£104 (Department of the U.S. Indi				MB No. 1545-	0074	IRS Use Only	/-Do not writ	te or staple iu	n this space.
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							l	1001 300	iai scourit	y namber
					OP	A		Spouse's	social se	curity number
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						ZIP code			filing jointly nis fund. Ch	
					WA	99350	0	box below	v will not ch	
Foreign count	ry name					Foreign p	ostal code	your tax o		
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Filing State					Head of hou	ısehold (нон)			
Check only	Married f				Qualifying s	undulna	anauga (O	00)		
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	The September of the Control of the	rson is a chila but not your	dependent.		the HOTTOR C	X00 00X	, criter trie	Ciliu 3 ile	ane ii tiie	
		a nonresident alien or dua		e as a U.S. reside	ent for the ent	ire tax ve	ear, check	the box a	nd enter	
		e (see instructions and att	200				,			
Divital	1042 P 248 V 0 - 127 7 V 0 P 85 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						- \ / - \ -	-11		
Digital Assets		ring 2024, did you: (a) rece otherwise dispose of a digit		(5) S				eii,	Yes	x No
Standard	Someone can	3 10 10 10 10 10 10 10 10 10 10 10 10 10		our spouse as a d		066 111911	uctions.)		1es	<u>M</u> 140
Deduction		temizes on a separate retu			горонаот					
				0 700	□ Was had	b.sf	lenuen (1000		linal
		re born before January 2,	1960	-			January 2	3	ls bl	
,	1ts (see instruction (1) First name			(2) Social security number	y (3) Relationship (4) Check if to you Child tax cre		200		instructions): ner dependents	
If more than four	(1) First flame	Last name		A. (20. (20. (20. (20. (20. (20. (20. (20				Credit	Stedic for our	The dependents
dependents,			9				П		i	f -
see instruction	ns —						П		Ī	f -
here [7/2			,	
Income	1a Total am	nount from Form(s) W-2, b	ox 1 (see instruction	ns)				. 1a		
micomic	b Househ	old employee wages not re	eported on Form(s)	N-2				. 1b		
Attach Form(s W-2 here, Also	20	me not reported on line 1a						- 1c		
attach Forms	a iviedical	d waiver payments not rep	management of the property of	or apromos management works	ns) • • •			. 1d	-	
W-2G and 1099-R if tax		dependent care benefits for						. 1e	+	
was withheld		er-provided adoption benef from Form 8919, line 6	113 110111 F01111 6639					. 1g		
If you did not		arned income (see instruct						. 1h		
get a Form W-2, see		able combat pay election (s	W.		1i					
instructions.		es 1a through 1h						. 1z		
Attach Sch. B	2a Tax-exe	mpt interest	2a	b Tax	kable interest			. 2b		
if required.	3a Qualifie	d dividends	3a	b Ord	dinary dividen	nds		. 3b		
Standard	🕇 4a IRA dist	tributions	4a		kable amount			- 4b		
Deduction for	- 1	ns and annuities	5a		kable amount			- 5b		
 Single or Married filing 		security benefits		7	kable amount			- 6b	66	0
separately, \$14,600	5	lect to use the lump-sum e						$H \Vdash$	Š.	
 Married filing 		gain or (loss). Attach Sche								/10 005
jointly or Qualifying	0 Add line	nal income from Schedule es 1z, 2b, 3b, 4b, 5b, 6b, 7,	(E)	total income		* * * *		. 8	+	(13,809)
surviving spous \$29,200		es 12, 20, 30, 40, 50, 60, 7, nents to income from Sche						. 10	+	(13,809)
 Head of household, 		et line 10 from line 9. This is	50					. 11	1	698 (14,507)
\$21,900		rd deduction or itemized	(5)					. 12		29,200
 If you checked any box under 		ed business income deduct						. 13	_	23,200
Standard Deduction,	Anne: Responding							. 14	_	29,200
see instruction	s. 15 Subtrac	t line 14 from line 11. If zer	o or less, enter -0	This is your taxab l	le income			. 15		0

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

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 Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k. Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes 2a Alimony received 2a Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C 3 9.876 Other gains or (losses). Attach Form 4797 4 (2,931)5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 (20, 754)Farm income or (loss). Attach Schedule F 6 Unemployment compensation 7 7 Other income: 8a (Gambling 8b Cancellation of debt 8c С 8d 8e 8f g Alaska Permanent Fund dividends 8a h Jury duty pay 8h Prizes and awards 8i Activity not engaged in for profit income 8i k Stock options 8k 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 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 8_m n Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) 80 g8 **q** Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 8r 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 8t 8u Digital assets received as ordinary income not reported elsewhere. See 8v **z** Other income. List type and amount: ____ 9 Total other income. Add lines 8a through 8z 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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis			
	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	698
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
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	79-10-15893300000000000000000000000000000000000
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 8I from the			
	rental of personal property engaged in for profit	24b	1	
С	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		
е	Repayment of supplemental unemployment benefits under the Trade	04-		
	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	+	
n	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	Z-711		
1	from the IRS for information you provided that helped the IRS detect			
	tax law violations · · · · · · · · · · · · · · · · · · ·	24i		
i	Housing deduction from Form 2555	24j		
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u></u>	-	
•	1041)	24k		
z	Other adjustments. List type and amount:			
_	- Caron dajasananan martypa and annount	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.			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	698
FFΔ			Sched	ule 1 (Form 1040) 2024

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074 **2024**

Attachment Sequence No. 09

Social security number (SSN) Name of proprietor Α Principal business or profession, including product or service (see instructions) R Enter code from instructions TRUCKING C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) Е Business address (including suite or room no.) Œ City, town or post office, state, and ZIP code F (1) x Cash (2) | Accrual (3) | Other (specify) Accounting method: Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses x Yes G Н П X No Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No Part I Income 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 205,844 2 2 Returns and allowances 0 3 3 Subtract line 2 from line 1 205,844 4 4 5 Gross profit. Subtract line 4 from line 3 5 205,844 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 7 205,844 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 18 Office expense (see instructions) -18 8 Advertising 4,683 20,209 19 Car and truck expenses 19 Pension and profit-sharing plans . (see instructions) 9 20 Rent or lease (see instructions): 10 20a Commissions and fees а Vehicles, machinery, and equipment • 10 20b Contract labor (see instructions) 11 b Other business property 11 Depletion 21 21 12 Repairs and maintenance 12 13,923 Depreciation and section 179 22 Supplies (not included in Part III) . 22 3,328 expense deduction (not 23 Taxes and licenses 23 3,274 included in Part III) (see 24 13 Travel and meals: 34,264 instructions) 24a а 14 Employee benefit programs 24b (other than on line 19) 14 b Deductible meals (see instructions) 15 Insurance (other than health) 15 25 25 15,001 2,886 26 Wages (less employment credits) 26 Interest (see instructions): a Mortgage (paid to banks, etc.) 27a Other expenses (from line 48) . . 27a 16a 79,782 16b b 17,930 Energy efficient commercial bldgs 27b 17 Legal and professional services 17 600 deduction (attach Form 7205) Total expenses before expenses for business use of home. Add lines 8 through 27b 28 195,880 29 29 Tentative profit or (loss). Subtract line 28 from line 7 9,964 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 88 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. 31 9,876 If a loss, you must go to line 32. 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 32a 🗌 All investment is at risk. 32b Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedul	e C (Form 1040) 2024			Page 2
Name(s		SSN		
Part	Cost of Goods Sold (see instructions)		***************************************	
33	Method(s) used to	ittach expla	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory if "Yes," attach explanation		Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	. 37		
38	Materials and supplies	. 38		
39	Other costs			
40	Add lines 35 through 39	- 40		
41	Inventory at end of year	. 41		
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 IV Information on Your Vehicle. Complete this part only if you are claiming car are not required to file Form 4562 for this business. See the instructions for line Form 4562.	or truck e		
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 ve	hicle for:		
а	Business b Commuting (see instructions)	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 Part	If "Yes," is the evidence written?	e 27b, or	line 30.	☐ No
FUEL				69,519
	COSTS			120
INTE				123
COMM	UNICATIONS			4,554
LICE	NSES			4,012
FEES				1,171
UNIF	ORMS			283

10	Total other expenses. Enter here and on line 97a	18		70 702

SCHEDULE E (Form 1040)

Department of the Treasury

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

OMB No. 1545-0074

Attachment Sequence No. 13 Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service Your social security number Name(s) shown on return .SMA rart I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. ☐ Yes □ No В Yes No Physical address of each property (street, city, state, ZIP code) 1a Α В C 2 For each rental real estate property listed 1b Type of Property Fair Rental Personal Use QJV above, report the number of fair rental and (from list below) Days Days personal use days. Check the QJV box only Α Α 0 if you meet the requirements to file as a 365 qualified joint venture. See instructions. В В C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Properties: В C Income: Α 3 3 Rents received 9,000 4 4 Expenses: 5 5 6 6 Auto and travel (see instructions) 7 Cleaning and maintenance 7 8 8 9 9 Insurance 10 10 Legal and other professional fees 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 8,085 13 13 14 Repairs 14 286 15 15 442 16 16 4,290 17 17 18 Depreciation expense or depletion 18 8,019 19 Other (list) DUES 19 260 20 Total expenses. Add lines 5 through 19 20 21,382 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 (12,382) 22 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 20,754) Total of all amounts reported on line 3 for all rental properties 23a 9,000 Total of all amounts reported on line 4 for all royalty properties. 23b 0 23c 8,085 23d 8,019 23e 21,382 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 0 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 20,754 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.

(20,754)

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. Attachment Sequence No. 27

Name	Name(s) shown on return Identifyir				Identifying n	tifying number		
1a	Enter the gross proceeds fro	om sales or exchang	ges reported to you	ı for 2024 on Form(s) 1099-B or 1099-S (c	or		
	substitute statement) that yo	u are including on l	ine 2, 10, or 20. Se	ee instructions			1a	
b	Enter the total amount of gain MACRS assets	n that you are inclu	ding on lines 2, 10,	, and 24 due to the pa	artial dispositions of		1b	
С	Enter the total amount of los assets	•	-		dispositions of MAC		1c	
Par							rsion	s From Other
	Than Casualty o	r Theft - Most	Property Helo	More Than 1	<u> </u>		Т	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	basis, plus improvements	Cost or other basis, plus (g) Gain or (los Subtract (f) from (sum of (d) and sum	
PASS	IVE ACTIVITY ADJ							(2,931)
							т	
3	Gain, if any, from Form 468						3	***************************************
4	Section 1231 gain from insta						4	
5	Section 1231 gain or (loss)		-	824			5	
6	Gain, if any, from line 32, from						6	
7	Combine lines 2 through 6.						7	(2,931)
	Partnerships and S corpor line 10, or Form 1120-S, Sc				or Form 1065, Scnea	uie K,		
8	Individuals, partners, S co from line 7 on line 11 below 1231 losses, or they were re Schedule D filed with your r Nonrecaptured net section	and skip lines 8 and ecaptured in an earl eturn and skip lines	d 9. If line 7 is a ga ier year, enter the o 8, 9, 11, and 12 b	in and you didn't hav gain from line 7 as a elow.	e any prior year section	on	8	
9	Subtract line 8 from line 7. I	•	•		n line 7 on line 12 held	na if		
9	line 9 is more than zero, ent							
	capital gain on the Schedule						9	
Par								
10	Ordinary gains and losses	not included on line	es 11 through 16 (in	nclude property held	1 year or less):			
							.,	
11							11	(2,931)
12	Gain, if any, from line 7 or a						12	
13	Gain, if any, from line 31						13	***************************************
14	Net gain or (loss) from Forr						14	
15	Ordinary gain from installment						15	
16	Ordinary gain or (loss) from						16	
17	Combine lines 10 through 1	-					17	(2,931)
18	For all except individual retu a and b below. For individua				of your return and ski	p lines		
а					•			
	from income-producing pro employee.) Identify as from	"Form 4797, line 1	8a." See instruction	ns			18a	
h	 Redetermine the gain or (lo (Form 1040), Part I, line 4 						18b	(2,931)

Form 8829

Expenses for Business Use of Your Home

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

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

OMB No. 1545-0074

Attachment Sequence No. 176

Department of the Treasury Internal Revenue Service Name(s) of proprietor(s)

Your social security number

Part	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	1,200
2	Total area of home	2	2,400
3	Divide line 1 by line 2. Enter the result as a percentage	3	50.00 %
	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		
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	50.00 %
Part			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home,		
	minus any loss from the trade or business not derived from the business use of your home. See instructions	8	9,964
	See instructions for columns (a) and (b) before completing lines 9-22. (a) Direct expenses (b) Indirect expenses		
9	Casualty losses (see instructions) 9		
10	Deductible mortgage interest (see instructions) 10		
11	Real estate taxes (see instructions)		
12	Add lines 9, 10, and 11		
13	Multiply line 12, column (b), by line 7		
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	9,964
16	Excess mortgage interest (see instructions) 16		
17	Excess real estate taxes (see instructions)		
18	Insurance		
19	Rent		
20	Repairs and maintenance		
21	Utilities · · · · · · · · · · · · · · · 21		
22	Other expenses (see instructions)		
23	Add lines 16 through 22		
24	Multiply line 23, column (b), by line 7		
25	Carryover of prior year operating expenses (see instructions)	00	20
26	Add line 23, column (a), line 24, and line 25	26	88
27	Allowable operating expenses. Enter the smaller of line 15 or line 26 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	27 28	88
28		20	9,876
29	Excess casualty losses (see instructions)		
30 31	Carryover of prior year excess casualty losses and depreciation (see instructions)		
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	88
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	88
Pari	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	
Par	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	