income from the trade or business under which the insurance plan is established. (If the business is an S corporation, skip to line 11.)	4.		26,479
5. Enter the total of all net profits from: line 31, Sch C; line 3, Sch C-EZ; line 34, Sch F; or box 14, Code A, Sch K-1 (Form 1065) plus any other income allocable to the profitable businesses. DO NOT include any net losses	5.		601,454
6. Divide line 4 by line 5	6.		0.0440
7. Multiply line 7a, by the percentage on line 6	7.		835
8. Subtract line 7b from line 4	8.		25,644
9. Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established	9.		
10. Subtract line 9 from line 8	10.		25,644
11. Enter your wages from your S corporation in which the health insurance plan is established	11.		
12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12.		
13. Subtract line 12 from line 10 or 11, whichever applies	13.		25,644
14. Enter the smaller of line 3 or line 13	14.		5,892
15. Self-employed health insurance market place premiums (first unit only)	15.		
16. Self-employed health insurance deduction. Add lines 14 and 15, enter total here and on Form AL 40, line 7. DO NOT include this amount in figuring any medical expense deduction on Schedule A	16.		5,892

Alabama Statements

Alabama Schedule A - Medical and Dental Expenses

Description	Amount
Medical & Dental Expenses	\$ 35,171
Total	\$ 35,171

Alabama Schedule A - Real Estate Taxes

Description	Amount
Mountain Woods	\$ 198
Sunset Bluff	1,514
Landsmere	5,918
Total	\$ 7,630

Alabama Schedule A - Home Mortgage Interest & Points from Form 1098

Description	Amount
Dovenmuehle Mortgage	\$ 36,447
Redstone Federa Credit Union	2,565
Total	\$ 39,012

Alabama Schedule A - Charitable Contributions by Cash or Check

Description	Amount
Misc Cash	\$ 3,388
Total	\$ 3,388

Alabama Schedule A - Charitable Contributions Other Than Cash or Check

Description	Amount
Form 8283 - 50% limit	\$ 5,299
Total	\$ 5,299

Alabama Statements

Business Coach

AL Federal Schedule C - Other Expenses

Description	Amount
Software Fees	\$ 420
Coaching	270
Dues & Subscriptions	1,299
Internet	560
Total	\$ 2,549

Alabama Statements

AL Partner's Basis Worksheet Pg 1 - Decrease in Share of Partnership Liabilities

Description	Amount	Amount
2025 Share of Partnership Liabilities (Sch K-1 (1065) Item L)	\$	\$
1. Nonrecourse		
2. Qualified nonrecourse financing		
3. Recourse	54	
4. 2025 Total share of partnership liabilities. Combine lines 1 through 3.		54
2024 Share of Partnership Liabilities (Sch K-1 (1065) Item L)		
5. Nonrecourse		
6. Qualified nonrecourse financing		
7. Recourse	3,655	
8. 2024 Total share of partnership liabilities. Combine lines 5 through 7.		3,655
9. Subtract line 8 from line 4		-3,601
10. Partnership liabilities assumed during the tax year		
11. Decrease in share of partnership liabilities. Combine lines 9 and 10.		-3,601

AL Asset Report

Business Coach

Asset	Description	Date In Service	Cost	Basis for Depr	AL Prior	AL Current	Federal Current	Difference Fed - AL
<u>Other Depreciation:</u>								
1	Home Office	7/05/2010	0	0	0	0	0	0
	Total Other Depreciation		0	0	0	0	0	0
	Total ACRS and Other Depreciation		0	0	0	0	0	0
<u>Listed Property:</u>								
2	Acura RDX	9/25/2019	46,540	5,306	20,639	0	0	0
			46,540	5,306	20,639	0	0	0
	Grand Totals		46,540	5,306	20,639	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		46,540	5,306	20,639	0	0	0

AL Future Depreciation Report FYE: 12/31/2026
Business Coach

Asset	Description	Date In Service	Cost	AL
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Other Depreciation:

1	Home Office	7/05/2010	0	0
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	Total Other Depreciation		0	0
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	Total ACRS and Other Depreciation		0	0
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Listed Property:

2	Acura RDX	9/25/2019	46,540	0
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			46,540	0
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	Grand Totals		46,540	0
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Form AL-40		Alabama Two Year Comparison Report		2024 & 2025	
Name			Taxpayer Identification Number		
Income			2024	2025	Differences
	1. Wages	1.			
	2. Interest and dividend income	2.	22	1,701	1,679
	3. Alimony	3.			
	4. Business income or loss	4.	58,290	26,479	-31,811
	5. Gain or loss from sales or exchanges	5.			
	6. Gain from sale of personal residence	6.			
	7. Taxable retirement income	7.		44,000	44,000
	8. Reserved	8.			
	9. Rents, royalties, partnerships	9.	85,997	574,975	488,978
	10. Farm income or loss	10.			
	11. Other income	11.			
12. Total income	12.	144,309	647,155	502,846	
Adjustments	13. IRA deductions	13.			
	14. Keogh/SEP deductions	14.			
	15. Penalty on early withdrawal of savings	15.			
	16. Alimony paid	16.			
	17. Adoption expenses	17.			
	18. Moving expenses	18.			
	19. SE Health insurance	19.	8,719	5,892	-2,827
	20. PACT or College education savings program	20.			
	21. Health insurance deduction for small employer employee	21.			
	22. Costs to upgrade home to resist flood damage	22.			
	23. Catastrophe savings account deposits	23.			
	24. Adjusted gross income	24.	135,590	641,263	505,673
Deductions	25. Medical	25.	9,726	9,520	-206
	26. Taxes	26.	1,803	16,560	14,757
	27. Interest	27.	1,267	39,012	37,745
	28. Contributions	28.	3,461	8,687	5,226
	29. Casualty losses	29.			
	30. Miscellaneous expense, Long-term care premiums	30.			
	31. Allowable itemized deductions	31.	16,257	73,779	57,522
	32. Standard deduction	32.			
	33. Federal tax liability deduction	33.	31,127	206,527	175,400
	34. Exemptions	34.	1,500	1,500	
	35. Taxable income	35.	86,706	359,457	272,751
Tax Computation	36. Tax	36.	4,298	17,931	13,633
	37. Credit for tax paid to other states	37.			
	38. Other refundable credits	38.			
	39. Consumer Use Tax	40.			
	40. Election contributions	41.			
	41. Total tax liability	42.	4,298	17,931	13,633
	42. Income tax withheld	43.			
	43. Estimates	44.	2,782	4,760	1,978
	44. Other payments	45.			
	45. Refundable credits	46.			
	46. Total payments	47.	2,782	4,760	1,978
	47. Tax due/-refund	48.	1,516	13,171	11,655
	48. Donation check-offs	49.			
	49. Penalties and interest	50.			
	50. Net tax due/-refund	51.	1,516	13,171	11,655
	51. Effective tax rate	52.	5%	5%	