

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, ending _____, See separate instructions.

Your first name and middle initial DEBBIE G SENESKY Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial MATTHEW C LEVY Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____
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.
 You Spouse

Filing Status
 Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Income

1 a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	396,234.
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	396,234.
2 a	Tax-exempt interest 2a	2b	16,091.
3 a	Qualified dividends 3a 500.	3b	8,028.
4 a	IRA distributions 4a	4b	12,509.
5 a	Pensions and annuities 5a 74,719.	5b	0.
6 a	Social security benefits 6a	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	80,849.
8	Additional income from Schedule 1, line 10	8	-173,652.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	340,059.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	340,059.
12	Standard deduction or itemized deductions (from Schedule A)	12	87,874.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	87,874.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	252,185.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for —
 • Single or Married filing separately, \$14,600
 • Married filing jointly or Qualifying surviving spouse, \$29,200
 • Head of household, \$21,900
 • If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	16	
	2	<input type="checkbox"/> 4972	3	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	39,892.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	39,892.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,098.	
24	Add lines 22 and 23. This is your total tax	24	45,990.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	91,600.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	877.
	d	Add lines 25a through 25c	25d	92,477.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	92,477.	

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	46,487.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	46,487.
	b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	

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: **JEFFREY A. LEWIS, CPA** Phone no. _____ Personal identification number (PIN): **12345**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		PROFESSOR	523218
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		GENERAL PARTNER	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JEFFREY A. LEWIS, CPA	<i>[Signature]</i>			<input checked="" type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
TAX OFFICE ALAMEDA LLC	1204 LINCOLN AVE STE B ALAMEDA, CA 94501			

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **01**

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

DEBBIE G SENESKY AND MATTHEW C LEVY

Your social security number

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss.

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I		Additional Income	
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-160,998.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-12,654.
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	-173,652.

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
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

0.

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

DEBBIE G SENESKY AND MATTHEW C LEVY

Your social security number

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962.....	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936).....	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936).....	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l).....	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount.		
	(i) <input type="checkbox"/> Line 1a, column (n) (ii) <input type="checkbox"/> Line 1c, column (n)		
	(iii) <input type="checkbox"/> Line 1d, column (n) (iv) <input type="checkbox"/> Line 2a, column (n).....	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions.		
	(i) <input type="checkbox"/> Line 1a, column (o) (ii) <input type="checkbox"/> Line 1c, column (o)		
	(iii) <input type="checkbox"/> Line 1d, column (o) (iv) <input type="checkbox"/> Line 2a, column (o).....	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y.....	1z	
2	Alternative minimum tax. Attach Form 6251.....	2	0.
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	1,251.
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	1,425.
12	Net investment income tax. Attach Form 8960.....	12	3,422.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation.	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.	18	
19	Recapture of net EPE from Form 4255, line 1d, column (l).	19	
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	6,098.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

Your social security number

DEBBIE G SENESKY AND MATTHEW C LEVY

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	0.
Taxes You Paid	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box..... <input type="checkbox"/>	5a	21,732.
	b	State and local real estate taxes (see instructions). SEE STATEMENT 2	5b	42,858.
	c	State and local personal property taxes.....	5c	
	d	Add lines 5a through 5c.....	5d	64,590.
	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 <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	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..... SEE ST. 3	8a	29,426.
	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	29,426.
	9	Investment interest. Attach Form 4952 if required. See instructions.....	9	
	10	Add lines 8e and 9.....	10	29,426.
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions..... STATEMENT 4	11	48,448.
	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	
	13	Carryover from prior year.....	13	
	14	Add lines 11 through 13.....	14	48,448.
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	0.
Other Itemized Deductions	16	Other—from list in instructions. List type and amount: _____	16	0.
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	87,874.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box..... <input type="checkbox"/>		

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

DEBBIE G SENESKY AND MATTHEW C LEVY

Your social security number

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

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.

	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer uses the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:	
<u>FIRST XX0206</u>	610.
<u>JPMORGAN CHASE XX1254</u>	1.
<u>JPMORGAN CHASE XX9567</u>	34.
<u>ROBINHOOD SECURITIES, LLC</u>	15,446.
2 Add the amounts on line 1	16,091.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	16,091.

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

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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.

	Amount
5 List name of payer:	
<u>APEX CLEARING XX 0507</u>	250.
<u>APEX XX0001</u>	165.
<u>JPMO XX7682</u>	7,528.
<u>ROBINHOOD SECURITIES LLC</u>	85.
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	8,028.

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 instructions.

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.

	Yes	No
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? If 'Yes,' you may have to file Form 3520. See instructions.		X

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor MATTHEW C LEVY		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) PRODUCT DEVELOPMENT	B Enter code from instructions	
C Business name. If no separate business name, leave blank. AE BLUE CAPITAL LLC	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) _____ City, town or post office, state, and ZIP code _____		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2024, check here <input type="checkbox"/>		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	32,443.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	32,443.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	32,443.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	32,443.

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

8 Advertising	8	1,487.	18 Office expense (see instructions)	18	3,903.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	987.	21 Repairs and maintenance	21	1,871.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	719.
15 Insurance (other than health)	15	312.	23 Taxes and licenses	23	
16 Interest (see instr.):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	125,867.
b Other	16b	675.	b Deductible meals (see instructions)	24b	17,478.
17 Legal and professional services	17	1,593.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-160,998.	27a Other expenses (from line 48)	27a	38,549.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial buildings deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-160,998.	32a <input checked="" type="checkbox"/> All investment is at risk.		
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month/day/year) _____
- 44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

BANK CHARGES	320.
CONTINUING ED	830.
DUES AND SUBSCRIPTIONS	6,229.
MISCELLANEOUS	325.
PARKING AND TOLLS	168.
PRINTING	194.
SOFTWARE SUBSCRIPTIONS	28,689.
TELEPHONE	1,794.
48 Total other expenses. Enter here and on line 27a	38,549.

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

DEBBIE G SENESKY AND MATTHEW C LEVY

Your social security number

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.		10.		-10.
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 the back.			7	-10.

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.	105,573.	28,684.		76,889.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.	3,970.			3,970.
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 instrs.			13	
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 the back.			15	80,859.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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. 	16	80,849.
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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.....</p>	18	0.
<p>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.....</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)]..... 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

Your social security number

DEBBIE G SENESKY AND MATTHEW C LEVY

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

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 A-D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-D, 29a Totals, b Totals, 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A-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. Rows A-B, 34a Totals, b Totals, 35-37.

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. Rows 38-39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40-43.

Limitation on Business Losses

Attach to your tax return.

Go to www.irs.gov/Form461 for instructions and the latest information.

Name(s) shown on return

DEBBIE G SENESKY AND MATTHEW C LEVY

Identifying number

Part I Total Income/Loss Items

See instructions if you are filing a tax return other than Form 1040 or 1040-SR.

1	Reserved for future use.....	1	
2	Enter amount from Schedule 1 (Form 1040), line 3.....	2	-160,998.
3	Enter amount from Form 1040 or 1040-SR, line 7. See instructions.....	3	80,849.
4	Enter amount from Schedule 1 (Form 1040), line 4.....	4	
5	Enter amount from Schedule 1 (Form 1040), line 5.....	5	-12,654.
6	Enter amount from Schedule 1 (Form 1040), line 6.....	6	
7	Reserved for future use.....	7	
8	Enter other income, gain, or losses from a trade or business not reported on lines 1 through 7.....	8	
9	Combine lines 1 through 8.....	9	-92,803.

Part II Adjustment for Amounts Not Attributable to Trade or Business

See instructions if you are filing a tax return other than Form 1040 or 1040-SR.

10	Enter any income or gain reported on lines 1 through 8 that is not attributable to a trade or business. <i>ST 7</i>	10	80,849.
11	Enter any losses or deductions reported on lines 1 through 8 that are not attributable to a trade or business. See instructions.....	11	
12	Subtract line 11 from line 10.....	12	80,849.

Part III Limitation on Losses

13	If line 12 is a negative number, enter it here as a positive number. If line 12 is a positive number, enter it here as a negative number.....	13	-80,849.
14	Add lines 9 and 13.....	14	-173,652.
15	Enter \$305,000 (or \$610,000 if married filing jointly).....	15	610,000.
16	Add lines 14 and 15. If less than zero, enter the amount from line 16 as a positive number on Schedule 1 (Form 1040), line 8p. See instructions if you are filing a tax return other than a Form 1040 or 1040-SR.....	16	436,348.

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

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

2024

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/Form5329 for instructions and the latest information.

Attachment Sequence No. 29

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

DEBBIE G SENESKY

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

Table with 4 rows for early distributions. Line 1: 12,509. Line 2: (blank). Line 3: 12,509. Line 4: 1,251. Includes a caution about SIMPLE IRAs.

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.

Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

Table with 4 rows for education account distributions. Line 5: (blank). Line 6: (blank). Line 7: (blank). Line 8: (blank).

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2024 than is allowable or you had an amount on line 17 of your 2023 Form 5329.

Table with 9 rows for traditional IRA excess contributions. Line 9: (blank). Line 10: (blank). Line 11: (blank). Line 12: (blank). Line 13: (blank). Line 14: (blank). Line 15: (blank). Line 16: (blank). Line 17: (blank).

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2024 than is allowable or you had an amount on line 25 of your 2023 Form 5329.

Table with 9 rows for Roth IRA excess contributions. Line 18: (blank). Line 19: (blank). Line 20: (blank). Line 21: (blank). Line 22: (blank). Line 23: (blank). Line 24: (blank). Line 25: (blank).

Qualified Business Income Deduction Simplified Computation

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return: **DEBBIE G SENESKY AND MATTHEW C LEVY**
Your taxpayer identification number: _____

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	AE BLUE CAPITAL LLC		-160,998.
ii	K-1 LINE 1		-1,654.
iii	PONY LOVE LLC		-1,772.
iv	PONY LOVE LLC		-15,948.
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).....	2	-180,372.
3	Qualified business net (loss) carryforward from the prior year.....	3	(146,402.)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-.....	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20).....	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).....	6	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.....	7	(0.)
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.....	8	0.
9	REIT and PTP component. Multiply line 8 by 20% (0.20).....	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.....	10	0.
11	Taxable income before qualified business income deduction (see instructions).....	11	252,185.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....	12	81,349.
13	Subtract line 12 from line 11. If zero or less, enter -0-.....	13	170,836.
14	Income limitation. Multiply line 13 by 20% (0.20).....	14	34,167.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).....	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.....	16	(326,774.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.....	17	(0.)

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

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

DEBBIE G SENESKY AND MATTHEW C LEVY

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	408,369.		
2	Unreported tips from Form 4137, line 6.....	2			
3	Wages from Form 8919, line 6.....	3			
4	Add lines 1 through 3.....	4	408,369.		
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	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-.....	6		158,369.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.....	7		1,425.	

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	9			
10	Enter the amount from line 4.....	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-.....	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.....	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	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-.....	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.....	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.....	18		1,425.	
----	---	----	--	--------	--

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	6,798.		
20	Enter the amount from line 1.....	20	408,369.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.....	21	5,921.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.....	22		877.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).....	23			
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).....	24		877.	

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

2024

Attachment
Sequence No. **72**

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

DEBBIE G SENESKY AND MATTHEW C LEVY

Your social security number or EIN

Part I Investment Income

- Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions).....			1	16,091.
2	Ordinary dividends (see instructions).....			2	8,028.
3	Annuities (see instructions).....			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions).....	4a	-173,652.	4c	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....	4b	173,652.		
c	Combine lines 4a and 4b.....				
5a	Net gain or loss from disposition of property (see instructions).....	5a	80,849.	5d	80,849.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions).....	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions).....	5c			
d	Combine lines 5a through 5c.....				
6	Adjustments to investment income for certain CFCs and PFICs (see instructions).....			6	
7	Other modifications to investment income (see instructions).....			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.....			8	104,968.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions).....	9a		9d	6,708.
b	State, local, and foreign income tax (see instructions).....	9b	6,708.		
c	Miscellaneous investment expenses (see instructions).....	9c			
d	Add lines 9a, 9b, and 9c.....				
10	Additional modifications (see instructions).....			10	
11	Total deductions and modifications. Add lines 9d and 10.....			11	6,708.

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	98,260.
Individuals:					
13	Modified adjusted gross income (see instructions).....	13	340,059.	16	90,059.
14	Threshold based on filing status (see instructions).....	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	90,059.		
16	Enter the smaller of line 12 or line 15.....				
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	3,422.
Estates and Trusts:					
18a	Net investment income (line 12 above).....	18a		20	
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.....				
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	

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.

2024

Attachment Sequence No. 858

Name(s) shown on return

Identifying number

DEBBIE G SENESKY AND MATTHEW C LEVY

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.)

Table with 4 rows (1a-1d) and 2 columns (description, amount). 1a: Activities with net income; 1b: Activities with net loss; 1c: Prior years' unallowed losses; 1d: Combine lines 1a, 1b, and 1c.

All Other Passive Activities

Table with 4 rows (2a-2d) and 2 columns (description, amount). 2a: Activities with net income; 2b: Activities with net loss; 2c: Prior years' unallowed losses (1,034.); 2d: Combine lines 2a, 2b, and 2c (-1,034.).

Line 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. Amount: -1,034.

- 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.

Table with 4 rows (4-9) and 2 columns (description, amount). 4: Enter the smaller of the loss on line 1d or the loss on line 3; 5: Enter \$150,000; 6: Enter modified adjusted gross income (340,059.); 7: Subtract line 6 from line 5; 8: Multiply line 7 by 50% (0.50); 9: Enter the smaller of line 4 or line 8. Amount: 0.

Part III Total Losses Allowed

Table with 2 rows (10-11) and 2 columns (description, amount). 10: Add the income, if any, on lines 1a and 2a and enter the total; 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.

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

Table with 5 columns: Name of activity, (a) Net income (line 1a), (b) Net loss (line 1b), (c) Unallowed loss (line 1c), (d) Gain, (e) Loss. Includes a Total row at the bottom.

BAA 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
ASTRAL FORGE LLC			1,034.		1,034.
Total. Enter on Part I, lines 2a, 2b, and 2c . . .			1,034.		

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			1.00		

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
ASTRAL FORGE LLC	SCH E LN 28	1,034.	1.000000	1,034.
Total		1,034.	1.00	1,034.

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
ASTRAL FORGE LLC	SCH E LN 28	1,034.	1,034.	0.
Total		1,034.	1,034.	0.

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

DEBBIE G SENESKY AND MATTHEW C LEVY

**STATEMENT 1
FORM 1040, LINE 3A
QUALIFIED DIVIDENDS**

APEX CLEARING XX	\$	250.
APEX		165.
ROBINHOOD SECURITIES LLC		85.
TOTAL	\$	<u>500.</u>

**STATEMENT 2
SCHEDULE A, LINE 5B
REAL ESTATE TAXES**

1/21/24	\$	2,125.
1/21/24		4,933.
11/8/24		10,710.
8/21/24		12,540.
8/21/24		12,550.
TOTAL	\$	<u>42,858.</u>

**STATEMENT 3
SCHEDULE A, LINE 8A
HOME MORTGAGE INTEREST REPORTED ON FORM 1098**

OVER DEBT LIMITATION 58.5%	\$	-20,875.
STANFORD UNIV		21,000.
STANFORD UNIV		12,827.
STANFORD UNIV		9,683.
STANFORD UNIV		6,791.
TOTAL	\$	<u>29,426.</u>

**STATEMENT 4
SCHEDULE A, LINE 11
CONTRIBUTIONS BY CASH OR CHECK**

FRANCON FOUNDATION	\$	7,500.
LIVERMORE VALLEY ARTS		1,033.
SALVATION ARMY		4,915.
WASHINGTON INSTITUTE		35,000.
TOTAL	\$	<u>48,448.</u>

2024

FEDERAL STATEMENTS

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DEBBIE G SENESKY AND MATTHEW C LEVY

STATEMENT 5
SCHEDULE E, PAGE 2
PART II - INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

NAME	TYPE	X IF FOREIGN	EMPLOYER I.D. NO.	BASIS COMPUTATI REQUIRED	ANY INVST. NOT AT RISK	PTP	PASSIVE LOSS FROM FORM 8582	PASSIVE INCOME FROM SCH. K-1	NONPASSIVE LOSS FROM SCH. K-1	SECTION 179 DEDUCTION	NONPASSIVE INCOME FROM SCH. K-1
HBLV WELLNESS LLC	P								\$ 1,654.		
ASTRAL FORGE LLC	P										
AE BLUE CAPITAL FUND I LP	P										
PONY LOVE LLC	P								5,500.		
PONY LOVE LLC	P								5,500.		
TOTAL							\$ 0.	\$ 0.	\$ 12,654.	\$ 0.	\$ 0.

DEBBIE G SENESKY AND MATTHEW C LEVY

STATEMENT 7
FORM 461, LINE 10
INCOME NOT RELATED TO A TRADE OR BUSINESS

CAPITAL GAIN/LOSS.....	\$	80,849.
	TOTAL	<u>\$ 80,849.</u>