



2024 Income Tax Returns

1040	Federal Return Summary	2024
Name		Taxpayer Identification Number

Tax Form 1040
Tax Method Used Tax Computation Wrk

Filing Status MFS
Dependents

Income	
Salaries & wages	
Taxable interest income	22
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	57,494
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	49,803
Rental, royalty, partnership, etc. income/-loss	85,997
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	25,440
Other income	
Total income	218,756

Tax Computation	
Regular tax	32,326
Excess advance premium tax credit	
Repayment clean vehicle transfers and other	
Alternative minimum tax	
Total tax before credits	32,326
Child and dependent care credit	
Education credits	
Other credits	1,200
Total credits	1,200
Tax after credits	31,126
Self-employment tax	8,124
Additional tax on IRAs, etc.	
Other taxes	1
Total tax	39,251

Payments	
Federal income tax withheld	3,185
Estimated payments	34,395
Other payments/credits	
Total payments	37,580

Refund/Amount Due	
Amount overpaid	
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	1,671
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	1,671

2025 Estimates	
1st quarter	10,000
2nd quarter	10,000
3rd quarter	10,000
4th quarter	10,000
Total Estimates	40,000

Tax Rates	
Marginal tax rate - Ordinary income*	24.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	24.0 %

Adjustments	
Moving expenses	
Deductible part of self-employment tax	4,062
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	8,719
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	12,781
Adjusted gross income	205,975

2025 Estimates	
1st quarter	10,000
2nd quarter	10,000
3rd quarter	10,000
4th quarter	10,000
Total Estimates	40,000

Deductions	
Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Standard deduction	16,150
Taxable income before Qual Bus Inc Ded (QBID)	189,825
QBID	26,142
Taxable income	163,683

Tax Rates	
Marginal tax rate - Ordinary income*	24.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	24.0 %

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

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare from information which you have furnished us federal and state income tax returns for the year 2024. Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions than the one(s) you have informed us of, and we are under no duty to review the information you provide to determine whether you may have a filing obligation with any other state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement. This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We may provide you with a questionnaire or other document requesting specific information. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

You should also know that IRS audit procedures will always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of your income tax return(s) does not include any procedures designed to discover defalcations and/or irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement, and you agree to compensate us for our services to the date withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you indicate otherwise, we will check the box that authorizes the IRS to discuss your return with us.

Our current policy is to keep records related to this engagement for seven years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the seven-year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the Internal Revenue Service. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please

consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

If we receive any request for the disclosure of privileged information from any third party, including a subpoena or Internal Revenue Service summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, attorney's fees, court cost, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on the tax return. Any proposed adjustments by the examining

agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

Fees for our services will be billed at the appropriate rate for the level and value of services rendered, plus out-of-pocket expenses. All invoices are due and payable upon presentation. Amounts not paid within 45 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If for any reason the account is turned over to an attorney for collection, an additional minimum charge of 33.3% will be added to cover collection costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. To allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law.

We have the right to withdraw from this engagement, in our discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

Notwithstanding anything contained herein, both accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at the firm's office located in Madison County, Alabama, USA, and Madison County, Alabama, USA shall be exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Alabama.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. If you disagree with any of these terms, please notify us immediately.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,



Accepted By: _____

Date: _____

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

April 13, 2025

CONFIDENTIAL

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
Alabama Individual Income Tax Return (Form 40)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your 2024 Form 1040 shows an amount due of \$1,671. A check in the amount of \$1,671 should be made payable to the United States Treasury and included with the voucher. Write "S.S.N. 228-90-5396, 2024 Form 1040" and your daytime phone number on the check.

Mail the Form 1040-V and the check by April 15, 2025 to:

Internal Revenue Service
[REDACTED]
[REDACTED]

Do not attach your payment to Form 1040-V. Instead place them loose in the envelope.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

You will receive an email when your return has been accepted. Please be sure to add **efile@efileservices.net** to your Safe Senders list in order to receive this acceptance email.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

[REDACTED]
[REDACTED]
[REDACTED] 1

Important : Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Your required 2025 federal estimated tax payments are as follows:

Due Date	Remittance
4/15/25	\$10,000
6/16/25	\$10,000
9/15/25	\$10,000
1/15/26	\$10,000

Each payment is to be accompanied by a completed Form 1040-ES payment voucher. Make each check payable to the United States Treasury, write your social security number and "2025 Form 1040-ES" on the check.

Mail the Form 1040-ES payment voucher and check by the due date indicated above to:

Internal Revenue Service
[REDACTED]
[REDACTED]

Alabama Filing Instructions

Your 2024 Form 40 shows an amount due of \$1,516. A check in the amount of \$1,516 should be made payable to the Alabama Department of Revenue and included with your AL 40V. Write "S.S.N. 228-90-5396, 2024 Form 40" on the check.

Mail the check and Form 40V by April 15, 2025 to:

[REDACTED]
[REDACTED]
[REDACTED]

Sign and date Form AL8453, Individual Income Tax Declaration for Electronic Filing. Return it as soon as possible to:

[REDACTED]
[REDACTED]
[REDACTED]

Your return is being filed electronically. Do not mail Form 40.

Alabama Estimate Filing Instructions

Your required 2025 Alabama estimated tax payments are as follows:

Due Date	Remittance
4/15/25	\$1,190

6/16/25	\$1,190
9/15/25	\$1,190
12/31/25	\$1,190

Each payment is to be accompanied by a completed Form 40-ES payment voucher. Make each check payable to Alabama Department of Revenue. Write your social security number and "2025 Form 40-ES" on the check.

Mail the Form 40-ES payment voucher and check by the due date indicated above to:

AL Dept of Revenue-Individual Estimate

[REDACTED]

[REDACTED]

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

[REDACTED]

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year -
Due April 15, 2025

2025 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order

10,000

1022



[Redacted]

[Redacted]

[Redacted]

Internal Revenue Service

[Redacted]

[Redacted]

[Redacted]

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year -
Due June 16, 2025

2025 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order

10,000

1022



[Redacted]

[Redacted]

[Redacted]

Internal Revenue Service

[Redacted]

[Redacted]

[Redacted]

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year -
Due Sept. 15, 2025

2025 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order

10,000

1022



[Redacted]

[Redacted]

[Redacted]

Internal Revenue Service

[Redacted]

[Redacted]

[Redacted]

Form 1040-ES Estimated Tax for Individuals

(on bottom of page)

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year -
Due Jan. 15, 2026

2025 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order

10,000

1022



[Redacted]

[Redacted]

[Redacted]

Internal Revenue Service

[Redacted]

[Redacted]

[Redacted]

Form 1040	Estimated Tax Payments Worksheet	2025
Name [REDACTED]		Taxpayer Identification Number [REDACTED]

Summary of Estimated Tax Payments

Voucher	(a) Due Date	(b) Total Estimate Amount	(c) 2024 Overpayment Applied	(d) Estimate Amt Paid	(e) Balance due Column b - Columns c & d	(f) Date paid	(g) Amount paid
1	04/15/25	10,000			10,000		
2	06/16/25	10,000			10,000		
3	09/15/25	10,000			10,000		
4	01/15/26	10,000			10,000		
Total		40,000			40,000		

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. Safe harbor adjustment 3,925
10. Enter Total Tax from Form 1040, 1040-SR, or 1040-NR, line 24.	10. 39,251
11. Add lines 9 and 10. Total adjusted tax before adjustments.	11. 43,176
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. 2024 Estimated Tax.	13. 43,176
14. Enter 2024 Federal income tax withheld (Form 1040NR filers include amounts paid with Form 1040-C.)	14. 3,185
15. Enter adjustment(s) to withholding.	15. _____
16. Estimated 2024 Tax, including adjustments.	
a. Based upon adjusted 2024 Tax (line 13 - lines 14 and 15).	16a. 39,991
b. Based upon projected 2025 tax.	16b. _____
Enter amount from 16a or 16b.	16. 39,991
17. Enter 2024 overpayment applied to 2025 estimates from Form 1040, 1040-SR, or 1040-NR, line 36.	17. _____
18. Enter amounts already paid towards 2025 estimates.	18. _____
19. Subtract lines 17 and 18 from line 16.	19. 39,991
20. Enter Rounding adjustment.	20. 9
21. Add lines 19 and 20. Balance of Estimated Tax for 2025.	21. 40,000

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
 ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) 

Taxpayer's name

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	205,975
2	Total tax	2	39,251
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,185
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,671

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

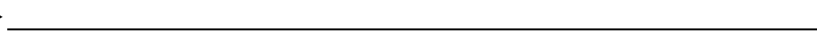
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

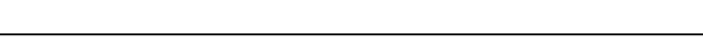
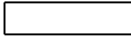
Taxpayer's PIN: check one box only

☒ I authorize  to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature  Date **04/13/25****Spouse's PIN: check one box only**

☐ I authorize  to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature  Date **Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

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

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature  Date **04/13/25**

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

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

Form **8879** (Rev. 01-2021)

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) 04/13/25

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

Form 1040-V Payment Voucher

(on bottom of page)

File only if you are making a payment with your return. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and " 2024 Form 1040," 2024 Form 1040-SR," or "2024 Form 1040-NR," whichever is appropriate on your check or money order.
Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and mail Form 1040-V payments with your return to:

Internal Revenue Service
[Redacted]
[Redacted]

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** (2024)

Department of the Treasury
Internal Revenue Service (99)

2024

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040, Form 1040-SR, or Form 1040-NR.
- ▶ Do not staple this voucher or your payment to Form 1040, Form 1040-SR, or Form 1040-NR.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	1,671
--	-------

1022



[Redacted]
[Redacted]
[Redacted]

Internal Revenue Service
[Redacted]
[Redacted]

[Redacted]

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

MFS spouse name: [REDACTED]

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

Taxpayer first name and initial [REDACTED] Last name [REDACTED] Taxpayer social security number [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Presidential Election Campaign Taxpayer ☐ Spouse ☐

City, town or post office, state, and ZIP code. [REDACTED]

Foreign country name [REDACTED] Foreign province/state/county [REDACTED] Foreign postal code [REDACTED]

At anytime during 2024, 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 6a

b ☐ 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		If more than four dependents, ☐ here
				Child tax credit	Other dependents	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7			
	8a	Taxable interest. Attach Schedule B if required	8a	22		
	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	57,494		
	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	51,012	b Taxable amount	16b	49,803
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17			17	85,997
18	Farm income or (loss). Attach Schedule F	18			18	
19	Unemployment compensation	19			19	
20a	Social security benefits	20a	29,929	b Taxable amount	20b	25,440
21	Other income. List type and amount	21			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22			22	218,756

Adjusted Gross Income (Schedule 1)	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	4,062
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	8,719
	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	12,781
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	205,975

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2024	
Name			Tp TIN		
Tax and Credits (Schedules 2, 3)		38 Amount from line 37 (adjusted gross income)			38 205,975
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, \$14,600 Married filing jointly or Qualifying widow(er), \$29,200 Head of household, \$21,900		39a Check ☒ You were born before January 2,1960, ☐ Blind. ☐ Spouse was born before January 2,1960, ☐ 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			
		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40 16,150
		41 Subtract line 40 and 40b from line 38			41 189,825
		42 Qualified business income deduction (see instructions)			42 26,142
		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43 163,683
		44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44 32,326
		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 32,326
		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 1,200
		54 Other credits from Form:a ☐ 3800 b ☐ 8801 c ☐			54
		55 Add lines 48 through 54. These are your total credits			55 1,200
		56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56 31,126
Other Taxes (Schedule 2)		57 Self-employment tax. Attach Schedule SE			57 8,124
		58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58
		59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59
		60a Household employment taxes from Schedule H			60a
		b First-time homebuyer credit repayment. Attach Form 5405 if required			60b
		61 Taxes from: a ☐ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) Form 8960			61 1
		62 Section 965 net tax liability installment from Form 965-A			62
		63 Add lines 56 through 61. This is your total tax ▶			63 39,251
Payments (Schedule 3)		64 Federal income tax withheld from:			
		a Form(s) W-2			64a
		b Form(s) 1099			64b 3,185
		c Other forms			64c
		65 2024 estimated tax payments and amount applied from 2023 return			65 34,395
		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 37,580
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 2025 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 1,671
		80 Estimated tax penalty (see instructions)			80
Int/Pen		Date filed Int Fail to file Fail to pay Total			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) ▶			
		Designee's Name ▶ Phone no. ▶			
Other Info		Taxpayer Daytime phone number Taxpayer: Occupation Spouse: Occupation IRS Identity Protection PIN			
		☐ Taxpayer ☐ Spouse Email address IRS Identity Protection PIN			

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20

See separate instructions.

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.

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

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

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.

Filing Status

☐ Single ☐ Head of household (HOH)

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

☒ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

☐ 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 2024, 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

Standard Deduction

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

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☒ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instr. and check here ☐	(1) First name Last name			Child tax credit	Credit for other dependents

Income	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 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
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. Attach Sch. B if required. Standard Deduction for – • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5a	51,012
	6a	Soc. sec. ben.	6a	29,929
	c	If you elect to use the lump-sum election method, check here (see instructions)		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
	8	Additional income from Schedule 1, line 10	8	143,491
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	218,756
	10	Adjustments to income from Schedule 1, line 26	10	12,781
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	205,975
	12	Standard deduction or itemized deductions (from Schedule A)	12	16,150
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	26,142
	14	Add lines 12 and 13	14	42,292
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	163,683
			2b	22
			3b	
			4b	
			5b	49,803
			6b	25,440

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	32,326
3	☐	17	
17	Amount from Schedule 2, line 3	18	32,326
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	1,200
20	Amount from Schedule 3, line 8	21	1,200
21	Add lines 19 and 20	22	31,126
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	8,125
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	39,251
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b	3,185	
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d	3,185	
26	2024 estimated tax payments and amount applied from 2023 return	26	34,395	
27	Earned income credit (EIC)	27		
28	Additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Reserved for future use	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	37,580	

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 2025 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,671
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.)
		Engineer/Physicist	
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			
Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name		Phone no.		
Firm's address		Firm's EIN		

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)

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

2024

Attachment
Sequence No. 01

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

Your social security number

For 2024, 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/1099.

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	57,494
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	85,997
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
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	143,491

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	4,062
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	8,719
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
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	12,781

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

2024

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 (l)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	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	4	8,124
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	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	1
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)

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

Schedule 2 (Form 1040) 2024

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 (I)		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	8,125

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

2024

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	1,200
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	1,200

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) 2024

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 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	31,126
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	8,125
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	39,251
5	Multiply line 4 by 90% (0.90)	5	35,326
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	3,185
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	36,066
8	Maximum required annual payment based on prior year's tax (see instructions)	8	18,443
9	Required annual payment. Enter the smaller of line 5 or line 8	9	18,443

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 2023 or 2024, 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) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25
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	4,610	4,611	4,611	4,611
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	7,929	7,928	7,927	13,796

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		3,319	6,636	9,952
13 Add lines 11 and 12	13		11,247	14,563	23,748
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	7,929	11,247	14,563	23,748
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	3,319	6,636	9,952	

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. Also 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

2024

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) 1 15,150
- 2 Enter amount from Form 1040 or 1040-SR, line 11 2 205,975
- 3 Multiply line 2 by 7.5% (0.075) 3 15,448
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4 0

Taxes You
Paid

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐ 5a 1,982
- b State and local real estate taxes (see instructions) 5b 1,603
- c State and local personal property taxes 5c 200
- d Add lines 5a through 5c 5d 3,785
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 5e 3,785
- 6 Other taxes. List type and amount: 6
- 7 Add lines 5e and 6 7 3,785

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 8a 1,267
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8b
- c Points not reported to you on Form 1098. See instructions for special rules 8c
- d Reserved for future use 8d
- e Add lines 8a through 8c 8e 1,267
- 9 Investment interest. Attach Form 4952 if required. See instructions 9
- 10 Add lines 8e and 9 10 1,267

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 11 252
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 12 3,209
- 13 Carryover from prior year 13
- 14 Add lines 11 through 13 14 3,461

Casualty and
Theft Losses

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

Other
Itemized
Deductions

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

Total
Itemized
Deductions

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 17 8,513
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ 18

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

Schedule A (Form 1040) 2024

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

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

Business Coach

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 2024? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 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 **69,712**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 **69,712**

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5 **69,712**

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

See Stmt 1

6 **3,176**

7 **Gross income.** Add lines 5 and 6

7 **72,888**

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

8 Advertising

8

18 Office expense (see instructions)

18

9 Car and truck expenses

9 **569**

19 Pension and profit-sharing plans

19

(see instructions)

20 Rent or lease (see instructions):

20

10 Commissions and fees

10

a Vehicles, machinery, and equipment

20a

11 Contract labor (see instructions)

11

b Other business property

20b

12 Depletion

12

21 Repairs and maintenance

21

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13 **796**

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

14 Employee benefit programs (other than on line 19)

14

24 Travel and meals:

24

a Travel

24a **11,057**

b Deductible meals (see instructions)

24b

15 Insurance (other than health)

15

25 Utilities

25

16 Interest (see instructions):

16

26 Wages (less employment credits)

26

a Mortgage (paid to banks, etc.)

16a

27a Other expenses (from line 48)

27a

b Other

16b

b Energy efficient commercial bldgs deduction (attach Form 7205)

27b

17 Legal and professional services

17

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27b

28 **12,422**

29 Tentative profit or (loss). Subtract line 28 from line 7

29 **60,466**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home:

and (b) the part of your home used for business: . Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

30 **2,972**

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

31 **57,494**

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule**

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

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

32a ☐ 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) 2024

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	2,913	88,910	
B					
C					
D					
29a Totals				88,910	
b Totals			2,913		
30 Add columns (h) and (k) of line 29a			30	88,910	
31 Add columns (g), (i), and (j) of line 29b			31	2,913	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	85,997	

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	85,997
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

2024

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 2024

- 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 \$168,600 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	57,494
3	57,494
4a	53,096
4b	
4c	53,096
5a	
5b	0
6	53,096
7	168,600
8a	
8b	
8c	
8d	
9	168,600
10	6,584
11	1,540
12	8,124
13	4,062

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

Schedule SE (Form 1040) 2024

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 \$10,380, or (b) your net farm profits ² were less than \$7,493.		
14 Maximum income for optional methods	14	6,920
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,920. 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 \$7,493 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.

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

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

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

**Qualified Business Income Deduction
Simplified Computation****2024**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

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 at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Form 1065, Pg. 1		85,997
ii			44,713
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	130,710
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	130,710
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	26,142
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	26,142
11	Taxable income before qualified business income deduction (see instructions)	11	189,825
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	189,825
14	Income limitation. Multiply line 13 by 20% (0.20)	14	37,965
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	26,142
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

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

Form **8995** (2024)

Net Investment Income Tax—
Individuals, Estates, and Trusts

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go 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	22
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	143,491
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-143,491
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	22

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)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	22
Individuals:			
13	Modified adjusted gross income (see instructions)	13	205,975
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	80,975
16	Enter the smaller of line 12 or line 15	16	22
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	1
Estates and Trusts:			
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 (2024)

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 2023**.

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	
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 x \$1,000					10	
11 Enter the smaller of line 9 or line 10					11	
12 Credit carryforward from 2023. Enter the amount, if any, from your 2023 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 2025. 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** (2024)

Part II Energy Efficient Home Improvement Credit**Section A—Qualified Energy Efficiency Improvements**

17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	☒ Yes	☐ No								
b Are you the original user of the qualified energy efficiency improvements?	17b	☒ Yes	☐ No								
c Are the components reasonably expected to remain in use for at least 5 years? If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.	17c	☒ Yes	☐ No								
d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.) <table><tr><td>6508 Landsmere Ln</td><td>Madison</td><td>AL</td><td>35757</td></tr><tr><td>Number and street</td><td>Unit no.</td><td>City or town</td><td>State ZIP code</td></tr></table>				6508 Landsmere Ln	Madison	AL	35757	Number and street	Unit no.	City or town	State ZIP code
6508 Landsmere Ln	Madison	AL	35757								
Number and street	Unit no.	City or town	State ZIP code								
e Were any of these improvements related to the construction of this main home? If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	17e	☐ Yes	☒ No								
18 Insulation or air sealing material or system.											
a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)	18a	3,537									
b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b		1,061								
19 Exterior doors that meet the applicable Energy Star requirements.											
a Enter the cost of the most expensive door you bought	19a										
b Multiply line 19a by 30% (0.30). Do not enter more than \$250	19b										
c Enter the cost of all other qualifying exterior doors	19c										
d Multiply line 19c by 30% (0.30)	19d										
e Add lines 19b and 19d. Do not enter more than \$500	19e										
20 Windows and skylights that meet the Energy Star certification requirements.											
a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)	20a										
b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600	20b										

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?	21a	☒ Yes	☐ No																									
b Was the qualified energy property originally placed into service by you? 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.	21b	☒ Yes	☐ No																									
c Enter the complete address of each home where you installed qualified energy property. <table><tr><td>Number and street</td><td>Unit no.</td><td>City or town</td><td>State</td><td>ZIP code</td></tr><tr><td>6508 Landsmere Ln</td><td></td><td>Madison</td><td>AL</td><td>35757</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>				Number and street	Unit no.	City or town	State	ZIP code	6508 Landsmere Ln		Madison	AL	35757															
Number and street	Unit no.	City or town	State	ZIP code																								
6508 Landsmere Ln		Madison	AL	35757																								
22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)																												
a Enter the cost of central air conditioners	22a	6,837																										
b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600	22b		600																									
23a Enter the cost of natural gas, propane, or oil water heaters	23a																											
b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600	23b																											
24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers	24a																											
b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600	24b																											

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

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a	4,028		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600	25b			600
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, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27	2,261		
28	Enter the smaller of line 27 or \$1,200	28			1,200
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.				
a	Enter the cost of electric or natural gas heat pumps	29a			
b	Enter the cost of electric or natural gas heat pump water heaters	29b			
c	Enter the cost of biomass stoves and biomass boilers	29c			
d	Add lines 29a, 29b, and 29c	29d			
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e			
30	Add lines 28 and 29e	30			1,200
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)	31			32,326
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			1,200
a	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)				

Department of the Treasury
Internal Revenue ServiceFile only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
for business during the year.

2024

Attachment
Sequence No. 176

Name(s) of proprietor(s)

Go to www.irs.gov/Form8829 for instructions and the latest information.

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	300
2	Total area of home	2	6000
3	Divide line 1 by line 2. Enter the result as a percentage	3	5.00 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	5.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions. See instructions for columns (a) and (b) before completing lines 9-22.	8	60,466
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	60,466
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	1,449
18	Insurance	18	4,066
19	Rent	19	
20	Repairs and maintenance	20	46,123
21	Utilities	21	7,803
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	59,441
24	Multiply line 23, column (b), by line 7	24	2,972
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2,972
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,972
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	57,494
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0
34	Add lines 14, 27, and 33	34	2,972
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.	36	2,972

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2025

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0

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

Form 8829 (2024)

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2024

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	796
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	796
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						☒ Yes		☐ No		24b If "Yes," is the evidence written?						☒ Yes		☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25												
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
09/25/19		11.40%		46,540		5,306		5.0		S/L-		796							
										S/L-									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1												28		796					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1														29					

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
30 Total business/investment miles driven during the year (don't include commuting miles)	2,684											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	20,862											
33 Total miles driven during the year. Add lines 30 through 32	23,546											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

2024

Attachment
Sequence No. 179

Name(s) shown on return

Identifying number

Business or activity to which this form relates

Pass-through expense from K-1

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	610,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	From Schedule K-1 (Form 1065)		2,913
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,913
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,913
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	146,404
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	2,913
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,913
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

There are no amounts for Page 2

Federal Statements

Business Coach

Statement 1 - Schedule C, Line 6 - Other Income

Description	Amount
Travel Reimbursements	\$ 3,176
Total	\$ 3,176

Name

Taxpayer Identification Number

Name of Entity

EIN

Passive Activity Type **Not Passive**

K1 Unit **1**

Part 1 - Partners Basis

1. Adjusted basis at the beginning of tax year, 1. **0**

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. **32,645**

3. Increase in liabilities 3. **3,655**

4a. Ordinary business income 4a. **88,910**

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. **88,910**

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. **125,210**

Section B - Decreases

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

8a. Cash and marketable securities distributed 8a. **97,746**

8b. Distributions subject to section 737 8b.

8c. Other property distributed 8c.

8d. Total distributions (add lines 8a through 8c) 8d. **97,746**

9a. Decrease in share of partnership liabilities 9a.

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

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c.

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. **97,746**

11. Basis after distributions (subtract lines 10 and 7) 11. **27,464**

12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. **324**

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. **324**

14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. **27,140**

15. Total deductions and losses (See Partner's Basis Worksheet Page 2) 16. **3,025**

16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. **3,025**

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. **24,115**

Gain Recognized on Distributions

19. Total distributions less property distributions. Subtract line 8c from line 8d 19. **97,746**

20. Total basis before decreases (line 7) 20. **125,210**

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.

Name

Taxpayer Identification Number

Name of Entity

EIN

Passive Activity Type

Not Passive

K1 Unit

1

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed loss and Deductions	Disallowed Loss Carryforward
12. Nondeductible expenses		324	324	1.0000	324	
13. Depletion for oil and gas						
15. Ptrship losses and deductions						
Ordinary business loss						
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense		2,913	2,913	0.9630	2,913	
Cash contributions		112	112	0.0370	112	
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		3,025	3,025	1.0000	3,025	

Form 1040		Auto Worksheet		2024		
Name [REDACTED]			Taxpayer Identification Number [REDACTED]			
Description Business Coach			Form/Schedule C		Unit number 1	
Asset Listing Number		Date	Description			
Vehicle 1 2		09/25/19	[REDACTED]			
Vehicle 2						
Vehicle 3						
Vehicle 4						
General Information			Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1. Total mileage			23,546			
2. Business miles before 7/1 (67 cents per mile)			2,684			
3. Commuting mileage						
4. Other mileage			20,862			
5. Business use percentage			11.40 %			
Actual Expenses						
6. Parking fees and tolls						
7 a. Gasoline			1,593			
b. Oil						
c. Repairs						
d. Maintenance			831			
e. Tires						
f. Car washes			391			
g. Insurance			2,063			
h. Interest						
i. Registration						
j. Licenses						
k. Property taxes						
l. Other vehicle expenses			110			
m. Vehicle rentals (net of inclusion amount)						
8. Total expenses. Add lines 7a - 7m			4,988			
9. Business use percentage from line 5			11.40 %			
10. Business use portion of actual expenses			569			
11. Depreciation			796			
12. Total actual expense allowable. Add lines 6, 10 and 11			1,365			
Standard Mileage Rate Method						
13. Business mileage (line 2) multiplied by applicable rate			1,798			
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			1,798			
Allowable Deduction			Vehicle expense 569	Vehicle rentals	Vehicle depreciation 796	Total allowable deduction 1,365

Form 1040	Standard Deduction & Dependent MAGI Worksheets	2024
Name		Taxpayer Identification Number

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.

- Single or Married filing separately - \$14,600
- Married filing jointly or qualifying widow(er) - \$29,200
- Head of household - \$21,900

1. **14,600**

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?

X

No. Skip line 3; enter the amount from line 1 on line 4.

Yes. Go to line 3.

3. Is your **earned income** more than \$850?

Yes. Add \$450 to your earned income. Enter the total.

No. Enter \$1,300

3.

4. Enter the **smaller** of line 1 or line 3. If under 65 and not blind, continue to line 6. **Otherwise**, go to line 5.

4. **14,600**

5. Check if:

X

You were 65 or older,

Blind;

Spouse was 65 or older,

Blind.

Total boxes checked

1

If 65 or older or blind, multiply \$1,550 (\$1,950 if single or head of household) by the number in the box above

5. **1,550**

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12

6. **16,150**

Dependent Modified Adjusted Gross Income Worksheet

1. Are you required to file a tax return?

No. Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.

Yes. Include Modified Adjusted Gross Income in claiming taxpayer's household income.

2. **Adjusted Gross Income.** Enter the amount from Form 1040, Line 11

2.

3. Enter tax-exempt interest from Form 1040, line 2a

3.

4. Enter any amounts from your Form 2555, lines 45 and 50

4.

5. **Subtotal.** Combine lines 2 through 4

5.

6. Enter the total Social Security benefits from Form 1040, line 6a

6.

7. Enter the taxable Social Security benefits from Form 1040, line 6b

7.

8. Nontaxable Social Security benefits. Subtract line 7 from line 6

8.

9. **Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.**
Add lines 5 and 8

9.

Form 1040		K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797						2024	
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	88,910							88,910	
Net rental real estate income/-loss									
Other net rental income/-loss									
Guaranteed payments									
Section 179 expense	-2,913								
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	85,997							85,997	
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									

Form 1040		K-1 Reconciliation Worksheet - Form 1040, Sch A, Form 4952						2024			
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			
Form 1040 Schedule 1											
Other portfolio income/-loss											
Cancellation of debt											
Other income/-loss											
Penalty on early withdrawal											
1040 Page 2 and Schedule 3											
Federal income tax withheld											
Undistributed capital gains credit											
Recapture of low-income housing cr											
Recapture of indian employment cr											
Recapture of employ child care cr											
Recapture of new markets cr											
Recapture of alt motor vehicle cr											
Recapture of alt fuel veh refueling cr											
Schedule A											
Cash contributions											
Cash contributions (30%)											
Noncash contributions (50%)											
Noncash contributions (30%)											
Cap gain prop 50% org (30%)											
Cap gain prop (20%)											
Portfolio deductions (other)											
Real estate taxes											
State and local tax withheld paid											
Foreign taxes											
Investment int from 4952											
Form 4952											
Investment interest expense											
Investment income adjustment											
Investment expenses											

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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Form 4684								
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Form 4684 It loss trade/business								
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[illegible][illegible][illegible][illegible]

Net earnings from self-employ								
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[illegible][illegible][illegible][illegible]

Self-employed medical insurance					
Shareholder med. ins. not on Form W-2					

[illegible]

Other tax-exempt income					
Nondeductible expenses	324				324

Non deductible expenses	324				324
Costs & market security distrib	87 716				87 716

Cash & market security distrib	97,146				97,146
Property distributions					

[illegible]

Repayment of shareholder loans					
Dependent care benefits (Form 2441)					

Dependent care benefits (Form 2441)								

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][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 / 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
Business Coach	57,494				-57,494
			85,997		-85,997
Totals	57,494		85,997		
Additional adjustment					
Total adjustment. Enter on Form 8960, line 4b					-143,491

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 2023					
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 2025. 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 2025

- 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 positive. 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. 32,326	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. 1,200	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. _____	_____	_____	32,326	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	32,326	_____
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
Business Coach

Form/Schedule
C

Unit
1

1.	Schedule C, Line 31, Net profit or (loss)	1.	57,494
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.	4,062
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	8,719
11.	Reserved	11.	
12.	Reserved	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	12,781
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	44,713

Beginning of Year				End of Year		QBI Portion of Allowed Losses
Carryovers:	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
Passive activity:						
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		
Qualified Business Income	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	
							Passive / 179	At-risk
Ordinary business inc/-loss	88,910	88,910				88,910		
Net rental real estate inc/-loss								
Other net rental income/-loss								
Royalties								
Section 1231 gain (loss)								
Section 179 expense	2,913	-2,913				-2,913		
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								
Self-employed health insurance								
Self-employed qualified plans								
Ordinary gains on distribution								
Total Qualified Business Income						85,997		

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)	57,494	
Nonfarm partnerships - Schedule K-1, box 14, code A		
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	57,494	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	<u>57,494</u>	<u>0</u>
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Church employee income - Schedule SE, Page 1 line 5a

Name(s) shown on return [REDACTED]	Your taxpayer identification number [REDACTED]
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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 2024 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2024 for you, your spouse, and your dependents. But don't include the following. See instructions • 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 2024. • 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).	1	8,719
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. \$470 — if that person is age 40 or younger \$880 — if age 41 to 50 \$1760 — if age 51 to 60 \$4710 — if age 61 to 70 \$5880 — 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 2024. 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	8,719
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	57,494
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	57,494
6 Divide line 4 by line 5	6	1.0000
7 Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	4,062
8 Subtract line 7 from line 4	8	53,432
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	53,432
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	53,432
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	8,719

* 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.

Form 1040	Social Security Worksheet	2024
Name		Taxpayer Identification Number

If you are married filing separately and you **lived apart** from your spouse for all of 2024:

- 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>29,929</u>
2. Multiply line 1 by 50% (0.50).	2. <u>14,965</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>193,316</u>
4. Add lines 2 and 3	4. <u>208,281</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>12,781</u>
6. Subtract line 5 from line 4	6. <u>195,500</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 2024)	7. <u>0</u>
8. Subtract line 7 from line 6. If zero or less, enter -0-	8. <u>195,500</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 2024, 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 2024)	9. <u>0</u>
10. Subtract line 9 from line 8. If zero or less, enter -0-	10. <u>195,500</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>166,175</u>
15. Add lines 13 and 14	15. <u>166,175</u>
16. Multiply line 1 by 85% (0.85)	16. <u>25,440</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>25,440</u>
Percentage of total benefits received included as taxable income.	<u>85.0 %</u>

Note: If part of your benefits are taxable for 2024 **and** they include benefits paid in 2024 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, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

Description				Amount	
1st	quarter	estimate	payment	\$	7,132
2nd	quarter	estimate	payment		7,132
3rd	quarter	estimate	payment		7,131
4th	quarter	estimate	payment		13,000
Total				\$	34,395

Federal Statements

Schedule A, Line 5a - State and Local Taxes

Description	Amount
State Tax Payments	\$ 1,982
Total Income Taxes*	1,982
General Sales Tax	1,763
Total Sales Taxes	1,763

*Income taxes are being deducted

Schedule A, Line 5b - Real Estate Taxes

Description	Amount
Mountain Woods	\$ 226
NonBus RE Tax - Form 8829	1,377
Total	\$ 1,603

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

Description	Amount
Dovenmuehle Mortgage	\$ 1,267
Total	\$ 1,267

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

Description	Amount
Misc Cash	\$ 40
Lifeline Pet Rescue	100
Cash Cont from K-1 - Lightning Strike Books, LLC	112
Total	\$ 252

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

Description	Amount
50% Contrib from 8283	\$ 3,209
Total	\$ 3,209

Federal Statements

Business Coach

Schedule C, Line 1 - Gross Receipts or Sales

Description	Amount
C2 Technologies Inc.	\$ 35,446
Center for Unification & Sci	10,000
The Mckinley Group	24,266
Total	\$ <u>69,712</u>

Federal Statements

Business Coach

Form 8829, Line 18 - Indirect Insurance

Description	Amount
Insurance (8829, C, 1)	\$ 4,066
Total	\$ 4,066

Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 - Business Income

Description	Amount
Business Coach	\$ 57,494
Lightning Strike Books, LLC	88,910
Total Business Income	<u>146,404</u>

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	7/05/10	0	5.00			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	9/25/19	46,540	11.40			5,306	5 MO S/L	19,843	796
			46,540				5,306		19,843	796
	Grand Totals		46,540				5,306		19,843	796
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		46,540				5,306		19,843	796

AMT Asset Report

Business Coach

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:										
1	Home Office	7/05/10	0	5.00			0	0 HY	0	0
Total Other Depreciation			0				0		0	0
Total ACRS and Other Depreciation			0				0		0	0
Listed Property:										
2	Acura RDX	9/25/19	46,540	11.40			5,306	5 MO S/L	38,065	796
			46,540				5,306		38,065	796
Grand Totals			46,540				5,306		38,065	796
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			46,540				5,306		38,065	796

████████████████████

There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/25
Business Coach

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
--------------	--------------------	------------------------	-------------	------------	------------

Other Depreciation:

1	Home Office	7/05/10	<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	9/25/19	<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	51,012		49,803
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer			51,012		49,803
Spouse					
Total			51,012		49,803

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				3,185		
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				3,185		
Spouse						
Total				3,185		

Name

Taxpayer Identification Number

	Filing Status	Dependents	2024	2025	Differences
			MFS	MFS	
Income					
	1. Salaries and wages	1.			
	2. Interest income	2.	22	22	
	3. Dividend income	3.			
	4. Taxable state/local refunds	4.			
	5. Alimony received	5.			
	6. Business income/loss	6.	57,494	57,494	
	7. Capital gain/loss	7.			
	8. Other gains/losses	8.			
	9. Taxable IRA distributions	9.			
	10. Taxable pensions and annuities	10.	49,803	49,803	
	11. Schedule E income/loss	11.	85,997	85,997	
	12. Farm income/loss	12.			
	13. Unemployment benefits	13.			
	14. Taxable social security benefits	14.	25,440	26,075	635
	15. Other income	15.			
	16. Total income	16.	218,756	219,391	635
Adjustments	17. Moving expenses	17.			
	18. Deductible part of self-employment tax	18.	4,062	4,062	
	19. SEP/SIMPLE/Qualified plans deductions	19.			
	20. Self-employed health insurance deduction	20.	8,719	8,719	
	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.	205,975	206,610	635
Deductions	27. Medical	27.			
	28. State/local income or sales taxes	28.	1,982	1,982	
	29. Real estate taxes	29.	1,603	1,603	
	30. Personal property taxes	30.	200	200	
	31. Total State/Local taxes. Add lines 28 - 30	31.	3,785	3,785	
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	32.	3,785	3,785	
	33. Other taxes	33.			
	34. Interest	34.	1,267	1,267	
	35. Contributions	35.	3,461	3,461	
	36. Casualty losses from a federally declared disaster	36.			
	37. Miscellaneous expenses (including qualified disaster loss)	37.			
	38. Allowable itemized deductions	38.	8,513	8,513	
	39a. Standard deduction	39a.	16,150	16,600	450
	39b. Reserved for future use	39b.			
			Standard	Standard	
	40. Deduction taken	40.	16,150	16,600	450
	41. Subtract line 40 from line 26	41.	189,825	190,010	185
42. Qualified business income deduction	42.	26,142	26,142		
43. Taxable income	43.	163,683	163,868	185	

Name
[REDACTED]

Taxpayer Identification Number
[REDACTED]

		2024	2025	Differences
Filing Status		MFS	MFS	
T a x C o m p u t a t i o n	44. Taxable income from TPW page 1, line 43	44. 163,683	163,868	185
	45. Tax on taxable income	45. 32,326	32,175	-151
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.		
	47. Alternative minimum tax	47.		
	48. Add lines 45, 46, and 47	48. 32,326	32,175	-151
	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. 1,200	1,200	
	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. 1,200	1,200	
	66. Net tax liability	66. 31,126	30,975	-151
	67. Self-employment tax	67. 8,124	8,124	
	68. Tax on unreported tips	68.		
	69. Tax on IRA or qualified plans	69.		
	70. Household employment taxes	70.		
	71. First-time homebuyer credit repayment	71.		
	72. Reserved	72.		
	73. Additional Medicare Tax	73.		
	74. Net Investment Income Tax	74. 1	1	
	75. Other taxes	75.		
	76. Total tax	76. 39,251	39,100	-151
	77. Income tax withheld	77. 3,185	3,185	
	78. Estimated tax payments	78. 34,395	40,000	5,605
	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. 37,580	43,185	5,605
	85. Net tax due/-refund	85. 1,671	-4,085	-5,756
	86. Marginal Tax Rate - Ordinary Income	86. 24.0 %	24.0 %	
	87. Marginal Tax Rate - Capital Income	87. %	%	
	88. Effective Tax Rate	88. 24.0 %	24.0 %	

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.	53,096	
4. Spouse self-employment income from Schedule SE, Part I, line 6	4.		
5. Total earned income	5.	53,096	
6. Enter \$200,000 (\$250,000 if married filing jointly, \$125,000 if married filing separately)	6.	125,000	
7. Earned income subject to the Additional Medicare Tax. Subtract line 6 from line 5. If zero or less, enter -0-	7.	0	
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.		

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.	22
2. Ordinary dividends	2.	
3. Annuities	3.	
4. Rental real estate, royalties, partnerships, S Corps, trusts, trades or businesses	4.	
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.	22
9. Adjusted gross income	9.	206,610
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.	206,610
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.	125,000
15. Subtract line 14 from line 13. If zero or less, enter -0-	15.	81,610
16. Enter the smaller of line 8 or line 15. If zero or less, enter -0-	16.	22
17. Net Investment Income Tax. Multiply line 16 by 3.8% (.038) and enter on the Tax Projection Worksheet line 74	17.	1

Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2024
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 (In 27) divided Total Taxable Income (In 19)	20.0 %
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	163,683	24.0 %	32,326	\$100,525 - \$191,950	28,267
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: \$11,600	1a. 11,600	1b. 1,163
2. 12% rate Maximum taxable income per this bracket: \$35,550	2a. 35,550	2b. 4,269
3. 22% rate Maximum taxable income per this bracket: \$53,375	3a. 53,375	3b. 11,737
4. 24% rate Maximum taxable income per this bracket: \$91,425	4a. 63,158	4b. 15,157
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 163,683	8b. 32,326

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. 163,683
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 163,683
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. 163,683

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. 32,326
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. 32,326
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. 32,326

Form 1040	Reconciliation Worksheet - Projected 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 projected 2025 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 24) divided by Total Taxable Income (ln 19)	20.0 %
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			Amount of Income
		Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	to Next Tax Bracket
Ordinary Income	163,868	24.0 %	32,175	\$103,350 - \$197,300	33,432
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: \$11,925	1a. 11,925	1b. 1,193
2. 12.0% rate Maximum taxable income per this bracket: \$36,550	2a. 36,550	2b. 4,386
3. 22.0% rate Maximum taxable income per this bracket: \$54,875	3a. 54,875	3b. 12,072
4. 24.0% rate Maximum taxable income per this bracket: \$93,950	4a. 60,518	4b. 14,524
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. 163,868	8b. 32,175

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.	163,868
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	163,868
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.	163,868

Total projected tax		
20. Total ordinary tax. Enter the amount from line 8b.	20.	32,175
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22.	32,175
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 2025 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24.	32,175

Alabama Individual Return Summary
Tax Year 2024



Income and Adjustments

Salaries and wages	
Interest and dividends	22
Alimony received	
Business income	58,290
Gain/loss from sales	
IRA/Pension distribution	
Rent/Royalty/K-1	85,997
Farm income	
Other income	
Total income	144,309
Adjustments	8,719
Adjusted gross income	135,590

Deductions

Itemized deductions ☒ Standard deduction ☐	16,257
Federal tax deduction	31,127
Exemptions	1,500
Taxable income	86,706

Tax, Payments, and Credits

Income tax	4,298
Nonrefundable credits	
Use tax	
Political contributions	
Total tax liability	4,298
Income tax withheld	
Estimated tax payments	2,782
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	1,516

Refund/Amount Due

Underpayment of estimates penalty	
Late filing interest	
Failure to file penalty	
Failure to pay penalty	
Net amount due/-refund	1,516

Miscellaneous Information

Tax form	Form 40
Residency type	Resident
Direct debit withdrawal date	
Amended return	☐
Marginal tax rate	5.000 %
Effective tax rate	4.957 %

2025 Estimates

1st quarter	1,190
2nd quarter	1,190
3rd quarter	1,190
4th quarter	1,190
Total estimates	4,760

Alabama

40ES **Estimated Income Tax Payment Voucher**

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40ES 2025

1022
VENDOR CODE

Alabama Department of Revenue 1
Estimated Income Tax Payment Voucher

PRIMARY TAXPAYER'S

FIRST NAME [REDACTED]

MAILING
ADDRESS [REDACTED]

CITY [REDACTED]

STATE [REDACTED]

ZIP [REDACTED]

☐ CHECK IF FISCAL YEAR

Beginning Date: 01/01/2025

Ending Date: • 12/31/2025

Primary Taxpayer's SSN: [REDACTED]

Spouse's SSN: [REDACTED]

Amount Paid With Voucher: \$ • 1,190.00

MAIL TO: Alabama Department of Revenue, Individual Estimates,
P.O. Box 327485, Montgomery, AL 36132-7485

LAST
NAME • [REDACTED]

DAYTIME
TELEPHONE NUMBER [REDACTED]



Alabama

40ES **Estimated Income Tax Payment Voucher**

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40ES 2025

VENDOR CODE

Alabama Department of Revenue 2
Estimated Income Tax Payment Voucher

PRIMARY TAXPAYER'S

FIRST NAME

MAILING

ADDRESS

SPOUSE'S

FIRST NAME

LAST

NAME •

CITY

STATE

ZIP

DAYTIME

TELEPHONE NUMBER

☐ CHECK IF FISCAL YEAR

Beginning Date: **01/01/2025**

Ending Date: • **12/31/2025**

Primary Taxpayer's SSN: •

Spouse's SSN: •

Amount Paid With Voucher: \$ • **1,190.00**

MAIL TO: Alabama Department of Revenue, Individual Estimates,
P.O. Box 327485, Montgomery, AL 36132-7485



Alabama

40ES **Estimated Income Tax Payment Voucher**

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40ES 2025

1022
VENDOR CODE

Alabama Department of Revenue 3
Estimated Income Tax Payment Voucher

PRIMARY TAXPAYER'S

FIRST NAME

MAILING

ADDRESS

CITY

STATE

ZIP

LAST

NAME

DAYTIME

TELEPHONE NUMBER

☐ CHECK IF FISCAL YEAR

Beginning Date: **01/01/2025**

Ending Date: • **12/31/2025**

Primary Taxpayer's SSN: • **[REDACTED]**

Spouse's SSN: • _____

Amount Paid With Voucher: \$ • **1,190.00**

MAIL TO: Alabama Department of Revenue, Individual Estimates,
P.O. Box 327485, Montgomery, AL 36132-7485



Alabama

40ES **Estimated Income Tax Payment Voucher**

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40ES 2025

1022
VENDOR CODE

Alabama Department of Revenue 4
Estimated Income Tax Payment Voucher

PRIMARY TAXPAYER'S

FIRST NAME XXXXXXXXXX

MAILING
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY XXXXXXXXXX

STATE **AL**

ZIP XXXXXX

☐ CHECK IF FISCAL YEAR

Beginning Date: **01/01/2025**

Ending Date: **12/31/2025**

Primary Taxpayer's SSN: XXXXXXXXXX

Spouse's SSN: XXXXXXXXXX

Amount Paid With Voucher: \$ **1,190.00**

MAIL TO: Alabama Department of Revenue, Individual Estimates,
P.O. Box 327485, Montgomery, AL 36132-7485

LAST
NAME XXXXXXXXXX

DAYTIME
TELEPHONE NUMBER



Your first name and initial	Last name	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's soc. sec. no. if joint return
Home address (number and street). If a P.O. Box, see instructions.	Apt. no.	Telephone number (optional)

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

Part I	1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	86,706
Tax Return	2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	4,298
Information	3 Total payments (Form 40, line 27 or Form 40NR, line 26)	3	2,782
(Whole dollars only.)	4 Refund (Form 40, line 35 or Form 40NR, line 33)	4	
	5 Amount you owe (Form 40, line 30 or Form 40NR, line 29)	5	1,516

Part II	Amount	Date of Withdrawal
Estimated		
Payments		
Payment 1		
Payment 2		
Payment 3		
Payment 4		

Part III**Refund and Payment Information**

- 1 Routing number:
- 2 Account number:
- 3 Type of account: ☐ Checking ☐ Savings
- 4 Type of transaction: ☐ Direct Deposit ☐ Direct Debit
- 5 ☐ Paper Check (Check this box to have your refund issued by a paper check.)

Part IV**Declaration of Taxpayer**

(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2024 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

☒ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶**04/13/25** ▶

Your signature

Date

Spouse's signature. If a joint return, BOTH must sign.

Date

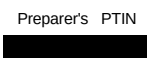
Form AL8453 2024

Part V
Declaration
of
Electronic
Return
Originator
(ERO) and
Paid
Preparer

(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2024), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2024). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid 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.

ERO's Use Only

ERO's signature		Date	04/13/25	Check if also paid preparer	☒	Preparer's PTIN	
Firm's name (or yours if self-employed) and address						E.I. No.	
						ZIP Code	

Paid Preparer's Use Only

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.

Preparer's signature		Date		Check if self-employed	☐	Preparer's PTIN	
Firm's name (or yours if self-employed) and address						E.I. No.	
						ZIP Code	

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE **Form AL8453 2024**

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and cannot be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2024 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2024 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return. If you owe and your payment is mailed after the due date of your federal return, you will owe penalties and interest for failure to timely pay. If you are filing a return other than the current tax year or an amended return, the full amount of tax due must be submitted with your return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail. If you pay by check or money order, make it payable to **Alabama Department of Revenue** and write your social security number on the check.

Electronic Payment Option:

You may pay your taxes online using your bank account (e-check), or a debit/credit card through MyAlabamaTaxes.gov.

If you have a My Alabama Tax (MAT) account, log on to your account and click on the "Make a Payment" link. If you do not have a MAT account, go to www.myalabamataxes.alabama.gov. Click on the "Make a Payment" link and complete the requested information.

Paying by e-check is free. There is a convenience fee for debit/credit card payments.

If mailing a payment without a paper return, please use the PO Box as shown below. If mailing Form 40V with your paper return, please use the mailing address as shown on your return.

Form 40 / 40A / 40NR / 40EZ / E40 / E40NR

Automatic Extension

Alabama Department of Revenue

P.O. Box 327467

Montgomery, AL 36132-7467

DO NOT **staple** or attach your payment or **Form 40V** to your return or to each other.

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 20 241022

VENDOR CODE

Alabama Department of Revenue
Individual Income Tax Payment VoucherPRIMARY TAXPAYER'S
FIRST NAME
MAILING
ADDRESSSPOUSE'S
FIRST NAMELAST
NAME

CITY

STATE

ZIP

DAYTIME
TELEPHONE NUMBER

Tax Type: IIT

Tax Period: 12-31-20 24

Primary Taxpayer's SSN: •

Spouse's SSN: •

Tax Form: • ☒ Return • ☐ Amended

CHECK ONLY ONE BOX

• ☐ Automatic Extension PaymentAmount Due: \$ • 1,516.00

DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE
BY E-CHECK, CREDIT CARD, OR ACH DEBIT.



For the year Jan. 1 - Dec. 31, 2024, 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 Spouse's deceased date

Your first name Initial Last name

Spouse's first name Initial Last name

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

City, town, or post office State ZIP code

Check if address is outside U.S. Foreign Country

CHECK BOX IF AMENDED RETURN

Filing Status/ Exemptions 1 \$1,500 Single 2 \$3,000 Married filing joint 3 \$1,500 Married filing separate. Complete Spouse SSN 4 \$3,000 Head of Family (with qualifying person). Complete Sch. HOF

Income and Adjustments		A - Alabama tax withheld	B - Income
5a	Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	5a	
5b	Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	5b	
6	Interest and dividend income (also attach Schedule B if over \$1,500)	6	22
7	Other income (from page 2, Part I, line 8)	7	144,287
8	Total income. Add amounts in the income column for line 5b through line 7	8	144,309
9	Total adjustments to income (from page 2, Part II, line 16)	9	8,719
10	Adjusted gross income. Subtract line 9 from line 8	10	135,590

Deductions

If claiming a deduction on line 12, you must attach page 1,2 and Schedule 1 of your Federal Return, if applicable.

11	Box a or b MUST be checked. 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)	11	16,257
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12	31,127
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	48,884

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16	Taxable income. Subtract line 15 from line 10	16	86,706
17	Income Tax due. Enter amount from tax table or check if from Form NOL-85A	17	4,298
18	Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 17	18	4,298
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 b Alabama Republican Party \$1 \$2 none	20a 20b	
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	4,298

Payments

22	Alabama income tax withheld (from column A, line 5a)	22	
23	2024 estimated tax payments/Automatic Extension Payment	23	2,782
24	Amended Returns Only - Previous payments (see instructions)	24	
25	Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	25	
26	Payments from Schedule CP, Section B, Line 1	26	
27	Total payments. Add lines 22, 23, 24, 25, and 26	27	2,782
28	Amended Returns Only - Previous refund (see instructions)	28	
29	Adjusted Total Payments. Subtract line 28 from line 27	29	2,782

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. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30	1,516
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 2025 estimated tax	33	

Donations

34	Total Donation Check-offs from Schedule DC, line 2	34	
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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 For Direct Deposit, check here and complete Part V, Page 2.	35	
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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	58,290
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	• 3	
	4	Retirement Income (attach Schedule RS)	• 4	
	5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	• 5	85,997
	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	144,287
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	8,719
	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	8,719	
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 _____ through _____		
	2	Did you file an Alabama income tax return for the year 2023? • ☒ 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 • \$ 205,975 and Federal Taxable Income • \$ 163,683 as reported on your 2024 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 •	25,440
	Source	• Nontaxable retirement distributions	Amount •	49,803
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) • _____ Exp date (mm/dd/yyyy) • _____			
Sign Here In Black Ink Keep a copy of this return for your records. Paid Preparer's Use Only	• ☒ 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.			
	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 _____ E.I. Number _____
	Firm's Name (or yours if self employed) _____	Daytime Telephone No. _____		ZIP Code _____
	Address _____			

SCHEDULES
A, B, & DC
(FORM 40)



Alabama Department of Revenue
Schedule A—Itemized Deductions

2024

(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]
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The itemized deductions you may claim for the year 2024 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.

Medical and Dental Expenses		<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
1	Medical and dental expenses.	1	15,150	00		
2	Enter amount from Form 40, line 10. 2 135,590	2	135,590	00		
3	Multiply the amount on line 2 by 4% (.04). Enter the result.	3	5,424	00		
4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.	4	9,726	00		
Taxes You Paid		5	1,603	00		
5	Real estate taxes.	5	1,603	00		
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6		00		
7	Railroad Retirement (Tier 1 only).	7		00		
8	Other taxes. (List -- include personal property taxes.) ► Personal property taxes	8	200	00		
9	Add the amounts on lines 5 through 8. Enter the total here.	9	1,803	00		
Interest You Paid		10a	1,267	00		
10a	Home mortgage interest and points reported to you on Federal Form 1098.	10a	1,267	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.) ► <i>NOTE: Personal interest is not deductible.</i>	10b		00		
11	Reserved for future use	11		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 through 13. Enter the total here.	14	1,267	00		
Gifts to Charity		15	252	00		
15	Contributions by cash or check (If more than \$250, see instructions)	15	252	00		
16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	3,209	00		
17	Carryover from prior year.	17		00		
18	Add the amounts on lines 15 through 17. Enter the total here.	18	3,461	00		
Casualty and Theft Loss (Attach Form 4684)		19a		00		
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		00		
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		00		
25	Other (from list in the instructions). List type and amount. ►	25		00		
Qualified Long-Term Care Ins. Premiums		26		00		
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	16,257	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	22 00
		00	00
		00	00
		00	00
		00	00
	1	00	1 00
		00	00
		00	00
		00	00
		00	00
2 D I V I D E N D S			00
			00
			00
			00
		2	00
			00
			00
			00
3 TOTAL TAXABLE INTEREST AND DIVIDENDS			
Enter here and on Form 40, page 1, line 6		3	22 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 Military Support Foundation	1j	00
b Alabama Arts Development Fund	1b	00	k Alabama Veterinary Medical Foundation		
c Alabama Nongame Wildlife Fund	1c	00	Spay-Neuter Program	1k	00
d Child Abuse Trust Fund	1d	00	l Cancer Research Institute	1l	00
e Alabama Veterans Program	1e	00	m Children First Trust Fund	1m	00
f Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc.	1f	00	n State Parks Division of the Department of Conservation and Natural Resources	1n	00
g Foster Care Trust Fund	1g	00	o Department of Mental Health – 2023	1o	00
h Mental Health	1h	00	p Alabama Medicaid Agency	1p	00
i Alabama Breast & Cervical Cancer Program	1i	00			

2 Total Donations. Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, and p. Enter here and on Form 40, page 1, line 34	2	00
--	---	----



SCHEDULE
ATP

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

2024

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 **2024**

(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**

(h)

(i) **Employer Identification Number**

(j)

Amount

(g) **Name and Address**

Check One

Partnership

Estate or Trust

S Corp.

.....	X					85,997	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 85,997 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 85,997 00



SCHEDULE
RS

(FORM 40 OR
FORM 40NR)



2024

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			7		51,012				Defined Benefit Pension
• 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									
• 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								
• 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)								
• 11	Primary's Alabama Taxable Retirement Distribution. Subtract line 10 from line 9. Enter the amount here and on Part 4, line 1								



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

ALABAMA SCHEDULE RS – 2024

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								
• 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								
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 Service

**Recomputed 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

2024

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

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

Business Coach

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 2024? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 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 **69,712**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 **69,712**

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5 **69,712**

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

See Stmt 1

6 **3,176**

7 **Gross income.** Add lines 5 and 6

7 **72,888**

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

8 Advertising

8

18 Office expense (see instructions)

18

9 Car and truck expenses

9 **569**

19 Pension and profit-sharing plans

19

(see instructions)

20 Rent or lease (see instructions):

10 Commissions and fees

10

a Vehicles, machinery, and equipment

20a

11 Contract labor (see instructions)

11

b Other business property

20b

12 Depletion

12

21 Repairs and maintenance

21

13 Depreciation and section 179

13 **796**

22 Supplies (not included in Part III)

22

expense deduction (not

included in Part III) (see

instructions)

23 Taxes and licenses

23

14 Employee benefit programs

14

24 Travel and meals:

24a **11,057**

(other than on line 19)

a Travel

15 Insurance (other than health)

15

b Deductible meals (see

24b

16 Interest (see instructions):

25 Utilities

25

a Mortgage (paid to banks, etc.)

16a

26 Wages (less employment credits)

26

b Other

16b

27a Other expenses (from line 48)

27a **-796**

17 Legal and professional services

17

b Energy efficient commercial bldgs

27b

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27b

28 **11,626**

29 Tentative profit or (loss). Subtract line 28 from line 7

29 **61,262**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

30 **2,972**

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

31 **58,290**

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.

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

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

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

33 Method(s) used to value closing inventory: **a** ☐ 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? ☐ Yes ☐ No
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)

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

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

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

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

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

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

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

AL Depreciation Adj.

[illegible]

Recomputed for Alabama
Expenses for Business Use of Your Home

Form **8829**

Department of the Treasury
Internal Revenue Service

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	300
2	Total area of home	2	6000
3	Divide line 1 by line 2. Enter the result as a percentage	3	5.00 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	5.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions. See instructions for columns (a) and (b) before completing lines 9-22.	8	61,262
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	61,262
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	1,449
18	Insurance	18	4,066
19	Rent	19	
20	Repairs and maintenance	20	46,123
21	Utilities	21	7,803
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	59,441
24	Multiply line 23, column (b), by line 7	24	2,972
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2,972
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,972
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	58,290
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0
34	Add lines 14, 27, and 33	34	2,972
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.	36	2,972

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2025

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

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

Form **8829** (2024)

Alabama Statements

Business Coach

Statement 1 - AL Federal Schedule C - Other Income

Description	Amount
Travel Reimbursements	\$ 3,176
Total	\$ 3,176

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972			16	32,326
	3				17	
	17	Amount from Schedule 2, line 3			18	32,326
	18	Add lines 16 and 17			19	
	19	Child tax credit or credit for other dependents from Schedule 8812			20	1,200
	20	Amount from Schedule 3, line 8			21	1,200
	21	Add lines 19 and 20			22	31,126
	22	Subtract line 21 from line 18. If zero or less, enter -0-			23	8,125
23	Other taxes, including self-employment tax, from Schedule 2, line 21			24	39,251	
24	Add lines 22 and 23. This is your total tax					
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a			
	b	Form(s) 1099	25b	3,185		
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c	25d	3,185		
	26	2024 estimated tax payments and amount applied from 2023 return			26	34,395
	27	Earned income credit (EIC)	27			
	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits			32	
33	Add lines 25d, 26, and 32. These are your total payments			33	37,580	
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 2025 estimated tax			36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions			37	1,671
	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.)

Paid Preparer Use Only	Phone no.		Email address	
	Preparer's name	Preparer's signature	Date	PTIN
	Firm's name	Firm's address		Phone no.
			Firm's EIN	

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Identifying number

Business or activity to which this form relates

Business Coach

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	796
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	796
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						☒ Yes		☐ No		24b If "Yes," is the evidence written?						☒ Yes		☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25												
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
		09/25/19		11.40%		46,540		5,306		5.0		S/L-		796					
												S/L-							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1														28		796			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1														29					

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
30 Total business/investment miles driven during the year (don't include commuting miles)	2,684											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	20,862											
33 Total miles driven during the year. Add lines 30 through 32	23,546											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

2024

Attachment
Sequence No. 179

Name(s) shown on return

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

Identifying number

Business or activity to which this form relates

Pass-through expense from K-1

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	610,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	From Schedule K-1 (Form 1065)		2,913
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,913
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,913
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	146,404
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	2,913
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,913
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

There are no amounts for Page 2

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 noncash 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]	☐	Misc Household Goods
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	9,627	3,209	itsdeductible.com
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)

b ☐ Qualified conservation contribution

b(1) ☐ Certified historic structure

NPS # _____

c ☐ Art (contribution of less than \$20,000)

d ☐ Other real estate

e ☐ Equipment

f ☐ Securities

g ☐ Collectibles

h ☐ Intellectual property

i ☐ Vehicles

j ☐ Clothing and household items

k ☐ Digital assets

l ☐ Other

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 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.

Form 8283 (Rev. 12-2023)

DAA

Form AL-40	Alabama Federal Income Tax Deduction Worksheet	2024
Name [REDACTED]		Taxpayer Identification Number [REDACTED]

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>31,126</u>
2. Net Investment Income Tax. Enter amount from line 17, Form 8960	2. <u>1</u>
3. Federal Tax. Add lines 1 and 2	3. <u>31,127</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 Credits from Form 2439. Enter the amount from Schedule 3, Part II, line 13a of Form 1040	4d. _____
5. Add lines 4a, b, c, and d	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>31,127</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	2024
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Name	Taxpayer Identification Number	
Activity	EIN	K1 Unit
Type Not Passive		1

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1.	0
Increases to basis:		
2. Capital contributions: Cash	2.	32,645
3. Capital contributions: Property (Adjusted basis)	3.	
4. Increase in share of partnership liabilities	4.	3,655
5. Ordinary business income	5.	88,910
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.	88,910
20. Adjusted basis before items decreasing basis. Add line 1 and line 19	20.	125,210
Decreases to basis:		
21. Distributions: Cash and marketable securities (Schedule K-1 (1065), Box 19 A)	21.	97,746
22. Distributions: Property (Adjusted basis) (Schedule K-1 (1065), Box 19 B)	22.	
23. Decrease in share of partnership liabilities	23.	
24. Total distributions. Combine lines 21 through 23	24.	97,746
25. Nondeductible non-capital expenses. (See Partner's Basis Worksheet Page 2)	25.	324
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.	324
29. Adjusted basis before items of loss or deductions (Subtract line 28 from line 20. Do not enter less than zero)	29.	27,140
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)	30.	3,025
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)	31.	24,115

Gain Recognized on Distributions

32. Total distributions less property distributions. Subtract line 22 from line 24	32.	97,746
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.	33.	125,210
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

Name

Taxpayer Identification Number

Activity **C**

EIN

Type **Not Passive**

K1 Unit **1**

	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss	Disallowed Loss Carryforward
Nondeductible noncap exp						
Nondeductible expenses		324				
Cash contributions (50%)						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Foreign taxes						
Total nonded noncap exp			324		324	
Prtship losses and deductions						
Ordinary business loss						
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 gain/-loss						
Ordinary business gain/loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 pg 1						
Section 179 expense		2,913	2,913	0.9630	2,913	
Portfolio deduct (2% floor)						
Portfolio deduct (other)						
Investment interest expense						
Depletion						
Deductions-royalty income						
Sec 59(e)(2) expenditures						
Preproductive period exp.						
Commercial revital ded						
Reforestation expense ded.						
Other deductions						
Total losses and deductions		112	112	0.0370	112	

Form **AL-40****Alabama Estimated Tax Payments Worksheet****2025**

Name

Taxpayer Identification Number

2024**Increase or Decrease****2025**

1. Taxable income	1. 86,706
2. Tax	2. 4,298
3. Tax increase/decrease 110% Safe harbor adjustment	3. 430
4. Net tax	4. 4,728
Less:	
5. Credits	5. 0
6. Tax withheld	6. 0
7. Balance	7. 4,728
Less:	
8. 2024 overpayment applied to 2025 estimates	8. _____
9. 2025 estimates already paid	9. _____
10. Calculated estimates	10. 4,728
11. Rounding amount	11. 32
12. Total estimated tax payments	12. 4,760

Summary of Estimated Payments

Voucher Number	Due Date	Amount Due	Date Paid	Amount Paid
1	04/15/25	1,190	_____	_____
2	06/16/25	1,190	_____	_____
3	09/15/25	1,190	_____	_____
4	12/31/25	1,190	_____	_____

Form **AL-40****Alabama Schedule K-1 Reconciliation Worksheet****2024**

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)	88,910			
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	88,910			
Schedule K1 Deductions:				
Investment interest expense, Schedule E (Passive)				
Depreciation				
Section 179 expense deduction	2,913			
Expenses other than auto				
Royalty expenses				
Auto expenses				
Home office expense				
Other				
Total Schedule K1 Deductions	2,913			
Schedule K1 Net Income	85,997			85,997
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	112			112
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				

Name

Taxpayer Identification Number

1	Maximum dollar limitation	MFS	610,000	1	610,000
2	Total cost of section 179 property placed in service			2	
3	Threshold cost of section 179 property before reduction in limitation			3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-			4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-			5	610,000
6	Total elected cost of section 179 property			6	2,913
7	Basis and At-Risk Adjustment			7	
8	Total elected cost of section 179 property less Basis and At - Risk adjustment			8	2,913
9	Tentative deduction. Enter the smaller of line 8 or line 5			9	2,913
10	Carryover of disallowed deduction from 2023			10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5			11	147,200
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			12	2,913
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12			13	

Activity Description	Elected Section 179	Basis/ At-Risk Adjustment	Previous Year Carryover	Allowed Section 179	Next Year Carryover
	2,913			2,913	
Totals	2,913	0	0	2,913	0

Recomputed for Alabama

Form AL-40	Alabama Self-Employed Health Insurance Deduction Worksheet	2024
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Name of person with **self-employment** income (as shown on Form 1040)

Taxpayer Identification Number

Description	Form/Schedule	Unit number
Business Coach	C	1
1. Enter total payments made during the tax year for health insurance for you, your spouse and dependents	1.	8,719
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.	8,719
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.	58,290
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.	58,290
6. Divide line 4 by line 5	6.	1.0000
7. Multiply line 7a, by the percentage on line 6	7.	4,062
8. Subtract line 7b from line 4	8.	54,228
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.	54,228
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.	54,228
14. Enter the smaller of line 3 or line 13	14.	8,719
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.	8,719

Alabama Statements

Alabama Schedule A - Medical and Dental Expenses

Description	Amount
Medical & Dental Expenses	\$ 15,150
Total	<u>\$ 15,150</u>

Alabama Schedule A - Real Estate Taxes

Description	Amount
Mountain Woods	\$ 226
Real Estate Taxes - Form 8829	1,377
Total	<u>\$ 1,603</u>

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

Description	Amount
Dovenmuehle Mortgage	\$ 1,267
Total	<u>\$ 1,267</u>

Alabama Schedule A - Charitable Contributions by Cash or Check

Description	Amount
Misc Cash	\$ 40
Lifeline Pet Rescue	100
50% Cash Contrib from K-1s	112
Total	<u>\$ 252</u>

Alabama Schedule A - Charitable Contributions Other Than Cash or Check

Description	Amount
Form 8283 - 50% limit	\$ 3,209
Total	<u>\$ 3,209</u>

Alabama Statements

Business Coach

AL Business Use of Home - Indirect Insurance

Description	Amount
Insurance (8829, C, 1)	\$ 4,066
Total	\$ 4,066

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	7/05/10	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	9/25/19	46,540	5,306	19,843	796	796	0
			46,540	5,306	19,843	796	796	0
	Grand Totals		46,540	5,306	19,843	796	796	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		46,540	5,306	19,843	796	796	0

AL Future Depreciation Report FYE: 12/31/25
Business Coach

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

1	Home Office	7/05/10	0	0
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	Total Other Depreciation		0	0
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	Total ACRS and Other Depreciation		0	0
--	--	--	---	---

Listed Property:

2		9/25/19	46,540	0
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			46,540	0
--	--	--	--------	---

	Grand Totals		46,540	0
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