

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

Your first name and middle initial

Last name

See separate instructions.

JOEL E.

JACOB

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.

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.

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

State ZIP code

You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

Single

Head of household (HOH)

Check only one box.

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):

If more than four dependents, see Instr. and check here

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
				Child tax credit	Credit for other dependents

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	STMT 1	1a	327,916.
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	327,916.

Attach Sch. B if required.

2a Tax-exempt interest	2a	b Taxable interest	2b	44,918.
3a Qualified dividends	3a	b Ordinary dividends	3b	4,064.
4a IRA distributions	4a	b Taxable amount	4b	
5a Pensions and annuities	5a	b Taxable amount	5b	
6a Social security benefits	6a	b Taxable amount	6b	

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.

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	21,048.
8 Additional income from Schedule 1, line 10		8	6,376,345.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	6,774,291.
10 Adjustments to income from Schedule 1, line 26		10	17,835.
11 Subtract line 10 from line 9. This is your adjusted gross income		11	6,756,456.
12 Standard deduction or itemized deductions (from Schedule A)		12	648,995.
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	1,216,485.
14 Add lines 12 and 13		14	1,865,480.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	4,890,976.

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

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	1,763,593.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,763,593.
	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	1,763,593.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,453.
24	Add lines 22 and 23. This is your total tax	24	1,767,046.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 4	25a	83,169.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions) SEE STATEMENT 6	25c	1,151.
	d	Add lines 25a through 25c	25d	84,320.
	26	2024 estimated tax payments and amount applied from 2023 return STATEMENT 5	26	2,075,301.
	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	725,000.	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	725,000.	
33	Add lines 25d, 26, and 32. These are your total payments	33	2,884,621.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,117,575.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	1,117,575.	

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	
	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 **CAROL S RUBENFAER, CPA** 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.

Your signature [REDACTED] Date [REDACTED] Your occupation **EXECUTIVE** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

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

Phone no. [REDACTED] Email address [REDACTED]

Paid Preparer Use Only Preparer's name **CAROL S RUBENFAER CPA** Preparer's signature [Signature] Date [REDACTED] PTIN [REDACTED] Check it: Self-employed

Firm's name **RUBENFAER & ASSOCIATES PC** Phone no. [REDACTED]
Firm's address [REDACTED] Firm's EIN [REDACTED]

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024

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.

Attachment
Sequence No. 01

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

JOEL E. JACOB

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

STATEMENT 8

	STMT 7	STMT 9	1	8
1 Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a Alimony received			2a	
b Date of original divorce or separation agreement (see instructions)				
3 Business income or (loss). Attach Schedule C			3	
4 Other gains or (losses). Attach Form 4797			4	-28,822.
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	6,405,167.
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 ABLÉ 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	6,376,345.

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	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	17,835.
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 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	17,835.

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

JOEL E. JACOB

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.	1e		
(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)		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions	1f		
(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)		
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	
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	1,151.
12 Net investment income tax. Attach Form 8960		12	2,302.
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
			3,453.

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

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

JOEL E. JACOB

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	
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	0.

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	725,000.
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	725,000.

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

Schedule 3 (Form 1040) 2024

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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.

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

Your social security number

JOEL E. JACOB

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040 or 1040-SR, line 11	2			
3	Multiply line 2 by 7.5% (0.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
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 <input type="checkbox"/> SEE STATEMENT 10	5a	341,501.		
b	State and local real estate taxes (see instructions) SEE STATEMENT 12	5b	34,061.		
c	State and local personal property taxes	5c			
d	Add lines 5a through 5c	5d	375,562.		
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.		
6	Other taxes. List type and amount:	6			
7	Add lines 5e and 6	7		10,000.	
Interest You Paid					
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 <input type="checkbox"/>				
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
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			
9	Investment interest. Attach Form 4952 if required. See instructions	9			
10	Add lines 8e and 9	10			
Gifts to Charity					
11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	628,544.	STMT 11	
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	10,451.		
13	Carryover from prior year	13			
14	Add lines 11 through 13	14		638,995.	
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		648,995.	
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>	18			

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

419501 12-08-24

Schedule A (Form 1040) 2024

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

JOEL E. JACOB

Part I

Interest

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

COMERICA BANK
SCH E ENTITIES - BANK INTEREST
AMERICAN ENTERPRISE - [REDACTED]
FROM K-1 - M. JACOB & SONS
FROM K-1 - THE BOTTLE CREW, L.L.C.

Amount

103.
13,840.
3.
4,591.
26,381.

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

2 Add the amounts on line 1 2 **44,918.**
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 **44,918.**

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

Part II

Ordinary Dividends

5 List name of payer:

MERRILL LYNCH - [REDACTED]
AMERICAN ENTERPRISE - [REDACTED]

Amount

2,140.
1,924.

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

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 **4,064.**

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See Instr. 427501 10-25-24

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(ies) where the financial account(s) is (are) located
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? X
If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

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

Schedule B (Form 1040) 2024

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

JOEL E. JACOB

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	153.			153.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions STMT 13				13 20,895.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 21,048.

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

Schedule D (Form 1040) 2024

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	21,048.
<ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

JOEL E. JACOB

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(X) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment code, (g) Amount of adjustment, (h) Gain or (loss). Includes rows for INVESCO MAIN STREET FUND and AMERICAN GROWTH FUND OF AMERICA, and a Totals row at the bottom.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

2024

Attachment
Sequence No. 13

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Your social security number

JOEL E. JACOB

Part 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.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No
 B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED] CANTON, [REDACTED]

B CHARLEVOIX, MI

C CHARLEVOIX, MI

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	B	C
A	4		366		<input type="checkbox"/>
B	1		366		<input type="checkbox"/>
C	5		366		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties		
	A	B	C
3 Rents received	924,695.	334,886.	65,908.
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)	1,830.	4,041.	
7 Cleaning and maintenance			
8 Commissions			
9 Insurance	19,492.	31,017.	2,077.
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	104,807.	54,562.	13,779.
13 Other interest			0.
14 Repairs		71,332.	
15 Supplies			
16 Taxes	109,862.	52,195.	10,088.
17 Utilities	63,799.	9,079.	
18 Depreciation expense or depletion	80,129.	94,732.	
19 Other (list) STMT 14 STMT 15 STMT 16	20,474.	4,691.	1,131.
20 Total expenses. Add lines 5 through 19	400,393.	321,649.	27,075.
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 file Form 6198	524,302.	13,237.	38,833.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			
23a Total of all amounts reported on line 3 for all rental properties			
23b Total of all amounts reported on line 4 for all royalty properties			
23c Total of all amounts reported on line 12 for all properties			
23d Total of all amounts reported on line 18 for all properties			
23e Total of all amounts reported on line 20 for all properties			
24 Income. Add positive amounts shown on line 21. Do not include any losses			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

LHA 421491 10-25-24

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2024

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. 13

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

Name(s) shown on return

Your social security number

JOEL E. JACOB

Part 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.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No
 B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
 A CHARLEVOIX, MI
 B [REDACTED], CHARLEVOIX, MI
 C CHARTER AIRLINE

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
		A	B	C
A 5		366		<input type="checkbox"/>
B 4		366		<input type="checkbox"/>
C 8		366		<input type="checkbox"/>

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental WAREHOUSE
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) CHARTER AIRCRAFT

Income:	Properties		
	A	B	C
3 Rents received	172,823.	71,659.	918,237.
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)	1,706.		
7 Cleaning and maintenance			5,100.
8 Commissions			
9 Insurance	3,256.	4,031.	46,777.
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	27,860.	15,849.	
13 Other interest			32,607.
14 Repairs	49,091.		683,095.
15 Supplies			30.
16 Taxes	4,028.	5,663.	
17 Utilities	2,731.	5,088.	
18 Depreciation expense or depletion	6,410.	7,991.	342,916.
19 Other (list) STMT 17 STMT 18 STMT 19	2,850.	2,925.	421,010.
20 Total expenses. Add lines 5 through 19	97,932.	41,547.	1,531,535.
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 file Form 6198	74,891.	30,112.	-613,298.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			352,015.)
23a Total of all amounts reported on line 3 for all rental properties	23a	2,488,208.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	216,857.	
d Total of all amounts reported on line 18 for all properties	23d	532,178.	
e Total of all amounts reported on line 20 for all properties	23e	2,420,131.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		681,375.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		352,015.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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	26		329,360.

For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040) 2024

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

JOEL E. JACOB

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

Table with 6 columns: (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. Rows include M. JACOB & SONS and THE BOTTLE CREW, L.L.C.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Includes Totals and sub-totals for 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and sub-totals for 34a, 34b, 35, 36, and 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Total income (loss) is 6,405,167.

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2024

Name **JOEL E. JACOB**
Passthrough M. JACOB & SONS - M. JACOB & SONS
S CORPORATION

ID

SSN/EIN

TAXPAYER

OTHER PASSIVE

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	200,037.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover	5,095.							
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	194,942.							194,942.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	194,942.							194,942.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	3,890.							3,890.
Deductions related to portfolio income								
Other	4,670.							4,670.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2024

SCHEDULE E
Name JOEL E. JACOB
Passthrough M. JACOB & SONS - M. JACOB & SONS
S CORPORATION

ID [REDACTED]

SSN/EIN [REDACTED]
TAXPAYER

OTHER PASSIVE INTEREST AND DIVIDENDS	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Interest Income	4,591.							4,591.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income	199,553.							199,553.
Section 199A W-2 wages								
Section 199A unadjusted basis	143,865.							143,865.

SCHEDULE E
INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2024

Name **JOEL E. JACOB**
 Passthrough THE BOTTLE CREW, L.I.C.
 S CORPORATION

ID [REDACTED]

SSN/EIN [REDACTED]
 TAXPAYER

SCHEDULE E, PAGE 2

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
Ordinary business income (loss)	5,948,066.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover	67,201.							
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	5,880,865.							5,880,865.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	5,880,865.							5,880,865.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition	-28,822.							-28,822.
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other	97,750.							97,750.

SCHEDULE E
INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2024

Name **JOEL E. JACOB**
Passthrough THE BOTTLE CREW, L.L.C.
S CORPORATION

ID

SSN/EIN
TAXPAYER

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest Income	26,381.							26,381.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc	327,916.							327,916.
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	17,835.							17,835.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income	2,402,130.							2,402,130.
Section 199A W-2 wages								
Section 199A unadjusted basis	1,706,387.							1,706,387.

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

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

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment
Sequence No. **27**

JOEL E. JACOB

Identifying number

1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

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	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	THE BOTTLE CREW, L.L.C.						- 28,822.

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	- 28,822.
8 Nonrecaptured net section 1231 losses from prior years. See instructions STATEMENT 20	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11	28,822
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	- 28,822.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(f), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	- 28,822.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Qualified Business Income Deduction

2024

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[REDACTED]

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

Use this form if your taxable income, before your qualified business income deduction, is above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	M. JACOB & SONS	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
B	THE BOTTLE CREW, L.L.C.	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
C	CREW HOUSE LLC - COMMERCIAL REAL ESTATE - 605	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	184,787.	5,574,502.	496,989.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	36,957.	1,114,900.	99,398.
4 Allocable share of W-2 wages from the trade, business, or aggregation	199,553.	2,402,130.	
5 Multiply line 4 by 50% (0.50)	99,777.	1,201,065.	
6 Multiply line 4 by 25% (0.25)	49,888.	600,533.	
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	143,865.	1,706,387.	3,076,879.
8 Multiply line 7 by 2.5% (0.025)	3,597.	42,660.	76,922.
9 Add lines 6 and 8	53,485.	643,193.	76,922.
10 Enter the greater of line 5 or line 9	99,777.	1,201,065.	76,922.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	36,957.	1,114,900.	76,922.
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	36,957.	1,114,900.	76,922.
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	36,957.	1,114,900.	76,922.
16 Total qualified business income component. Add all amounts reported on line 15	1,243,247.		

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

Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	1,243,247.	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32	1,243,247.	
33	Taxable income before qualified business income deduction	33	6,107,461.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	25,035.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	6,082,426.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36	1,216,485.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37	1,216,485.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39	1,216,485.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

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

Use this form if your taxable income, before your qualified business income deduction, is above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARL	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
B	G7 LLC - LAND RENTAL - CHARLEVOIX, MI	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
C	7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, M	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	12,547.	36,810.	70,990.
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	2,509.	7,362.	14,198.
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	1,652,500.		250,000.
8 Multiply line 7 by 2.5% (0.025)	41,313.		6,250.
9 Add lines 6 and 8	41,313.		6,250.
10 Enter the greater of line 5 or line 9	41,313.		6,250.
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	2,509.		6,250.
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	2,509.	0.	6,250.
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	2,509.	0.	6,250.
16 Total qualified business income component. Add all amounts reported on line 15			

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

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

Qualified Business Income Deduction

2024

Attachment Sequence No. **55A**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[REDACTED]

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

Use this form if your taxable income, before your qualified business income deduction, is above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	LARS PCH LLC - COMMERCIAL RENTAL - [REDACTED] ROAD,	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	28,543.		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	5,709.		
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	311,667.		
8 Multiply line 7 by 2.5% (0.025)	7,792.		
9 Add lines 6 and 8	7,792.		
10 Enter the greater of line 5 or line 9	7,792.		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	5,709.		
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	5,709.		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	5,709.		
16 Total qualified business income component. Add all amounts reported on line 15			

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

Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

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

Loss Netting and Carryforward

OMB No. 1545-2294

Attach to Form 8995-A.
 Go to www.irs.gov/Form8995A for instructions and the latest information.

Attachment
 Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

[REDACTED]

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	SEE STATEMENT 21		()	
			()	
			()	
2	Qualified business net (loss) carryforward from prior years. See instructions		2 ()	
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3 (352,015)	
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4 6,757,182.	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).		5 (352,015)	
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6 ()	

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

Schedule C (Form 8995-A) (Rev. 12-2022)

[REDACTED]

Use this worksheet to track losses or deductions suspended by other provisions and attributable to QBI using the FIFO method.
 Code 469 (Enter the Code section limiting your loss.)

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage	C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections
1. Pre-2018	0.	.000000%		
2. 2018	0.	.000000%		0.
3. 2019	0.	.000000%		0.
4. 2020	0.	.000000%		0.
5. 2021	0.	.000000%		0.
6. 2022	0.	.000000%		0.
7. 2023	0.	.000000%		0.
8. 2024	-261,283.	1.000000%		0.
9. Total	-261,283.			0.

Part II Non-QBI Suspended and Allowed Losses

Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	G(vii). Utilized 2024	H. Remaining suspended losses
1. Pre-2018	0.		0.	0.	0.	0.	0.	0.	0.	0.
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.	0.
3. 2019	0.	0.		0.	0.	0.	0.	0.	0.	0.
4. 2020	0.	0.		0.	0.	0.	0.	0.	0.	0.
5. 2021	0.	0.		0.	0.	0.	0.	0.	0.	0.
6. 2022	0.	0.		0.	0.	0.	0.	0.	0.	0.
7. 2023	0.	0.		0.	0.	0.	0.	0.	0.	0.
8. 2024	0.	0.		0.	0.	0.	0.	0.	0.	0.
9. Total	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.

10. Allocation of allowed losses limited by other Code sections

Part III QBI Suspended and Allowed Losses

Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	K(vii). Utilized 2024	L. Remaining suspended losses
1. Pre-2018										
2. 2018	0.	0.		0.	0.	0.	0.	0.	0.	0.
3. 2019	0.	0.		0.	0.	0.	0.	0.	0.	0.
4. 2020	0.	0.		0.	0.	0.	0.	0.	0.	0.
5. 2021	0.	0.		0.	0.	0.	0.	0.	0.	0.
6. 2022	0.	0.		0.	0.	0.	0.	0.	0.	0.
7. 2023	0.	0.		0.	0.	0.	0.	0.	0.	0.
8. 2024	-261,283.	0.		0.	0.	0.	0.	0.	0.	-261,283.
9. Total	-261,283.	0.	0.	0.	0.	0.	0.	0.	0.	-261,283.

10. Allocation of allowed losses limited by other Code sections

11. Total prior year suspended losses allowed that must be incl. in QBI

Additional Medicare Tax

2024

Attachment
Sequence No. 71

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

Name(s) shown on return
JOEL E. JACOB

Your social security number
[REDACTED]

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	327,916.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	327,916.		
5 Enter the following amount for your filing status:				
Married filing jointly		\$250,000		
Married filing separately		\$125,000		
Single, Head of household, or Qualifying surviving spouse		\$200,000		
6 Subtract line 5 from line 4. If zero or less, enter -0-	5	200,000.		
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	6			127,916.
	7			1,151.

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V				1,151.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,906.		
20 Enter the amount from line 1	20	327,916.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,755.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	22			1,151.
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	23			
	24			1,151.

Net Investment Income Tax - Individuals, Estates, and Trusts

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. 72

Name(s) shown on your tax return

JOEL E. JACOB

Your social security number or EIN

[REDACTED]

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	44,918.
2 Ordinary dividends (see instructions)					2	4,064.
3 Annuities (see instructions)					3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	6,405,167.				
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 22	4b	-6,405,167.				
c Combine lines 4a and 4b					4c	0.
5a Net gain or loss from disposition of property (see instructions)	5a	-7,774.				
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	28,822.				
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c					
d Combine lines 5a through 5c					5d	21,048.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)					6	
7 Other modifications to investment income (see instructions) SEE STATEMENT 23					7	545.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7					8	70,575.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)						
b State, local, and foreign income tax (see instructions)	9b	10,000.				
c Miscellaneous investment expenses (see instructions)	9c					
d Add lines 9a, 9b, and 9c					9d	10,000.
10 Additional modifications (see instructions)					10	
11 Total deductions and modifications. Add lines 9d and 10					11	10,000.

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	60,575.
Individuals:						
13 Modified adjusted gross income (see instructions)	13	6,756,456.				
14 Threshold based on filing status (see instructions)	14	200,000.				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	6,556,456.				
16 Enter the smaller of line 12 or line 15					16	60,575.
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	2,302.
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.

Lines 5a-5d - Net Gains and Losses Worksheet

Keep for Your Records

	(A) Capital gains/(losses) Form 1040, Line 7, or Form 1041, Line 4	(B) Ordinary gains/(losses) Sch. 1 (1040), Line 4, or Form 1041, Line 7	Total of columns (A) + (B)
1. Beginning Net Gains and Losses	21,048.	-28,822.	Enter this amount on line 5a -7,774.
2. Gains and Losses excluded from Net Investment Income, use current year amounts for lines 2a-2g and 2i.			
(a) Enter net gains from the disposition of property used in a non-section 1411 trade or business (enter as negative amounts): Name of Trade or Business Amount _____ (_____) (_____) _____ (_____) (_____)			
(b) Enter net losses from the disposition of property used in a non-section 1411 trade or business (enter as positive amounts): Name of Trade or Business Amount <u>THE BOTTLE CREW,</u> _____ <u>L.L.C.</u> <u>28,822.</u>		28,822.	
(c) Enter net losses from a former passive activity (FPA) allowed by reason of section 469(f)(1)(A)			
(d) Gains recognized in the current year for payments received on an installment sale obligation or private annuity for the disposition of property used in a non-section 1411 trade or business			
(e) Enter the net gain attributable to the net unrealized appreciation (NUA) in employer securities			
(f) In the case of a QEF (other than a QEF held in a section 1411 trade or business) with respect to which a section 1.1411-10(g) election is not in effect, enter the amount treated as long-term capital gain for regular income tax purposes under section 1293(a)(1)(B)			
(g) Enter any other gains and losses included in net investment income that are not otherwise reported on Form 8960 and any other gains and losses excluded from net investment income reported on line 5a (enter excluded gains as a negative number and excluded losses as a positive number)			
(h) Enter the amount reported on line 2(f) of this worksheet from your prior tax year return calculations. Enter as a positive no.			
(i) If you do not have a capital loss carryover to next year, then skip this line and go to line 2(j). Otherwise, enter the lesser of (i)(1) or (i)(2) as a negative number			
(i)(1) If the sum of the amounts reported on lines 2(a)-2(h) and line 3(d), column (A), is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to line 2(j)			
OR			
(i)(2) The amount of capital loss carried over to next year (Schedule D (Form 1040), line 16, less the amount allowed as a current deduction on Schedule D (Form 1040), line 21) entered as a positive number			
(j) Sum of lines 2(a)-2(i)		28,822.	Enter this amount on line 5b 28,822.
3. Adjustment for Gains and Losses attributable to the disposition of interests in partnerships and S corporations ...			Enter this amount on line 5c
Add lines 1, 2(j) and 3	21,048.	0.	Enter this amount on line 5d 21,048.

Line 7 - Deduction Recoveries Worksheet

CALIFORNIA

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION

This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 2,066.

3. Total amount of recovery (add lines 1 and 2) 3. 2,066.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. .007372195

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 15.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 1.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 433,246.

8. Add the amount on line 6 to line 7 8. 433,261.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 16,464.

10. Enter the NIIT reported for the year of the deduction 10. 16,463.

11. Subtract line 10 from line 9 11. 1.

12. Enter the smaller of line 6 or line 11 12. 1.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 13. 15.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

CONNECTICUT

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 189.

3. Total amount of recovery (add lines 1 and 2) 3. 189.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. 1.00000000

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 189.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 7.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 433,246.

8. Add the amount on line 6 to line 7 8. 433,435.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 16,471.

10. Enter the NIIT reported for the year of the deduction 10. 16,463.

11. Subtract line 10 from line 9 11. 8.

12. Enter the smaller of line 6 or line 11 12. 7.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 **AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.** 13. 189.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

NEBRASKA

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 321.

3. Total amount of recovery (add lines 1 and 2) 3. 321.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. 1.000000000

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 321.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 12.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 433,246.

8. Add the amount on line 5 to line 7 8. 433,567.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 16,476.

10. Enter the NIIT reported for the year of the deduction 10. 16,463.

11. Subtract line 10 from line 9 11. 13.

12. Enter the smaller of line 6 or line 11 12. 12.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 **AMOUNT FULLY TAXED. LINE 12 EQUALS LINE 6.** 13. 321.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Line 7 - Deduction Recoveries Worksheet

NORTH CAROLINA

1. Enter total amount of recovery included in gross income 1. 0.

- Don't include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6).
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013.
- Don't include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you weren't subject to the NIIT solely because your MAGI was below the applicable threshold.

CAUTION *This rule doesn't apply if you incurred an NOL in such year, and a portion of such NOL constitutes a section 1411 NOL.*

2. Amount of the recovery that would've been included in gross income, except for the application of the tax benefit rule under section 111 2. 20.

3. Total amount of recovery (add lines 1 and 2) 3. 20.

4. Enter the percentage of the deduction allocated to net investment income in the prior year. (If the deduction wasn't allocated between investment income and noninvestment income, enter 100%.) 4. .987338210

5. Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to items recovered (after any deduction limitations imposed by section 67 or 68) 5. 20.

Calculation of recoveries when the deduction isn't taken into account in computing your section 1411 NOL

6. Multiply line 5 by 3.8% (0.038) 6. 1.

7. Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) 7. 433,246.

8. Add the amount on line 5 to line 7 8. 433,266.

9. Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (don't use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here 9. 16,464.

10. Enter the NIIT reported for the year of the deduction 10. 16,463.

11. Subtract line 10 from line 9 11. 1.

12. Enter the smaller of line 6 or line 11 12. 1.

13. Divide line 12 by 3.8% (0.038). Enter the result here and include on Form 8960, line 7 13. 20.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

14. Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) 14. _____

15. Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) 15. _____

16. Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 16. _____

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) STMT 24 2. 10,000.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income

(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 10,000.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 648,995.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	N/A

7. Subtract line 6e from line 5 7. 648,995.

8. Enter the lesser of line 7 or line 4 8. 10,000.



This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:				
1.	(a)	N/A	X	N/A = N/A
	(b)	N/A	X	N/A = N/A
2.	State, local, and foreign income taxes	10,000.	X	1.0000 = 10,000.
Itemized Deductions Included on Line 3 of Part III:				
3.	(a)		X	=
	(b)		X	=

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

2024

CALIFORNIA

Name(s)
JOEL E. JACOB Your social security number or EIN
[REDACTED]

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest		1	
2	Ordinary dividends		2	
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	881,764.	4c	5,212.
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	-876,552.		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property	-4,156.	5d	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax	4,156.		
5c	Adjustment from disposition of partnership interest or S corporation stock			
d	Combine lines 5a through 5c			
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	5,212.

Part II State Income Tax Pro-ration for 2024 Income Tax Payments

9	State total income		9	877,608.
10	State income tax payments for 2024	SEE STATEMENT 25	10	7,727.
11	2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	46.

Part III State Income Tax Pro-ration for 2023 Estimate Payments Made in 2024

12	State estimate payments for 2023		12	40,000.
13	Percent of state income taxes attributable to investment income for 2023		13	.007372
14	2023 state estimate payments attributable to investment income. Line 12 times line 13		14	295.

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2024

15	Balance of prior years tax plus extension payments paid in 2024		15	34,000.
16	Percent of state income taxes attributable to investment income for 2023		16	.007372
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	251.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction		18	(5,682.)
19	Percent of state income taxes attributable to investment income for 2023		19	.007372
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	(42.)

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	550.
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**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2024

ILLINOIS

Name(s)
JOEL E. JACOB Your social security number or EIN

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest		1	8,848.
2	Ordinary dividends		2	
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a	1,930,992.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b	-1,921,208.	
c	Combine lines 4a and 4b	4c	9,784.	
5a	Net gain or loss from disposition of property	5a	-9,416.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b	9,416.	
c	Adjustment from disposition of partnership interest or S corporation stock	5c		
d	Combine lines 5a through 5c	5d		
6	Changes in investment income for certain CFCs and PFICs	6		
7	Other modifications to investment income	7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	18,632.	

Part II State Income Tax Pro-ratio for 2024 Income Tax Payments

9	State total income	9	1,928,828.
10	State income tax payments for 2024	10	95,477.
11	2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	922.

Part III State Income Tax Pro-ratio for 2023 Estimate Payments Made in 2024

12	State estimate payments for 2023	12	
13	Percent of state income taxes attributable to investment income for 2023	13	.064093
14	2023 state estimate payments attributable to investment income. Line 12 times line 13	14	

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2024

15	Balance of prior years tax plus extension payments paid in 2024	15	
16	Percent of state income taxes attributable to investment income for 2023	16	.064093
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction	18	()
19	Percent of state income taxes attributable to investment income for 2023	19	.064093
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	922.
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**Net Investment Income Tax -
Individuals, Estates, and Trusts**

2024

MICHIGAN

Name(s)
JOEL E. JACOB Your social security number or EIN
[REDACTED]

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1	Taxable interest		1	25,033.
2	Ordinary dividends		2	3,929.
3	Annuities from nonqualified plans		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a 2,756,163.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b -2,505,742.		
c	Combine lines 4a and 4b		4c	250,421.
5a	Net gain or loss from disposition of property	5a 11,337.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax	5b 9,711.		
c	Adjustment from disposition of partnership interest or S corporation stock	5c		
d	Combine lines 5a through 5c		5d	21,048.
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	300,431.

Part II State Income Tax Pro-ratio for 2024 Income Tax Payments

9	State total income		9	2,954,573.
10	State income tax payments for 2024	SEE STATEMENT 27	10	113,036.
11	2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	11,494.

Part III State Income Tax Pro-ratio for 2023 Estimate Payments Made in 2024

12	State estimate payments for 2023		12	10,000.
13	Percent of state income taxes attributable to investment income for 2023		13	.068713
14	2023 state estimate payments attributable to investment income. Line 12 times line 13		14	687.

Part IV State Income Tax Pro-ratio for Balance of Prior Years Tax Plus Extension Payments Paid in 2024

15	Balance of prior years tax plus extension payments paid in 2024		15	40,000.
16	Percent of state income taxes attributable to investment income for 2023		16	.068713
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	2,749.

Part V Reduction of State Tax Deduction

18	Reduction of state tax deduction		18	()
19	Percent of state income taxes attributable to investment income for 2023		19	.068713
20	Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	14,930.
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Form 8960 (2024)

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

2024

NEBRASKA

Name(s) **JOEL E. JACOB** Your social security number or EIN
[REDACTED]

Part I Investment Income Section 6013(g) election
 Regulations section 1.1411-10(g) election

1 Taxable interest		1	236.
2 Ordinary dividends		2	
3 Annuities from nonqualified plans		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a		10,023.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b		
c Combine lines 4a and 4b		4c	10,023.
5a Net gain or loss from disposition of property	5a		
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c Adjustment from disposition of partnership interest or S corporation stock	5c		
d Combine lines 5a through 5c		5d	
6 Changes in investment income for certain CFCs and PFICs		6	
7 Other modifications to investment income		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	10,259.

Part II State Income Tax Pro-ration for 2024 Income Tax Payments

9 State total income		9	10,259.
10 State income tax payments for 2024		10	587.
11 2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	587.

Part III State Income Tax Pro-ration for 2023 Estimate Payments Made in 2024

12 State estimate payments for 2023		12	
13 Percent of state income taxes attributable to investment income for 2023		13	1.000000
14 2023 state estimate payments attributable to investment income. Line 12 times line 13		14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2024

15 Balance of prior years tax plus extension payments paid in 2024		15	
16 Percent of state income taxes attributable to investment income for 2023		16	1.000000
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	

Part V Reduction of State Tax Deduction

18 Reduction of state tax deduction		18	()
19 Percent of state income taxes attributable to investment income for 2023		19	1.000000
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	587.
--	--	----	------

Form 8960 (2024)

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

JOEL E. JACOB

Part I: 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Part IV, column (a))	1a	157,073.
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(613,298.)
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
1d Combine lines 1a, 1b, and 1c		1d	-456,225.
All Other Passive Activities			
2a	Activities with net income (enter the amount from Part V, column (a))	2a	194,942.
2b	Activities with net loss (enter the amount from Part V, column (b))	2b	()
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()
2d Combine lines 2a, 2b, and 2c		2d	194,942.
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-261,283.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II: Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	261,283.
5	Enter \$150,000. If married filing separately, see instructions	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	6,756,456.
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

Part III: Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	352,015.
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	352,015.

Part IV: Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR PART IV				
Total. Enter on Part I, lines 1a, 1b, and 1c	157,073.	-613,298.			

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
Total. Enter on Part I, lines 2a, 2b, and 2c	194,942.				

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR PART VII				
Total		613,298.	1.000000000	261,283.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR PART VIII				
Total		613,298.	261,283.	352,015.

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment
Sequence No. 858

Name(s) shown on return

Identifying number

JOEL E. JACOB

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Part IV, column (a))	157,073.	
1b	Activities with net loss (enter the amount from Part IV, column (b))	(567,520.)	
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	()	
1d	Combine lines 1a, 1b, and 1c		-410,447.
All Other Passive Activities			
2a	Activities with net income (enter the amount from Part V, column (a))	194,942.	
2b	Activities with net loss (enter the amount from Part V, column (b))	()	
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	()	
2d	Combine lines 2a, 2b, and 2c		194,942.
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used		-215,505.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3		4	215,505.
5	Enter \$150,000. If married filing separately, see instructions	150,000.		
6	Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6,756,456.		
7	Subtract line 6 from line 5			
8	Multiply line 7 by 60% (0.60). Do not enter more than \$25,000. If married filing separately, see instructions		8	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions		9	0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total		10	352,015.
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	SEE STATEMENT 40	11	352,015.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR PART IV				
Total. Enter on Part I, lines 1a, 1b, and 1c	157,073.	-567,520.			

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2024)

ALTERNATIVE MINIMUM TAX

Form 8582 (2024) JOEL E. JACOB

Part V. Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
Total. Enter on Part I, lines 2a, 2b, and 2c	194,942.				

Part VI. Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Part VII. Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR PART VII				
Total		567,520.	1.000000000	215,505.

Part VIII. Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR PART VIII				
Total		567,520.	215,505.	352,015.

Form **8283**

(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

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

OMB No. 1545-0074

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

JOEL E. JACOB

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, 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	BOAT ANGEL [REDACTED]	<input type="checkbox"/>	2004 SEA SWIRL STRIPER 21' WALKAROUND CUDDY
B	SALVATION ARMY 1665 1, SANTA MONICA, CA 90404	<input type="checkbox"/>	CLOTHING, HOUSEHOLD
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).

2	(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	10/31/24		PURCHASE		10,101	THRIFT SHOP VALUE
B	12/08/24		PURCHASE		350	THRIFT SHOP VALUE
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
NPS # _____ | f <input type="checkbox"/> Securities | k <input type="checkbox"/> Digital assets |
| c <input type="checkbox"/> Art* (contribution of less than \$20,000) | g <input type="checkbox"/> Collectibles | l <input type="checkbox"/> Other |
| | 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			

4	(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)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

SUMMARY

OMB No. 1545-0172

2024

Attachment
 Sequence No. 179

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

Name(s) shown on return: **JOEL E. JACOB**
 Business or activity to which this form relates: **ALL BUSINESS ACTIVITIES**
 Identifying number: **[REDACTED]**

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	26,459.
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	0.
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	1,220,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE **72,296.**

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	72,296.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	72,296.
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	11	1,220,000.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	72,296.
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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 <input type="checkbox"/>		

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 instr.	22	
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	

Depreciation and Amortization (Including Information on Listed Property)

2024

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. SCHEDULE E- 6

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ALFIN AIR LLC - CHARTER AIRLINE

JOEL E. JACOB

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.

Table with 5 main rows for Part I. Row 1: Maximum amount. Row 2: Total cost of section 179 property. Row 3: Threshold cost. Row 4: Reduction in limitation. Row 5: Dollar limitation. Row 6: Description of property, Cost, Elected cost. Row 7: Listed property amount. Row 8: Total elected cost. Row 9: Tentative deduction. Row 10: Carryover of disallowed deduction. Row 11: Business income limitation. Row 12: Section 179 expense deduction. Row 13: Carryover of disallowed deduction to 2025.

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.)

Table for Part II with 3 rows. Row 14: Special depreciation allowance for qualified property. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

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

Section A

Table for Section A with 2 rows. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2024. Row 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

Table for Section B with 10 rows (19a-i) and 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

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

Table for Section C with 4 rows (20a-d) and 5 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Method.

Part IV Summary (See instructions.)

Table for Part IV with 3 rows. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

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? 24b If "Yes," is the evidence written? 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. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.

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.

Table with 6 columns (a-f) for Vehicle 1 through Vehicle 6. Rows 30-36: 30 Total business/investment miles driven during the year (don't include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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? 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

Table with 6 columns (a-f): (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Row 42: Amortization of costs that begins during your 2024 tax year. Row 43: Amortization of costs that began before your 2024 tax year. SEE STATEMENT 42. Row 44: Total. Add amounts in column (f). See the instructions for where to report.

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attach to your tax return.
 Go to www.irs.gov/Form7203 for instructions and the latest information.

Attachment Sequence No. **203**

Name of shareholder

JOEL E. JACOB

Identifying number

A Name of S corporation

THE BOTTLE CREW, L.L.C.

B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

- (1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5) Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	14,170,311.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	5,948,066.
3b	Net rental real estate income (enter losses in Part III)	3b	
3c	Other net rental income (enter losses in Part III)	3c	
3d	Interest income	3d	26,381.
3e	Ordinary dividends	3e	
3f	Royalties	3f	
3g	Net capital gains (enter losses in Part III)	3g	
3h	Net section 1231 gain (enter losses in Part III)	3h	
3i	Other income (enter losses in Part III)	3i	
3j	Excess depletion adjustment	3j	
3k	Tax-exempt income	3k	
3l	Recapture of business credits	3l	
3m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	5,974,447.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	20,144,758.
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	4,193,008.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	15,951,750.
8a	Nondeductible expenses	8a	8,353.
8b	Depletion for oil and gas	8b	
8c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	8,353.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	15,943,397.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	113,858.
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	113,858.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	15,829,539.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss	28,822.		28,822.		
40 Other loss					
41 Section 179 deductions	67,201.		67,201.		
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions	17,835.		17,835.		
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	113,858.		113,858.		

**ALTERNATIVE MINIMUM TAX
S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

Name of shareholder
JOEL E. JACOB Identifying number

A Name of S corporation
THE BOTTLE CREW, L.L.C. B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) Original shareholder (2) Purchased (3) Inherited (4) Gift (5) Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	5,276,879.
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	5,948,066.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	26,381.
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	5,974,447.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	11,251,326.
6	Distributions (excluding dividend distributions) <i>Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.</i>	6	4,193,008.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	7,058,318.
8a	Nondeductible expenses	8a	8,353.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	8,353.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	7,049,965.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	113,858.
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	113,858.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	6,936,107.

Part II Shareholder Debt Basis

Section A - Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)

Section B - Adjustments to Debt Basis

Description	Section B - Adjustments to Debt Basis			
	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss	28,822.		28,822.		
40 Other loss					
41 Section 179 deductions	67,201.		67,201.		
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions STMT 43	17,835.		17,835.		
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	113,858.		113,858.		

Self-Employed Health Insurance Deduction

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form7206 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

JOEL E. JACOB

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

<p>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</p> <ul style="list-style-type: none"> • 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	17,835.
<p>2 For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b).</p> <p>(a) Total payments made for that person during the year.</p> <p>(b) The amount shown below. Use the person's age at the end of the tax year.</p> <ul style="list-style-type: none"> \$470 - if that person is age 40 or younger \$880 - if age 41 to 50 \$1,760 - if age 51 to 60 \$4,710 - if age 61 to 70 \$5,880 - if age 71 or older <p>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</p>	2	
<p>3 Add lines 1 and 2</p>	3	17,835.
<p>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</p>	4	
<p>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</p>	5	
<p>6 Divide line 4 by line 5</p>	6	
<p>7 Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6</p>	7	
<p>8 Subtract line 7 from line 4</p>	8	
<p>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</p>	9	
<p>10 Subtract line 9 from line 8</p>	10	
<p>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</p>	11	327,916.
<p>12 Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above</p>	12	
<p>13 Subtract line 12 from line 10 or 11, whichever applies</p>	13	327,916.
<p>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)</p>	14	17,835.

* 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.

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.

OMB No. 1545-0123

Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return JOEL E. JACOB	Identification number [REDACTED]
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- A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
- Name of foreign entity _____
- Employer identification number, if any _____
- Reference ID number _____
- B** Is the foreign entity a CFC group member? See instructions Yes No
- C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions Yes No
- D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete Yes No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	32,607.		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4	5			32,607.

Section II - Adjusted Taxable Income

Tentative Taxable Income

6 Tentative taxable income. See instructions	6	4,890,976.
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Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instr.	8	32,607.		
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10	1,216,485.		
11 Reserved for future use	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12	67,201.		
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15	193,534.		
16 Total. Add lines 7 through 15	16			1,509,827.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18			
19 Amount of any income or gain items from a pass-through entity. See instructions	19	6,143,008.		
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20	21			6,143,008.
22 Adjusted taxable income. Combine lines 6, 16, and 21. See instructions	22			257,795.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24	2,109.	
25	Total. Add lines 23 and 24	25		2,109.

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26	77,339.	
27	Business interest income (line 25)	27	2,109.	
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28	29		79,448.

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		32,607.
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31		
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
----	--	----	--	--

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37		
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Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42		
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SCHEDULE A Summary of Partner's Section 163(f) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(f) should complete Schedule A before completing Part I.

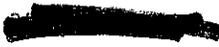
	(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward (see instructions)
			(c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	(e) Total (c) plus (d)				
43									
44									
44 Total					0.	0.	0.		

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
46	Total		193,534.	2,109.

Form 8990 (Rev. 12-2022)



FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T THE BOTTLE CREW LLC	327,916.	83,169.	13,936.		10,453.	5,906.
TOTALS	327,916.	83,169.	13,936.		10,453.	5,906.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH -	2,140.	2,063.
AMERICAN ENTERPRISE -	1,924.	1,924.
TOTAL INCLUDED IN FORM 1040, LINE 3A		3,987.

FORM 1040 TAX STATEMENT 3

DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	1,763,593.
TOTAL TO FORM 1040, LINE 16	1,763,593.

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 4

T S DESCRIPTION	AMOUNT
T THE BOTTLE CREW LLC	83,169.
TOTAL TO FORM 1040, LINE 25A	83,169.



JOEL E. JACOB

FORM 1040 CURRENT YEAR ESTIMATES AND STATEMENT 5
AMOUNT APPLIED FROM PREVIOUS YEAR

DESCRIPTION	AMOUNT
3RD QTR ESTIMATE PAYMENT	500,000.
4TH QTR ESTIMATE PAYMENT	400,000.
PRIOR YEAR OVERPAYMENT APPLIED	1,175,301.
TOTAL TO FORM 1040, LINE 26	2,075,301.

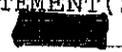
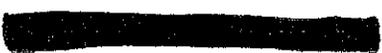
FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 6

T S DESCRIPTION	AMOUNT
FORM 8959, LINE 24	1,151.
TOTAL TO FORM 1040, LINE 25C	1,151.



SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 7

	2023	2022	2021
CALIFORNIA			
GROSS STATE/LOCAL INC TAX REFUNDS	7,748.		
LESS: TAX PAID IN FOLLOWING YEAR	5,682.		
NET TAX REFUNDS CALIFORNIA	2,066.		
CONNECTICUT			
GROSS STATE/LOCAL INC TAX REFUNDS	189.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CONNECTICUT	189.		
NEBRASKA			
GROSS STATE/LOCAL INC TAX REFUNDS	321.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS NEBRASKA	321.		
NORTH CAROLINA			
GROSS STATE/LOCAL INC TAX REFUNDS	20.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS NORTH CAROLINA	20.		
TOTAL NET TAX REFUNDS	2,596.		



JOEL E. JACOB



SCHEDULE 1 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 8

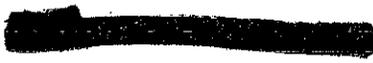
	2023	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	CALIFORNIA		
STATE TAX PAID IN FOLLOW YEAR	74,000.		
	<u> </u> X	7,748. =	5,682.
TOTAL STATE TAX PAID 2023	100,901.		<u> </u>





SCHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 9

	2021	2022	2023
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			2,596.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION		0.	2,596.
2 AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3 TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			35,441.
4 SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE	0.	0.	-25,441.
5 ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6 ENTER THE AMOUNT FROM LINE 1			
7 SUBTRACT LINE 6 FROM LINE 5			
8 ADD LINE 7 TO LINE 3			
9 SUBTRACT LINE 8 FROM LINE 2			
10 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13 SUBTRACT LINE 12 FROM LINE 11			
14 ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15 PRIOR YEAR TAXABLE INCOME			
16 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2021			
TOTAL TO SCHEDULE 1, LINE 1			



SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 10

DESCRIPTION	AMOUNT
FROM K-1 - M. JACOB & SONS	4,670.
FROM K-1 - THE BOTTLE CREW, L.L.C.	97,750.
THE BOTTLE CREW LLC	13,936.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	7,727.
CALIFORNIA PRIOR YEAR ESTIMATE PAYMENTS	40,000.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	34,000.
MICHIGAN 3RD QTR ESTIMATE PAYMENTS	45,000.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	54,100.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	10,000.
MICHIGAN PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	40,000.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-5,682.
TOTAL TO SCHEDULE A, LINE 5A	341,501.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 11

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
AMERICAN FRIENDS OF LEKET ISRAEL	8,600.	
ASU HILLEL	1,800.	
CHABAD TRAVERSE CITY	36,000.	
CHARLEVOIX ELEMENTARY SCHOOL	2,000.	
COLEL CHABAD	10,000.	
CONGREGATION SHAAREY ZEDEK	1,640.	
FRIENDSHIP EDUCATIONAL FOUNDATION	250,000.	
GLEANERS COMMUNITY FOOD BANK	82,006.	
HEBREW FREE LOAN	1,000.	
HOLLYWOOD FOOD COALITION	10,000.	
JEWISH COMMUNITY CENTER	1,000.	
JEWISH FEDERATION OF DETROIT	75,000.	
MAKE A WISH	2,120.	
MAXIMUM IMPACT FUND	36,000.	
MISCELLANEOUS ORGANIZED CHARITIES	6,905.	
NORTHWEST ARKANSAS FOOD BANK	33,333.	
ORT AMERICA	10,000.	
RICHSTONE FAMILY CENTER	51,000.	
THE ZEKELMAN HOLOCAUST CENTER	1,000.	
UNITED MITOCHONDRIAL	2,750.	
YAD EZRA	2,500.	

JOEL E. JACOB

FROM K-1 - M. JACOB & SONS

3,890.

SUBTOTALS

628,544.

TOTAL TO SCHEDULE A, LINE 11

628,544.

SCHEDULE A REAL ESTATE TAXES STATEMENT 12

DESCRIPTION	AMOUNT
POINTVIEW	24,203.
CHARLEVOIX - 705 E DIXON	1,143.
HIGHLAND BEACH - 3420 S OCEAN BLVD	8,715.
TOTAL TO SCHEDULE A, LINE 5B	34,061.

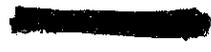
SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 13

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH - 88015	20,895.	
TOTALS TO SCHEDULE D, LINE 13	20,895.	

SCHEDULE E OTHER EXPENSES STATEMENT 14

CREW HOUSE LLC - COMMERCIAL REAL ESTATE - [REDACTED]

DESCRIPTION	AMOUNT
BANK FEES	4,826.
DEDUCTIBLE MEALS AND ENTERTAINMENT	10,630.
AMORTIZATION	5,018.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	20,474.



SCHEDULE E	OTHER EXPENSES	STATEMENT 15
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B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARLEVOIX, MI

DESCRIPTION	AMOUNT
BANK FEES	30.
DUES, LICENSE, SUBSCRIPTIONS	2,550.
AMORTIZATION	2,111.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	4,691.

SCHEDULE E	OTHER EXPENSES	STATEMENT 16
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G7 LLC - LAND RENTAL - CHARLEVOIX, MI

DESCRIPTION	AMOUNT
AMORTIZATION	1,131.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	1,131.

SCHEDULE E	OTHER EXPENSES	STATEMENT 17
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7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, MI

DESCRIPTION	AMOUNT
AMORTIZATION	2,850.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	2,850.

SCHEDULE E	OTHER EXPENSES	STATEMENT 18
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LARS PCH LLC - COMMERCIAL RENTAL - , CHARLEVOIX, MI

DESCRIPTION	AMOUNT
AMORTIZATION	2,925.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	2,925.





SCHEDULE E

OTHER EXPENSES

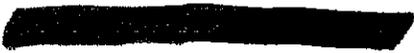
STATEMENT 19

ALFIN AIR LLC - CHARTER AIRLINE

DESCRIPTION

AMOUNT

FUEL	172,063.
LANDING AND PARKING FEES	300.
LICENSE AND SUBSCRIPTIONS	75,754.
MSP CHARGES	165,825.
PILOT EXPENSES	2,463.
AMORTIZATION	4,605.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	421,010.



FORM 4797 NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS STATEMENT 20

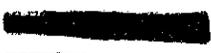
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2019			
2020			
2021	25,195.		25,195.
2022			
2023			
TOTAL TO FORM 4797, LINE 8	25,195.		25,195.

FORM 8995-A SCHEDULE C QUALIFIED BUSINESS INCOME STATEMENT 21

ACTIVITY NAME	INCOME	LOSS REDUCTION	ADJUSTED QBI
M. JACOB & SONS	194,942.	10,155.	184,787.
THE BOTTLE CREW, L.L.C.	5,880,865.	306,363.	5,574,502.
CREW HOUSE LLC - COMMERCIAL REAL ESTATE - 605	524,302.	27,313.	496,989.
B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARL	13,237.	690.	12,547.
G7 LLC - LAND RENTAL - CHARLEVOIX, MI	38,833.	2,023.	36,810.
7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, M	74,891.	3,901.	70,990.
LARS PCH LLC - COMMERCIAL RENTAL - [REDACTED],	30,112.	1,569.	28,543.
ALFIN AIR LLC - CHARTER AIRLINE	-352,015.		

FORM 8960 TRADE OR BUSINESS INCOME STATEMENT 22

CREW HOUSE LLC - COMMERCIAL REAL ESTATE - 6050 HAGGERTY, CAN	-524,302.
THE BOTTLE CREW, L.L.C.	-5,880,865.
AMOUNT TO FORM 8960, LINE 4B	-6,405,167.



FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 23
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AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	15.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CT	189.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR NE	321.	
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR NC	20.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	545.	545.
AMOUNT TO FORM 8960, LINE 7		545.

FORM 8960	STATE INCOME TAX	STATEMENT 24
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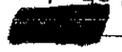
CALIFORNIA		550.
ILLINOIS		922.
MICHIGAN		14,930.
NEBRASKA		587.
NORTH CAROLINA		148.
AMOUNT TO LINES 9 AND 10 WORKSHEET, PART III, LINE 2		17,137.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 25
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CALIFORNIA		
DESCRIPTION		AMOUNT
ESTIMATE OR PRIOR YEAR OVERPAYMENT		7,727.
TOTAL TO STATE FORM 8960, LINE 10		7,727.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 26
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ILLINOIS		
DESCRIPTION		AMOUNT
M. JACOB & SONS		496.
THE BOTTLE CREW, L.L.C.		94,981.
TOTAL TO STATE FORM 8960, LINE 10		95,477.



FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 27

MICHIGAN

DESCRIPTION	AMOUNT
THE BOTTLE CREW LLC	13,936.
MICHIGAN 3RD QUARTER ESTIMATE PAYMENT	45,000.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	54,100.
TOTAL TO STATE FORM 8960, LINE 10	113,036.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 28

NEBRASKA

DESCRIPTION	AMOUNT
M. JACOB & SONS	587.
TOTAL TO STATE FORM 8960, LINE 10	587.

FORM 8960 STATE INCOME TAX PAYMENTS STATEMENT 29

NORTH CAROLINA

DESCRIPTION	AMOUNT
M. JACOB & SONS	149.
TOTAL TO STATE FORM 8960, LINE 10	149.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - PART IV STATEMENT 30

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARLEVOIX, MI	13,237.	0.		13,237.	
G7 LLC - LAND RENTAL - CHARLEVOIX, MI	38,833.	0.		38,833.	
7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, MI	74,891.	0.		74,891.	

JOEL E. JACOB

LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD, ALFIN AIR LLC - CHARTER AIRLINE	30,112.	0.	30,112.	
	0.	-613,298.		-613,298.
TOTALS	157,073.	-613,298.	157,073.	-613,298.

FORM 8582 OTHER PASSIVE ACTIVITIES - PART V STATEMENT 31

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
M. JACOB & SONS	194,942.	0.		194,942.	
TOTALS	194,942.	0.		194,942.	

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - PART VII STATEMENT 32

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
ALFIN AIR LLC - CHARTER AIRLINE	SCH E	613,298.	1.000000000	261,283.
TOTALS		613,298.	1.000000000	261,283.

FORM 8582 ALLOWED LOSSES - PART VIII STATEMENT 33

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ALFIN AIR LLC - CHARTER AIRLINE	SCH E	613,298.	261,283.	352,015.
TOTALS		613,298.	261,283.	352,015.

SUMMARY OF PASSIVE ACTIVITIES

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS	
	M. JACOB & SONS	SCH E	194,942.		194,942.			
X	B1 LOG CABIN LLC - RESIDENTIAL RENTAL -	SCH E						
X	G7 LLC - LAND RENTAL -	SCH E	13,237.		13,237.			
X	7 CREW LLC - FARMS LAND RENTAL -	SCH E	38,833.		38,833.			
X	LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD,	SCH E	74,891.		74,891.			
X	ALFIN AIR LLC - CHARTER AIRLINE	SCH E	30,112.		30,112.			
			-613,298.		-613,298.	261,283.	352,015.	
TOTALS			-261,283.		-261,283.	261,283.	352,015.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME								
TOTAL TO FORM 8582, LINE 11								352,015.

INCOME

WAGES, SALARIES, TIPS ETC.		327,916.
DIVIDEND INCOME		4,064.
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		

INTEREST INCOME	44,918.	
ADD: SERIES EE AND I EXCLUSION		

BUSINESS INCOME OR LOSS		44,918.
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		

SALE OF ASSETS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	-7,774.	
SUBTRACT: PASSIVE INCOME		

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	6,405,167.	-7,774.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	352,015.	
SUBTRACT: PASSIVE INCOME	-352,015.	

FARM OR FARM RENTAL INCOME OR LOSS		6,405,167.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

TOTAL INCOME		6,774,291.
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ADJUSTMENTS

MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	17,835.	
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION		
OTHER ADJUSTMENTS		
CHARITABLE CONTRIBUTIONS		

TOTAL ADJUSTMENTS		17,835.
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TOTAL TO FORM 8582, LINE 6		6,756,456.
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FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 36

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
B1 LOG CABIN LLC - RESIDENTIAL RENTAL - CHARLEVOIX, MI	13,237.	0.		13,237.	
G7 LLC - LAND RENTAL - CHARLEVOIX, MI	38,833.	0.		38,833.	
7 CREW LLC - FARM LAND RENTAL - CHARLEVOIX, MI	74,891.	0.		74,891.	
LARS PCH LLC - COMMERCIAL RENTAL - [REDACTED]	30,112.	0.		30,112.	
ALFIN AIR LLC - CHARTER AIRLINE	0.	-567,520.			-567,520.
TOTALS	157,073.	-567,520.		157,073.	-567,520.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 37

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
M. JACOB & SONS	194,942.	0.		194,942.	
TOTALS	194,942.	0.		194,942.	

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 38

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED
				LOSS
ALFIN AIR LLC - CHARTER AIRLINE	SCH E	567,520.	1.000000000	215,505.
TOTALS		567,520.	1.000000000	215,505.

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - PART VIII

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ALFIN AIR LLC - CHARTER AIRLINE	SCH E	567,520.	215,505.	352,015.
TOTALS		567,520.	215,505.	352,015.

SUMMARY OF PASSIVE ACTIVITIES - AMT

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
M. JACOB & SONS	SCH E	194,942.		194,942.		
X B1 LOG CABIN LLC - RESIDENTIAL RENTAL -	SCH E					
X G7 LLC - LAND RENTAL -	SCH E	13,237.		13,237.		
CHARLEVOIX, MI						
X 7 CREW LLC - FARMSCH E	SCH E	38,833.		38,833.		
LAND RENTAL -						
CHARLEVOIX, MI						
X LARS PCH LLC - COMMERCIAL RENTAL - ANCE ROAD,	SCH E	74,891.		74,891.		
X ALFIN AIR LLC - CHARTER AIRLINE	SCH E	30,112.		30,112.		
TOTALS		-567,520.		-567,520.	215,505.	352,015.
		-215,505.		-215,505.	215,505.	352,015.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11

352,015.

FORM 4562 PART I - BUSINESS INCOME STATEMENT 41

INCOME TYPE	AMOUNT
S CORP - THE BOTTLE CREW, L.L.C.	5,948,066.
S CORP - THE BOTTLE CREW, L.L.C.	-28,822.
WAGES	327,916.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	6,247,160.

FORM 4562 PART VI - AMORTIZATION STATEMENT 42

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YEAR
SCH E ALFIN AIR LLC - CHARTER AIRLINE						
LOAN COSTS	01/01/22	23,023.		60M	9,210.	4,605.
TOTAL TO FORM 4562, LINE 43						4,605.

FORM 7203AMT OTHER DEDUCTIONS STATEMENT 43

THE BOTTLE CREW, L.L.C.

DESCRIPTION	CURRENT YEAR LOSSES AND DEDUCTIONS	CARRYOVER AMOUNTS FROM PRIOR YEAR	ALLOWABLE LOSS FROM STOCK BASIS	ALLOWABLE LOSS FROM DEBT BASIS	CARRYOVER AMOUNTS
SE HEALTH INS	17,835.		17,835.	0.	0.
TOTALS	17,835.		17,835.	0.	0.

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

1019

2024

For calendar year 2024, or other tax year beginning , 2024, ending

Part I Identification

1 Your name(s)

JOEL E. JACOB
[REDACTED]
[REDACTED]

2 Your social security number
[REDACTED]

3 Spouse's social security number

Part II Individual Income Tax

4 Estimate of total tax liability for 2024	\$	2,884,621.
5 Total 2024 payments		2,159,621.
6 Balance due. Subtract line 5 from line 4		725,000.
7 Amount you are paying		725,000.

8 Check here if you are "out of the country" and a U.S. citizen or resident

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding

379587795 YI JACO 30 0 202412 670

2024 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

Employee Reference Copy			
W-2		2024	
Statement			
OMB No. 1545-0008			
Copy C for employee's records			
d Control number	Dept.	Comp.	Employer use only
000022 K2/ITW		A	11
e Employer's name, address, and ZIP code			
THE BOTTLE CREW LLC			
[REDACTED]			
Batch #99133			
e/f Employee's name, address, and ZIP code			
JOEL E JACOB			
[REDACTED]			
b Employer's FED ID number	a Employee's SSA number		
[REDACTED]	[REDACTED]		
1 Wages, tips, other comp.	2 Federal income tax withheld		
327915.83	83168.82		
3 Social security wages	4 Social security tax withheld		
168600.00	10453.20		
5 Medicare wages and tips	6 Medicare tax withheld		
327915.83	5906.02		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
80.48 AUTO	12c		
17933.27 S-CORP	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.		
[REDACTED]	327915.83		
17 State income tax	18 Local wages, tips, etc.		
13936.40			
19 Local income tax	20 Locality name		

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	310,080.56	310,080.56	310,080.56	310,080.56
Less Wages Over Limit	N/A	159,315.83	N/A	N/A
Plus SCRF	17,835.27	17,835.27	17,835.27	17,835.27
Reported W-2 Wages	327,915.83	168,600.00	327,915.83	327,915.83

Note - Fringe benefits include : COMPANY CAR PERSONAL USE \$80.48

2. Employee Name and Address.

JOEL E JACOB

[REDACTED]