

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 <b>Johnny C</b>	Last name <b>Bianco</b>	Your social security number _____ _____ _____
If joint return, spouse's first name and middle initial <b>Denise J</b>	Last name <b>Bianco</b>	Spouse's social security number _____ _____ _____
Home address (number and street). If you have a P.O. box, see instructions.		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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

**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):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here <input type="checkbox"/>					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Income	Description	Amount
<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	334,287.
<b>1b</b>	Household employee wages not reported on Form(s) W-2	
<b>1c</b>	Tip income not reported on line 1a (see instructions)	
<b>1d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
<b>1e</b>	Taxable dependent care benefits from Form 2441, line 26	
<b>1f</b>	Employer-provided adoption benefits from Form 8839, line 29	
<b>1g</b>	Wages from Form 8919, line 6	
<b>1h</b>	Other earned income (see instructions)	0.
<b>1i</b>	Nontaxable combat pay election (see instructions)	
<b>1z</b>	Add lines 1a through 1h	334,287.
<b>2a</b>	Tax-exempt interest	
<b>2b</b>	Taxable interest	
<b>3a</b>	Qualified dividends	
<b>3b</b>	Ordinary dividends	
<b>4a</b>	IRA distributions	
<b>4b</b>	Taxable amount	
<b>5a</b>	Pensions and annuities	
<b>5b</b>	Taxable amount	197,891.
<b>6a</b>	Social security benefits	
<b>6b</b>	Taxable amount	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
<b>8</b>	Additional income from Schedule 1, line 10	
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	532,178.
<b>10</b>	Adjustments to income from Schedule 1, line 26	
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	532,178.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	52,535.
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	
<b>14</b>	Add lines 12 and 13	52,535.
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	479,643.

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	108,859.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	108,859.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	108,859.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	759.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	109,618.	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	82,608.
	b	Form(s) 1099	25b	30,126.
	c	Other forms (see instructions)	25c	1,209.
	d	Add lines 25a through 25c	25d	113,943.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) NO	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 <b>total other payments and refundable credits</b>	32		
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	113,943.	

If you have a qualifying child, attach Sch. EIC.

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,325.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,325.
	b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	37	
	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 inst.)
		Sheriff	_____
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 inst.)
		Retired	_____
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared		Phone no.	
Firm's address	Firm's EIN			

**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](http://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

Johnny C & Denise J Bianco

**Part I Tax**

<b>1</b>	Additions to tax:		
<b>a</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>1a</b>	
<b>b</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) . . . . .	<b>1b</b>	
<b>c</b>	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) . . . . .	<b>1c</b>	
<b>d</b>	Recapture of net EPE from Form 4255, line 2a, column (i) . . . . .	<b>1d</b>	
<b>e</b>	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) <input type="checkbox"/> Line 1a, column (n)                      (ii) <input type="checkbox"/> Line 1c, column (n) (iii) <input type="checkbox"/> Line 1d, column (n)                      (iv) <input type="checkbox"/> Line 2a, column (n) . . . . .	<b>1e</b>	
<b>f</b>	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a, column (o)                      (ii) <input type="checkbox"/> Line 1c, column (o) (iii) <input type="checkbox"/> Line 1d, column (o)                      (iv) <input type="checkbox"/> Line 2a, column (o) . . . . .	<b>1f</b>	
<b>y</b>	Other additions to tax (see instructions): _____	<b>1y</b>	
<b>z</b>	Add lines 1a through 1y . . . . .		<b>1z</b>
<b>2</b>	Alternative minimum tax. Attach Form 6251 . . . . .		<b>2</b>
<b>3</b>	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .		<b>3</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .		<b>4</b>
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .		<b>7</b>
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/>		<b>8</b>
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .		<b>9</b>
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .		<b>10</b>
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .		<b>11</b> 759 .
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .		<b>12</b>
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .		<b>13</b>
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .		<b>14</b>
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .		<b>15</b>
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .		<b>16</b>

(continued on page 2)

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

759.

**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](http://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

Johnny C & Denise J Bianco

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>			
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b> 532,178.				
	<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .	<b>3</b>	39,913.		
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .			<b>4</b>	
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.				
	<b>a</b> 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 <input type="checkbox"/>	<b>5a</b>	38,232.		
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	11,366.		
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>	1,220.		
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	50,818.		
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	10,000.		
	<b>6</b> Other taxes. List type and amount: _____	<b>6</b>			
	<b>7</b> Add lines 5e and 6 . . . . .			<b>7</b>	10,000.
<b>Interest You Paid</b>	<b>Caution:</b> Your mortgage interest deduction may be limited. See instructions.	<b>8</b> 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 <input type="checkbox"/>			
		<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>	22,985.	
		<b>b</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 . . . . .	<b>8b</b>		
		<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>		
		<b>d</b> Reserved for future use . . . . .	<b>8d</b>		
		<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	22,985.	
	<b>9</b> Investment interest. Attach Form 4952 if required. See instructions	<b>9</b>			
	<b>10</b> Add lines 8e and 9 . . . . .			<b>10</b>	22,985.
<b>Gifts to Charity</b>	<b>Caution:</b> If you made a gift and got a benefit for it, see instructions.	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	17,700.	
		<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>	1,850.	
		<b>13</b> Carryover from prior year . . . . .	<b>13</b>		
		<b>14</b> Add lines 11 through 13 . . . . .			<b>14</b>
<b>Casualty and Theft Losses</b>	<b>15</b> 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 . . . . .			<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other--from list in instructions. List type and amount: _____			<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> 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 . . . . .			<b>17</b>	52,535.
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

**Additional Medicare Tax**  
 If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return: **Johnny C & Denise J Bianco**      Your social security number: \_\_\_\_\_

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	334,287.	
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>		
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>		
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	334,287.	
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		84,287.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		759.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>		
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>		
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		

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

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

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>		759.
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**Part V Withholding Reconciliation**

<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	6,056.	
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	334,287.	
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	4,847.	
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		1,209.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>		
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>		1,209.

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

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return  
**Johnny C & Denise J Bianco**

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)

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

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

<b>12</b>	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-		<b>12</b>	0.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	532,178.	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	282,178.	
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	0.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		<b>17</b>	0.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>		
<b>b</b>	Deductions for distributions of net investment income and charitable deductions (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>	
<b>21</b>	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)		<b>21</b>	

### Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to [www.irs.gov/Form8283](http://www.irs.gov/Form8283) for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **155**

Name(s) shown on your income tax return <u>Johnny C &amp; Denise J Bianco</u>	Identifying number
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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	Salvation Army 24201 Orange Street Perris CA 92570	<input type="checkbox"/>	Clothes
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	

**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).

1	(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	04/11/2024	various	Purchase	7,800.	1,850.	Consignment shop
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 <input type="checkbox"/> Art (contribution of \$20,000 or more)   | d <input type="checkbox"/> Other real estate     | i <input type="checkbox"/> Vehicles                     |
| b <input type="checkbox"/> Qualified conservation contribution      | e <input type="checkbox"/> Equipment             | j <input type="checkbox"/> Clothing and household items |
| b(1) <input type="checkbox"/> Certified historic structure          | f <input type="checkbox"/> Securities            | k <input type="checkbox"/> Digital assets               |
| NPS # _____   | g <input type="checkbox"/> Collectibles          | l <input type="checkbox"/> Other                        |
| c <input type="checkbox"/> Art (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual property |   |

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

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

Name(s) shown on your income tax return Johnny C & Denise J Bianco Identifying number \_\_\_\_\_

**Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions)—** Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

- 4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest \_\_\_\_\_  
If Section B, Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Section B, Part I: (1) For this tax year . . . \_\_\_\_\_  
(2) For any prior tax years \_\_\_\_\_
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):  
Name of charitable organization (donee) \_\_\_\_\_  
Address (number, street, and room or suite no.) \_\_\_\_\_ City or town, state, and ZIP code \_\_\_\_\_
- d For tangible property, enter the place where the property is located or kept \_\_\_\_\_
- e Name of any person, other than the donee organization, having actual possession of the property \_\_\_\_\_

	Yes	No
5a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .		
c Is there a restriction limiting the donated property for a particular use? . . . . .		

**Part III Taxpayer (Donor) Statement—**List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor) \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Declaration of Appraiser—**See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Here Appraiser signature \_\_\_\_\_ Date \_\_\_\_\_  
Appraiser name \_\_\_\_\_ Title \_\_\_\_\_

Business address (including room or suite no.) \_\_\_\_\_ Identifying number \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

**Part V Donee Acknowledgment—**See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date \_\_\_\_\_

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . .  Yes  No

Name of charitable organization (donee) \_\_\_\_\_ Employer identification number \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_ City or town, state, and ZIP code \_\_\_\_\_

Authorized signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Employee Business Expenses**

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form2106](http://www.irs.gov/Form2106) for instructions and the latest information.

Attachment  
Sequence No. **129**

Your name <b>JOHNNY C BIANCO</b>	Occupation in which you incurred expenses <b>SHERIFF</b>	Social security number
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**Part I Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses	Column A Other Than Meals	Column B Meals
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .		
<b>2</b> Parking fees, tolls, and transportation, including trains, buses, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	760	
<b>3</b> Travel expense while away from home overnight, including lodging, airfare, car rental, etc. <b>Don't</b> include meals . . . . .		
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals . . . . .	5790	
<b>5</b> Meals expenses (see instructions) . . . . .		2790
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	6550	2790

**Note:** If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amounts from line 6 on line 8.

**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

<b>7 Reimbursements</b> received from employer. <b>Include reimbursements</b> reported on Form W-2, box 12, code "L." <b>Do not</b> include amounts reported on Form W-2, box 1. (See instructions.) . . . . .		
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**Step 3 Figure Expenses To Deduct**

<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, 1040-SR, or 1040-NR, line 1a . . . . .	6550	2790
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
<b>9</b> In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter . . . . .	6550	1395
<b>10</b> Add the amounts on line 9 for both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return . . . . .		7945

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