



2024 Tax Return

JANETTA & LIVINGFORGOD DEMOTT

[REDACTED]

Dear JANETTA & LIVINGFORGOD DEMOTT:

We appreciate your choosing Liberty Tax and our professional service to prepare your 2024 Tax Return. It is our goal to make the process easy and less stressful for you. We look forward to seeing you next year!

Federal

Your Federal tax return has been electronically filed.

Your Federal balance due is \$5.

You have selected to pay your Federal balance due by **Electronic method**.

California - Income Tax

Your California tax return has been electronically filed.

Your California refund is \$571.

You have selected to receive your California refund by **Electronic method**.

We have provided a copy of your tax return to keep for your records.

Thank you for choosing Liberty Tax!

Form 1040 U.S. Individual Income Tax Return

Department of the Treasury-Internal Revenue Service

2024

OMB No. 1545-0074

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

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

Personal information section including name (JANETTA DEMOTT), spouse's name (LIVINGFORGOD DEMOTT), home address, and filing status options.

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets and Standard Deduction sections with checkboxes for claiming someone as a dependent and spouse itemizes.

Age/Blindness section with checkboxes for being born before 1960 and being blind.

Dependents table with columns for first name, last name, social security number, relationship, and child tax credit eligibility.

Income section table with 15 rows detailing various income sources (1a-1z) and deductions (2a-15), culminating in a taxable income of 54,764.

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

EEA

Form 1040 (2024)

Tax and Credits	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	6,109
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,109
	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	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,109
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,021
24	Add lines 22 and 23. This is your total tax .	24	7,130	

Payments	25	Federal income tax withheld from:			25d	7,125	
	a	Form(s) W-2	25a	7,125			
	b	Form(s) 1099	25b				
	c	Other forms (see instructions)	25c				
	d	Add lines 25a through 25c				25d	7,125
	26	2024 estimated tax payments and amount applied from 2023 return				26	
	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	0	
33	Add lines 25d, 26, and 32. These are your total payments .				33	7,125	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0
	b	Routing number		
	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	5
	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 **Lisa Baca** Phone no. [redacted] Personal identification number (PIN) [redacted]

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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	38102	02-26-2025	TEACHER	
	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.)
	68038	02-26-2025	DRIVER	
	Phone no. [redacted]	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check If:
Preparer's name Lisa Baca	02-26-2025	P00692651	<input type="checkbox"/> Self-employed
Firm's name Liberty Tax - Office 12479	Phone no. [redacted]		
Firm's address 2997 Churn Creek Rd Redding, CA 96002	Firm's EIN 47-2175745		

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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.

2024
Attachment
Sequence No. 01

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

JANETTA & LIVINGFORGOD DEMOTT

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/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	7,222
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
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	7,222

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

Part II Adjustments to Income

11	Educator expenses		11	300
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	511
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	672
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		
	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	1,483

EEA

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

JANETTA & LIVINGFORGOD DEMOTT

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) <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)	1e	
f	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)	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 0

Part II	Other Taxes		
4	Self-employment tax. Attach Schedule SE		4 1,021
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 <input type="checkbox"/>		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
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares ..		14
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15
16	Recapture of low-income housing credit. Attach Form 8611		16

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 ..	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation ..	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 ..	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1,021

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2024

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.

Attachment Sequence No. 09

Name of proprietor: JANETTA DEMOTT. Social security number (SSN): [REDACTED]. Principal business or profession: MUSICIAN. Business name: JANETTA DEMOTT. Accounting method: (1) [X] Cash. Did you materially participate? [X] Yes.

Part I Income table with 7 rows. Line 1: Gross receipts or sales 6,495. Line 2: Returns and allowances 0. Line 3: Subtract line 2 from line 1 6,495. Line 4: Cost of goods sold. Line 5: Gross profit 6,495. Line 6: Other income. Line 7: Gross income 6,495.

Part II Expenses table with 32 rows. Line 8: Advertising. Line 9: Car and truck expenses. Line 10: Commissions and fees. Line 11: Contract labor. Line 12: Depletion. Line 13: Depreciation and section 179 expense deduction. Line 14: Employee benefit programs. Line 15: Insurance. Line 16: Interest. Line 17: Legal and professional services. Line 18: Office expense. Line 19: Pension and profit-sharing plans. Line 20: Rent or lease. Line 21: Repairs and maintenance. Line 22: Supplies. Line 23: Taxes and licenses. Line 24: Travel and meals. Line 25: Utilities. Line 26: Wages. Line 27: Other expenses. Line 28: Total expenses before expenses for business use of home 263. Line 29: Tentative profit or (loss) 6,232. Line 30: Expenses for business use of your home 1,236. Line 31: Net profit or (loss) 4,996.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2024

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.

Attachment Sequence No. 09

Name of proprietor: LIVINGFORGOD DEMOTT
Social security number (SSN): [REDACTED]
A Principal business or profession, including product or service (see instructions): Couriers & messengers
B Enter code from instructions: 492000
C Business name, if no separate business name, leave blank: LIVINGFORGOD ANDCOUNTRY DEMOTT
D Employer ID number (EIN) (see instr.):
E Business address (including suite or room no.): [REDACTED]
City, town or post office, state, and ZIP code: [REDACTED]
F Accounting method: (1) [X] 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.... [X] 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 [X] No
J If "Yes," did you or will you file required Form(s) 1099? [] Yes [] No

Part I Income
Table with 7 rows: 1 Gross receipts or sales (5,835), 2 Returns and allowances (0), 3 Subtract line 2 from line 1 (5,835), 4 Cost of goods sold (0), 5 Gross profit (5,835), 6 Other income (0), 7 Gross income (5,835)

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 32 rows: 8 Advertising (0), 9 Car and truck expenses (3,085), 10 Commissions and fees (0), 11 Contract labor (0), 12 Depletion (0), 13 Depreciation and section 179 expense deduction (0), 14 Employee benefit programs (0), 15 Insurance (0), 16 Interest (0), 16a Mortgage (0), 16b Other (0), 17 Legal and professional services (50), 18 Office expense (0), 19 Pension and profit-sharing plans (0), 20 Rent or lease (0), 20a Vehicles, machinery, and equipment (0), 20b Other business property (0), 21 Repairs and maintenance (0), 22 Supplies (0), 23 Taxes and licenses (0), 24 Travel and meals (0), 24a Travel (0), 24b Deductible meals (0), 25 Utilities (474), 26 Wages (0), 27a Other expenses (0), 27b Energy efficient commercial bldgs deduction (0), 28 Total expenses before expenses for business use of home (3,609), 29 Tentative profit or (loss) (2,226), 30 Expenses for business use of your home (2,226), 31 Net profit or (loss) (2,226), 32 Investment risk questions.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

IRS e-file Signature Authorization

OMB No. 1545-0074
2024

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

Submission Identification Number (SID) ▶ **00-684733-005565**

Taxpayer's name
JANETTA DEMOTT
Spouse's name
LIVINGFORD DEMOTT

Social security number
[REDACTED]

Spouse's social security number
[REDACTED]

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	85,306
2	Total tax	2	7,130
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,125
4	Amount you want refunded to you	4	
5	Amount you owe	5	5

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

- Amount owed will be debited from: RTN:121135045 DAN:321234598
- I authorize Liberty Tax - Office 12479 to enter or generate my PIN [REDACTED] 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 ▶ *Janetta Demott* Date ▶ 02/26/2025 PST

Spouse's PIN: check one box only

- I authorize Liberty Tax - Office 12479 to enter or generate my PIN [REDACTED] 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 ▶ *[Signature]* Date ▶ 02/26/2025 PST

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. [REDACTED] 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 ▶ *[Signature]* Date ▶ 02-26-2025

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.