1040 | Federal Return Summary | 2023

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number

[redacted]

Tax Form	1040
Tax Method Used	QUAL DIV CAP GAIN WRK
Filing Status	MFJ
Dependents	2

Income

Salaries & wages	458,355
Taxable interest income	14,856
Tax exempt interest	
Dividend income	558
Qualified dividends	402
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	5,300
Total income	479,069

Adjustments

Moving expenses	
Deductible part of self-employment tax	375
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	375
Adjusted gross income	478,694

Deductions

Medical and Dental expenses	
Taxes paid	10,000
Interest paid	24,565
Charitable contributions	5,433
Other itemized deductions	
Total itemized deductions	39,998
or, Standard deduction	
Taxable income before Qual Bus Inc Ded (QBID)	438,696
QBID	14
Taxable income	438,682

Tax Computation

Regular tax	97,974
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	97,974
Child and dependent care credit	1,200
Education credits	
Other credits	73
Total credits	1,273
Tax after credits	96,701
Self-employment tax	749
Additional tax on IRAs, etc.	
Other taxes	4,220
Total tax	101,670

Payments

Federal income tax withheld	82,612
Estimated payments	8,000
Other payments/credits	12,500
Total payments	103,112

Refund/Amount Due

Amount overpaid	1,442
Overpayment applied	1,442
Form 2210 penalty	
Amount due/-refund	
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	

2024 Estimates

1st quarter	
2nd quarter	
3rd quarter	13,558
4th quarter	5,000
Total Estimates	18,558

Tax Rates

Marginal tax rate - Ordinary income*	32.0 %
Marginal tax rate - Capital income*	15.0 %
Effective tax rate	23.0 %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Form 1040	Estimated Tax Payments Worksheet	2024

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number
[redacted]

Summary of Estimated Tax Payments

Voucher	(a) Due Date	(b) Total Estimate Amount	(c) 2023 Overpayment Applied	(d) Estimate Amt Paid	(e) Balance due Column b - Columns c & d	(f) Date paid	(g) Amount paid
1	04/15/24	0			0		
2	06/17/24	0			0		
3	09/16/24	15,000	1,442		13,558		
4	01/15/25	5,000			5,000		
Total		20,000	1,442		18,558		

Calculation of 1040-ES Payments

If adjusting current year amounts, then complete lines 1 through 9. Otherwise, skip to line 10.

1.	Taxpayer self-employment income adjustment.	1.	
2.	Spouse self-employment income adjustment.	2.	
3.	Other adjustments to adjusted gross income.	3.	
4.	Computed adjustments to adjusted gross income.	4.	
5.	**Add lines 1 through 4.** Total adjustments to adjusted gross income.	5.	
6.	Computed adjustments to self-employment tax.	6.	
7.	Computed adjustments to income tax.	7.	
8.	Other planned adjustments to taxes/credits.	8.	
9.	**Add lines 6 through 8.** Total Planned tax adjustments.	9.	
10.	Enter Total Tax from Form 1040, 1040-SR, or 1040-NR , line 24.	10.	
11.	**Add lines 9 and 10.**Total adjusted tax before adjustments.	11.	
12.	Allowed adjustments from Form 1040-ES Instructions:		
	a. Unreported SS, Medicare tax, and RRTA tax.	12a.	
	b. Tax on excess contributions to IRAs, MSAs, Coverdell ESAs, HSAs, and excess accumulations in retirement plans.	12b.	
	c. Recapture of federal mortgage subsidy, excise tax on excess golden parachute payments, and look-back interest.	12c.	
	d. Refundable credits from Schedule EIC, Forms 8812, 8863, 8962, and 4136.	12d.	
	Add Lines 12a through 12d. Total allowed adjustments.	12.	
13.	**Subtract line 12 from line 11. 2023 Estimated Tax.**	13.	
14.	Enter 2023 Federal income tax withheld (Form 1040NR filers include amounts paid with Form 1040-C.)	14.	
15.	Enter adjustment(s) to withholding.	15.	
16.	**Estimated 2023 Tax, including adjustments.**		
	a. Based upon adjusted **2023** Tax (line 13 - lines 14 and 15).	16a.	
	b. Based upon projected **2024** tax.	16b.	16,779
	Enter amount from 16a or 16b.	16.	16,779
17.	Enter 2023 overpayment applied to 2024 estimates from Form 1040, 1040-SR, or 1040-NR, line 36.	17.	1,442
18.	Enter amounts already paid towards 2024 estimates.	18.	
19.	**Subtract lines 17 and 18 from line 16.**	19.	15,337
20.	Enter Rounding adjustment.	20.	3,221
21.	**Add lines 19 and 20. Balance of Estimated Tax for 2024.**	21.	18,558

Taxpayer Name MATTHEW W. MAHAN
Spouse Name SILVIAWEDAD SCANDAR

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN [redacted]

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 10/03/24

Taxpayer's PIN (enter five numbers, other than all zeroes) [redacted]

Spouse's PIN (enter five numbers, other than all zeroes) [redacted]

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Form 1040 — Department of the Treasury—Internal Revenue Service — U.S. Individual Income Tax Return — 2023

OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning ..... , 2023, ending ..... , 20 ..... | See separate instructions.

Your first name and middle initial: MATTHEW W.	Last name: MAHAN	Your social security number: [redacted]
If joint return, spouse's first name and middle initial: SILVIAWEDAD	Last name: SCANDAR	Spouse's social security number: [redacted]
Home address (number and street). If you have a P.O box, see instructions. [redacted]	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. ☐ You ☐ Spouse
City, town or post office. If you have a foreign address, also complete spaces below. [redacted]	State [redacted]	ZIP code [redacted]
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status (Check only one box.)
- ☐ Single
- ☐ Head of household (HOH)
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: .....

Digital Assets — At any time during 2023, 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, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ 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) Child tax credit	(4) Credit for other dependents
	[redacted]	[redacted]	DAUGHTER	☒	
	[redacted]	[redacted]	SON	☒	

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	458,355
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	458,355
2a	Tax-exempt interest	2a	b Taxable interest		2b	14,856
3a	Qualified dividends	3a 402	b Ordinary dividends		3b	558
4a	IRA distributions	4a	b Taxable amount		4b	
5a	Pensions and annuities	5a	b Taxable amount		5b	
6a	Soc. sec. ben.	6a	b Taxable amount		6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Other income from Schedule 1, line 10				8	5,300
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	479,069
10	Adjustments to income from Schedule 1, line 26				10	375
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	478,694
12	**Standard deduction or itemized deductions** (from Schedule A)				12	39,998
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	14
14	Add lines 12 and 13				14	40,012
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	438,682

Attach Sch. B if required.

Standard Deduction for –
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

DAA

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	97,974
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	97,974
	19	Child tax credit or credit for other dependents from Schedule 8812		19	50
	20	Amount from Schedule 3, line 8		20	1,223
	21	Add lines 19 and 20		21	1,273
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	96,701
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	4,969
	24	Add lines 22 and 23. This is your **total tax**		24	101,670
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 81,818		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c 794		
	d	Add lines 25a through 25c		25d	82,612
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	8,000
	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 12,500		
	32	Add lines 27, 28, 29 and 31. These are your **total other payments and refundable credits**		32	12,500
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	103,112
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,442
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36 1,442		
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 ANTHONY J. LUNA Phone no. [redacted] Personal identification number (PIN) [redacted]

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ELECTED OFFICIAL	
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 instr.)
		PRESIDENT	

Phone no. [redacted] Email address [redacted]

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ANTHONY J. LUNA	ANTHONY J. LUNA	10/03/24	[redacted]	☐ Self-employed

Firm's name WHEELER ACCOUNTANTS LLP Phone no. [redacted]

Firm's address [redacted] Firm's EIN [redacted]

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

2023

Attachment Sequence No. **01**

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

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

[redacted]

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	0
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount: **SEE STATEMENT 1**	8z	5,300		
9	Total other income. Add lines 8a through 8z			9	5,300
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	5,300

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	375
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 8l 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	375

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

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number
[redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	749
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 ☐			8	
9	Household employment taxes. Attach Schedule H			9	1,454
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	2,188
12	Net investment income tax. Attach Form 8960			12	578
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	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	4,969

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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
2023
Attachment Sequence No. **03**

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

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

[redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	23
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	1,200
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	1,223

(continued on page 2)

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	12,500
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 Credit for repayment of amounts included in income from earlier years	13b			
	c Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
	d Deferred amount of net 965 tax liability (see instructions)	13d			
	z Other payments or refundable credits. List type and amount:	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	12,500

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

2023

Attachment Sequence No. **07**

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

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number [redacted]

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 ☐	5a	40,081		
	b State and local real estate taxes (see instructions)	5b	23,620		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	63,701		
	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 ☐				
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	24,565		
	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	24,565		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	24,565
Gifts to Charity	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	5,433		
Caution: If you made a gift and got a benefit for it, see instructions.	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	5,433
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	39,998
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

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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

2023

Attachment Sequence No. **08**

Name(s) shown on return
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number
[redacted]

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 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:		
	GOLDMAN SACHS BANK USA		14,249
	U.S BANK NATIONAL ASSOCIATION		565
	TD AMERITRADE - ACCT [redacted]		28
	CHARLES SCHWAB & CO., INC		14
		1	
2	Add the amounts on line 1	2	14,856
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	14,856

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:		
	CHARLES SCHWAB & CO., INC		558
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	558

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

Part III Foreign Accounts and Trusts

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.

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.

		Yes	No
7a	At any time during 2023, 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 2023, 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

Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR | [redacted]

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

28	(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
A	NMCS LLC	P		82-0960705		
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss allowed (see **Schedule K-1**)	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A	0				
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (h) and (k) of line 29a	30	0
31	Add columns (g), (i), and (j) of line 29b	31	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

MATTHEW W. MAHAN

Social security number of person with **self-employment** income [redacted]

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	( )
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.				
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	5,300
3	Combine lines 1a, 1b, and 2		3	5,300
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	4,895
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	4,895
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0
6	Add lines 4c and 5b		6	4,895
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023		7	160,200
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	160,200
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	607
11	Multiply line 6 by 2.9% (0.029)		11	142
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**		12	749
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15**	13	375	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

14	Maximum income for optional methods	14	6,560
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,103 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2023

Attachment Sequence No. **19**

Name

MATTHEW W. MAHAN
SILVIAWEDAD SCANDAR

Identifying number as shown on page 1 of your tax return

[redacted]

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income
b ☐ Foreign branch category income
c ☒ Passive category income
d ☐ General category income
e ☐ Section 901(j) income
f ☐ Certain income re-sourced by treaty
g ☐ Lump-sum distributions

h Resident of (name of country) US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total	
i Enter the name of the foreign country or U.S. possession	A OC	B OC	C	(Add cols. A, B, and C.)	
	OTHER COUNTRIES	OTHER COUNTRIES			
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST		250		1a	250
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (Caution: See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction (see instructions)	10,000	10,000			
b Other deds. (attach stmt.)					
c Add lines 3a and 3b	10,000	10,000			
d Gross foreign source income (see instructions)		489			
e Gross income from all sources (see instructions)	479,069	479,069			
f Divide line 3d by line 3e (see instructions)		0.0010			
g Multiply line 3c by line 3f		10			
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)		25			
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5		35		6	35
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	215

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	1099 TAX									
B	1099 TAX					23				23
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 — 8 — 23

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **1116** (2023)

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Form 1116 (2023) [redacted]

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	23	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	23	
12	Reduction in foreign taxes (see instructions)	12	( )	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 23
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	215	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	215	
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption **Caution:** If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	438,443	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19 0.0005
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. **Caution:** If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			20 97,974
21	Multiply line 20 by line 19 (maximum amount of credit)			21 48
22	Increase in limitation (section 960 (c)) (see instructions)			22
23	Add lines 21 and 22			23 48
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions			24 23

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31			32
33	Enter the **smaller** of line 20 or line 32			33 23
34	Reduction of credit for international boycott operations. See instructions for line 12			34
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35 23

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. **21**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number [redacted]

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐

Part I Persons or Organizations Who Provided the Care –You **must** complete this part.

If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
ST TIMOTHY'S LUTHERAN CHURCH	[redacted]	[redacted]	☐ Yes ☒ No	24,064
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive dependent care benefits?
- **No** — Complete only Part II below.
- **Yes** — Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
[redacted]	[redacted]	[redacted]	☐	15,000
[redacted]	[redacted]	[redacted]	☐	9,064
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	6,000
4	Enter your **earned income.** See instructions	4	213,072
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	250,208
6	Enter the **smallest** of line 3, 4, or 5	6	6,000
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 — 7: 478,694		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	x.20

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$25,000	27,000	.29	$37,000	39,000	.23
15,000	17,000	.34	27,000	29,000	.28	39,000	41,000	.22
17,000	19,000	.33	29,000	31,000	.27	41,000	43,000	.21
19,000	21,000	.32	31,000	33,000	.26	43,000	No limit	.20
21,000	23,000	.31	33,000	35,000	.25			
23,000	25,000	.30	35,000	37,000	.24			

9a	Multiply line 6 by the decimal amount on line 8	9a	1,200
b	If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b	
c	Add lines 9a and 9b and enter the result	9c	1,200
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions — 10: 97,951		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11	1,200

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **44**

Name of employer

MATTHEW W. MAHAN

Social security number [redacted]

Employer identification number

APPL'D FOR

Calendar year taxpayers having no household employees in 2023 don't have to complete this form for 2023.

A Did you pay **any one** household employee cash wages of $2,600 or more in 2023? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- [X] **Yes.** Skip lines B and C and go to line 1a.
- [ ] **No.** Go to line B.

B Did you withhold federal income tax during 2023 for any household employee?

- [ ] **Yes.** Skip line C and go to line 7.
- [ ] **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2022 or 2023 to **all** household employees? (**Don't** count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.)

- [ ] **No. Stop.** Don't file this schedule.
- [ ] **Yes.** Skip lines 1a–9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1a	Total cash wages subject to social security tax	1a	11,949		
b	Qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a	1b			
2a	Social security tax. Multiply line 1a by 12.4% (0.124)			2a	1,482
b	Employer share of social security tax on qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062)			2b	
c	Total social security tax. Subtract line 2b from line 2a			2c	1,482
3	Total cash wages subject to Medicare tax	3	11,949		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)			4	347
5	Total cash wages subject to Additional Medicare Tax withholding	5	11,949		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)			6	108
7	Federal income tax withheld, if any			7	
8a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7 DISABILITY 1,200			8a	737
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021			8b	
c	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021			8c	
d	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a			8d	737
e	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021			8e	
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021			8f	
g	Qualified sick leave wages for leave taken before April 1, 2021			8g	
h	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g			8h	
i	Qualified family leave wages for leave taken before April 1, 2021			8i	
j	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i			8j	
k	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021			8k	
l	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k			8l	
m	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021			8m	
n	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m			8n	

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2022 or 2023 to **all** household employees? (**Don't** count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.)

- [ ] **No. Stop.** Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. If you're not required to file Form 1040, see the line 9 instructions.
- [X] **Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

			Yes	No
10	Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No"	10	X	
11	Did you pay all state unemployment contributions for 2023 by April 15, 2024? Fiscal year filers, see instructions	11		X
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.
If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.

Section A

13	Name of the state where you paid unemployment contributions		
14	Contributions paid to your state unemployment fund	14	
15	Total cash wages subject to FUTA tax	15	
16	**FUTA tax.** Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period From	(c) To	(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). if zero or less, enter -0-.	(h) Contributions paid to state unemployment fund

18	Totals	18		
19	Add columns (g) and (h) of line 18	19		
20	Total cash wages subject to FUTA tax (see the line 15 instructions)	20		11,949
21	Multiply line 20 by 6.0% (0.06)	21		717
22	Multiply line 20 by 5.4% (0.054)	22	645	
23	Enter the **smaller** of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) ☐	23		
24	**FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25	24		717

Part III Total Household Employment Taxes

25	Enter the amount from line 8d. If you checked the **"Yes"** box on line C of page 1, enter -0-	25	737
26	Add line 16 (or line 24) and line 25	26	1,454

27 Are you required to file Form 1040?

☒ **Yes. Stop.** Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. **Don't** complete Part IV below.

☐ **No.** You may have to complete Part IV. See instructions for details.

Part IV Address and Signature – Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address | Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature | Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

[redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	478,694
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	478,694
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,000			5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	79,000
11	Multiply line 10 by 5% (0.05)			11	3,950
12	Is the amount on line 8 more than the amount on line 11?			12	50
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			13	96,751
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	50

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		☐
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	
b	Number of qualifying children under 17 with the required social security number: _____ x $1,600. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 **TIP:** The number of children you use for this line is the same as the number of children you used for line 4.	16b	
17	Enter the **smaller** of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions) 18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount $4,800 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	**1040 and** **1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the **larger** of line 20 or line 25 **Next,** enter the **smaller** of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	0

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.
Go to *www.irs.gov/Form8995A* for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55A**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your taxpayer identification number [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 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 $182,100 ($364,200 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		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2			
3	Multiply line 2 by 20% (0.20). If your taxable income is $182,100 or less ($364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3			
4	Allocable share of W-2 wages from the trade, business, or aggregation	4			
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7			
8	Multiply line 7 by 2.5% (0.025)	8			
9	Add lines 6 and 8	9			
10	Enter the greater of line 5 or line 9	10			
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11			
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13			
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15			
16	Total qualified business income component. Add all amounts reported on line 15	16			

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR [redacted]

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $182,100 but not $232,100 ($364,200 and $464,200 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 $182,100 ($364,200 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	69		
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	69		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	14		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32	14
33	Taxable income before qualified business income deduction	33	438,696		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	402		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	438,294
36	Income limitation. Multiply line 35 by 20% (0.20)			36	87,659
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	14
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	14
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40	(0)

SCHEDULE C (Form 8995-A) (Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

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

OMB No. 1545-2294

Attachment Sequence No. **55D**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your taxpayer identification number

[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-.)
		( )	
		( )	
		( )	

2 Qualified business net (loss) carryforward from prior years. See instructions	2	(698)
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	(698)
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	
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	( )
6 Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(698)

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

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

Form **8867**
(Rev. November 2023)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 23
Attachment Sequence No. **70**

Taxpayer name(s) shown on return
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer identification number
[redacted]

Preparer's name
ANTHONY J. LUNA

Preparer taxpayer identification number
[redacted]

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes"** answer questions 4a and 4b. If **"No"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: **OTHER HEALTH CARE PROVIDER STATEMENT**			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**			X
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?			X

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☒
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☐	☐	☒

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

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Form **8959**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **71**

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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	488,208	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	488,208	
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	238,208
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II				7	2,144

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	4,895	
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	250,000	
10	Enter the amount from line 4		10	488,208	
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-				12	4,895
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III				13	44

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	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-				16	0
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	2,188

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	7,873	
20	Enter the amount from line 1		20	488,208	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		21	7,079	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				22	794
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	794

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

Form **8959** (2023)

DAA

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax—Individuals, Estates, and Trusts

Attach to your tax return.

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

OMB No. 1545-2227

2023

Attachment Sequence No. **72**

Name(s) shown on your tax return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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	14,856
2	Ordinary dividends (see instructions)			2	558
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a			
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			5d	
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	15,414

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions) SEE STMT	9b	203		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	203
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	203

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	15,211
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	478,694		
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	228,694		
16	Enter the smaller of line 12 or line 15			16	15,211
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	578
	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	

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Form 1040 — Tax Return Reconciliation Worksheet — 2023

Filing Status: [ ] 1 Single [X] 2 Married filing jointly [ ] 3 Married filing separately [ ] 4 Head of household* [ ] 5 Qualifying widow(er)*
MFS spouse name: *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial	Last name	Taxpayer social security number
MATTHEW W.	MAHAN	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
SILVIAWEDAD	SCANDAR	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. Presidential Election Campaign: Taxpayer [ ] Spouse

City, town or post office, state, and ZIP code. [redacted]

Foreign country name | Foreign province/state/county | Foreign postal code

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes [ ] No [X]

6a [X] Taxpayer. If someone can claim you as a dependent, **do not** check box 6a
b [X] Spouse

Boxes checked on 6a and 6b	2
Children on 6c who lived with you	2
Children on 6c who did not live with you	
Dependents on 6c not entered above	
Total. Add lines above	4

6c Dependents:

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for: Child tax credit	Other dependents
[redacted]	[redacted]	[redacted]	DAUGHTER	X	
[redacted]	[redacted]	[redacted]	SON	X	

If more than four dependents, ✓ here [ ]

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	458,355
	8a	**Taxable** interest. Attach Schedule B if required	8a	14,856
	b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
	9a	Ordinary dividends. Attach Schedule B if required	9a	558
	b	Qualified dividends — 9b 402		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions — 15a — b Taxable amount	15b	
	16a	Pensions and annuities — 16a — b Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits — 20a — b Taxable amount	20b	
	21	Other income. List type and amount SEE STATEMENT	21	5,300
	22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	479,069
Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	375
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	375
	37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	478,694

Form **1040** | **Tax Return Reconciliation Worksheet, Page 2** | **2023**

Name **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR** | Tp TIN [redacted]

Tax and Credits (Schedules 2, 3)	38	Amount from line 37 (adjusted gross income)		38	478,694
	39a	Check if: ☐ **You** were born before January 2,1959, ☐ Blind. ☐ **Spouse** was born before January 2,1959, ☐ Blind. } **Total boxes checked** ▶	39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $13,850 Married filing jointly or Qualifying widow(er), $27,700 Head of household, $20,800	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	39,998
	a			40b	
	41	Subtract line 40 and 40b from line 38		41	438,696
	42	Qualified business income deduction (see instructions)		42	14
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	438,682
	44	**Tax** (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		44	97,974
	45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	97,974
	48	Foreign tax credit. Attach Form 1116 if required	23		
	49	Credit for child and dependent care expenses. Attach Form 2441	1,200		
	50	Education credits from Form 8863, line 19			
	51	Retirement savings contributions credit. Attach Form 8880			
	52	Child tax credit/credit for other dependents	50		
	53	Residential energy credits. Attach Form 5695			
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐			
	55	Add lines 48 through 54. These are your **total credits**		55	1,273
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	96,701
Other Taxes (Schedule 2)	57	Self-employment tax. Attach Schedule SE		57	749
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	1,454
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
☐	61	Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT		61	2,766
	62	Section 965 net tax liability installment from Form 965-A	62		
	63	Add lines 56 through 61. This is your **total tax** ▶		63	101,670
Payments (Schedule 3)	64	Federal income tax withheld from:			
	a	Form(s) W-2	64a 81,818		
	b	Form(s) 1099	64b		
	c	Other forms	64c 794		
	65	2023 estimated tax payments and amount applied from 2022 return	65 8,000		
	66	**Earned income credit (EIC)**	66		
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Recovery rebate credit	69		
	70	Net premium tax credit. Attach Form 8962	70		
	71	Amount paid with request for extension to file	71 12,500		
	72	Excess social security and tier 1 RRTA tax withheld	72		
	73	Credit for federal tax on fuels. Attach Form 4136	73		
	74	Other payments and refundable credits	74		
	75	**Total pymts.** Add lines 64 - 74.		75	103,112
Refund	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid**		76	1,442
	77a	Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		77a	
	▶ b	Routing number	▶ c Type: ☐ Checking ☐ Savings		
	▶ d	Account number			
	78	Amount of line 76 you want **applied to your** 2024 estimated tax ▶	78 1,442		
Amount You Owe	79	**Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions ▶		79	
	80	Estimated tax penalty (see instructions)	80		

Int/Pen Date filed | Int | Fail to file | Fail to pay | Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) ▶ [redacted]
Designee's Name ▶ **ANTHONY J. LUNA** Phone no. ▶ [redacted]

Other Info Taxpayer Daytime phone number [redacted] Taxpayer: Occupation **ELECTED OFFICIAL** IRS Identity Protection PIN
☒ Taxpayer ☐ Spouse Spouse: Occupation **PRESIDENT** IRS Identity Protection PIN
Email address [redacted]

Federal Statements

Statement 1 - Schedule 1 (1040), Line 8z - Other Income

Description	Amount
METROPOLITAN TRANSPORTATI	$ 3,600
SANTA CLARA VALLEY TRANSP	1,700
TOTAL	$ 5,300

Form 1040	Partner's Basis Worksheet Page 1	2023

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR
Taxpayer Identification Number: [redacted]
Name of Entity: NMCS LLC
EIN: 82-0960705
Passive Activity Type: OTHER PASSIVE
K1 Unit: 1

1.	Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero		1. 6,705
	Increases to basis:		
2.	Capital contributions: Cash	2.	
3.	Capital contributions: Property (adjusted basis)	3.	
4.	Increase in share of partnership liabilities	4.	
5.	Ordinary business income	5.	
6.	Net rental real estate income	6.	
7.	Other net rental income	7.	
8.	Interest	8.	
9.	Dividends	9.	
10.	Royalties	10.	
11.	Net short-term capital gain	11.	
12.	Net long-term capital gain	12.	
13.	Net 28% rate capital gain	13.	
14.	Net section 1231 gain and ordinary business gains	14.	
15.	Tax-exempt interest, other tax-exempt income, and recapture of credits	15.	
16.	Other income	16.	
17.	Excess of deductions for depletion over basis of property (other than oil and gas)	17.	
18a.	Other increases	18a.	
18b.	Business interest expense (BIE)	18b.	
19.	Total increases to basis. Combined lines 2 through 18		19. 0
20.	**Adjusted basis before items decreasing basis.** Add line 1 and line 19		20. 6,705
	Decreases to basis:		
21.	Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)	21.	
22.	Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)	22.	
23.	Decrease in share of partnership liabilities	23.	
24.	Total distributions. Combine lines 21 through 23	24. 0	
25.	Nondeductible and non-capital expenses.	25. 0	
26.	Oil and gas property depletion deduction up to adjusted basis of property	26.	
27.	Other decreases	27.	
28.	Total decreases to basis except items of loss and deductions. Combine lines 24 through 27		28.
29.	**Adjusted basis before items of loss or deductions** (Subtract line 28 from line 20. Do not enter less than zero)		29. 6,705
30.	Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)		30.
31.	Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)		31. 6,705

Gain Recognized on Distributions

32.	Total distributions less property distributions. Subtract line 22 from line 24		32.
33.	Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.		33.
34.	**Gain recognized on excess distributions.** (Subtract line 33 from line 32)		34.
	• Sch E page 2, ordinary income		
	• Sch D/8949, short-term capital gain		
	• Sch D/8949, long-term capital gain		
35.	**Gain recognized on appreciated property**		35.
36.	**Total gain recognized on distributions**		36. 0

COPY - Do not file

Form **4868**

Department of the Treasury
Internal Revenue Service

(on bottom of page)

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

Go to *www.irs.gov/Form4868* for the latest information.

OMB No. 1545-0074

2023

CUT HERE

EXTENSION REQUEST ORIGINALLY FILED ELECTRONICALLY

Form **4868**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2023, or other tax year beginning , and ending

OMB No. 1545-0074

2023

Part I Identification

1 Your name(s) (see instructions)

MATTHEW W. MAHAN
SILVIAWEDAD SCANDAR

Address (see instructions)

[redacted]

City, town, or post office [redacted] | State [redacted] | ZIP code [redacted]

2 Your social security number [redacted]

3 Spouse's social security number [redacted]

Part II Individual Income Tax

4	Estimate of total tax liability for 2023	$ 0
5	Total 2023 payments	0
6	**Balance due.** Subtract line 5 from line 4. See instructions	0
7	Amount you're paying (see instructions)	12,500
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

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

DAA

Form **1040**

Broker Reconciliation Worksheet

2023

Name(s) of Account holder
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer identification number [redacted]

Payer's name
TD AMERITRADE

Account number [redacted]

Form/Schedule/Worksheet	Form/Sch Line No.	Form 1099 Name	Form 1099 Box No(s)	Amount
Schedule B				
Part I - Interest	1	1099-INT	1, 3, 10	28
Part II - Ordinary Dividends	5	1099-DIV	1a	
Nondividend distributions		1099-DIV	3	
Schedule D				
Short-term 1099B transactions with no adjustments, basis reported to IRS	1a	1099-B		
Long-term 1099B transactions with no adjustments, basis reported to IRS	8a	1099-B		
Part II - Capital gain distributions	13	1099-DIV	2a	
28% Rate Capital Gain Worksheet (Schedule D, line 18)	1, 4	1099-DIV, B	2d, 3	
Unrecaptured Section 1250 Gain Worksheet (Schedule D, line 19)	11	1099-DIV	2b	
Schedule A				
State and local income taxes withheld	5a	1099 ALL	17, 15, 16	
Foreign tax deduction	6	1099-INT, DIV	6, 7	
Form 1040				
Tax-exempt interest	2a	1099-INT	8	
Tax-exempt interest dividends	2a	1099-DIV	11	
Qualified dividends	3a	1099-DIV	1b	
Penalty on early withdrawal of savings (Schedule 1)	18	1099-INT	2	
Foreign tax credit (Credit claimed without filing Form 1116) (Schedule 3)	1	1099-INT, DIV	6, 7	
Federal income tax withheld	25b	1099 ALL	4	
Section 199A dividends	13	1099-DIV	5	
Form 1116				
Part II Foreign taxes paid or accrued	8	1099-INT, DIV	6, 7	
Form 6251				
Interest from specified private activity bonds exempt from regular tax	2g	1099-INT	9	
Interest dividends from specified private activity bonds exempt from regular tax	2g	1099-DIV	12	
Form 8949				
Basis reported to IRS				
Short-term - 8949 Box A	1	1099-B		
Short-term - 8949 Box A (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box D	1	1099-B		
Long-term - 8949 Box D (column g) - Wash sale loss disallowed *	1	1099-B		
Basis not reported to IRS				
Short-term - 8949 Box B	1	1099-B		
Short-term - 8949 Box B (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box E	1	1099-B		
Long-term - 8949 Box E (column g) - Wash sale loss disallowed *	1	1099-B		
Not reported on Form 1099-B				
Short-term - 8949 Box C	1	1099-B		
Short-term - 8949 Box C (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box F	1	1099-B		
Long-term - 8949 Box F (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box F - Section 1202 gain exclusion adjustment	1	1099-DIV	2c	
Form 6781				
Net section 1256 contracts loss election				
Part I - Section 1256 Contracts Marked to Market	1	1099-B	11	
Form 1099-B adjustments	4			
Net section 1256 contracts loss carry back	6			
Form 4952				
Investment interest expenses - margin interest	1			

* Form 8949 column (g), amount of adjustment, is reported as wash sale loss disallowed for any transaction with a "W" in column (f) Code(s) from instructions. Therefore, transactions with multiple codes in column (f), may not reflect the true disallowed wash sale loss.

Form **1040** | **Broker Reconciliation Worksheet** | **2023**

Name(s) of Account holder
MATTHEW W. MAHAN

Taxpayer identification number
[redacted]

Payer's name
CHARLES SCHWAB & CO., INC

Account number
[redacted]

Form/Schedule/Worksheet	Form/Sch Line No.	Form 1099 Name	Box No(s)	Amount
Schedule B				
Part I - Interest	1	1099-INT	1, 3, 10	14
Part II - Ordinary Dividends	5	1099-DIV	1a	558
Nondividend distributions		1099-DIV	3	
Schedule D				
Short-term 1099B transactions with no adjustments, basis reported to IRS	1a	1099-B		
Long-term 1099B transactions with no adjustments, basis reported to IRS	8a	1099-B		
Part II - Capital gain distributions	13	1099-DIV	2a	
28% Rate Capital Gain Worksheet (Schedule D, line 18)	1, 4	1099-DIV, B	2d, 3	
Unrecaptured Section 1250 Gain Worksheet (Schedule D, line 19)	11	1099-DIV	2b	
Schedule A				
State and local income taxes withheld	5a	1099 ALL	17, 15, 16	
Foreign tax deduction	6	1099-INT, DIV	6, 7	
Form 1040				
Tax-exempt interest	2a	1099-INT	8	
Tax-exempt interest dividends	2a	1099-DIV	11	
Qualified dividends	3a	1099-DIV	1b	402
Penalty on early withdrawal of savings (Schedule 1)	18	1099-INT	2	
Foreign tax credit (Credit claimed without filing Form 1116) (Schedule 3)	1	1099-INT, DIV	6, 7	
Federal income tax withheld	25b	1099 ALL	4	
Section 199A dividends	13	1099-DIV	5	69
Form 1116				
Part II Foreign taxes paid or accrued	8	1099-INT, DIV	6, 7	23
Form 6251				
Interest from specified private activity bonds exempt from regular tax	2g	1099-INT	9	
Interest dividends from specified private activity bonds exempt from regular tax	2g	1099-DIV	12	
Form 8949				
Basis reported to IRS				
Short-term - 8949 Box A	1	1099-B		
Short-term - 8949 Box A (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box D	1	1099-B		
Long-term - 8949 Box D (column g) - Wash sale loss disallowed *	1	1099-B		
Basis not reported to IRS				
Short-term - 8949 Box B	1	1099-B		
Short-term - 8949 Box B (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box E	1	1099-B		
Long-term - 8949 Box E (column g) - Wash sale loss disallowed *	1	1099-B		
Not reported on Form 1099-B				
Short-term - 8949 Box C	1	1099-B		
Short-term - 8949 Box C (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box F	1	1099-B		
Long-term - 8949 Box F (column g) - Wash sale loss disallowed *	1	1099-B		
Long-term - 8949 Box F - Section 1202 gain exclusion adjustment	1	1099-DIV	2c	
Form 6781				
Net section 1256 contracts loss election				
Part I - Section 1256 Contracts Marked to Market	1	1099-B	11	
Form 1099-B adjustments	4			
Net section 1256 contracts loss carry back	6			
Form 4952				
Investment interest expenses - margin interest	1			

* Form 8949 column (g), amount of adjustment, is reported as wash sale loss disallowed for any transaction with a "W" in column (f) Code(s) from instructions. Therefore, transactions with multiple codes in column (f), may not reflect the true disallowed wash sale loss.

Form **1040** | **Qualified Dividends and Capital Gain Tax Worksheet** | **2023**

Name: **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**

Taxpayer Identification Number: [redacted]

1.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	438,682	
2.	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a*	2.	402	
3.	Are you filing Schedule D?* ☐ Yes. Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0- ☒ No. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7	3.		
4.	Add lines 2 and 3	4.	402	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	438,280	
6.	Enter: $44,625 if single or married filing separately, $89,250 if married filing jointly or qualifying surviving spouse, $59,750 if head of household.	6.	89,250	
7.	Enter the smaller of line 1 or line 6	7.	89,250	
8.	Enter the smaller of line 5 or line 7	8.	89,250	
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	0	
10.	Enter the smaller of line 1 or line 4	10.	402	
11.	Enter the amount from line 9	11.	0	
12.	Subtract line 11 from line 10	12.	402	
13.	Enter: $492,300 if single, $276,900 if married filing separately, $553,850 if married filing jointly or qualifying surviving spouse, $523,050 if head of household.	13.	553,850	
14.	Enter the smaller of line 1 or line 13	14.	438,682	
15.	Add lines 5 and 9	15.	438,280	
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	402	
17.	Enter the smaller of line 12 or line 16	17.	402	
18.	Multiply line 17 by 15% (0.15)			18. 60
19.	Add lines 9 and 17	19.	402	
20.	Subtract line 19 from line 10	20.	0	
21.	Multiply line 20 by 20% (0.20)			21. 0
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet			22. 97,914
23.	Add lines 18, 21, and 22			23. 97,974
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet			24. 98,042
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet			25. 97,974

*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040** | **General Sales Tax Deduction Worksheet** | **2023**

Name as shown on return
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number
[redacted]

State of
CALIFORNIA

Locality of

General Sales Tax from IRS Tables

1.	Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 11	1.	478,694
2.	Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 5a, 6a (Exclude rollovers and tax-free Sec. 1035 exchanges)	2.	
3.	Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2023	3.	
4.	Add lines 1 through 3, this is income for general sales tax table purposes	4.	478,694
5.	Enter the amount from the sales tax table in the Schedule A instructions. Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9	5.	2,726
6.	Enter the number of days of residence in state	6.	
7.	Total days in year	7.	365
8.	Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.	
9.	Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.	9.	2,726

Local Sales Tax Using IRS Tables

10.	Enter the amount from the sales tax table in the Schedule A instructions.	10.	
11.	If you are a resident of Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions.	11.	
12.	Enter the local general sales tax rate (exclude statewide local sales tax rate)	12.	
13.	Enter the state general sales tax rate (include statewide local sales tax rate)	13.	
14.	Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.	
15.	If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19	15.	
16.	Enter the number of days of residence in locality	16.	
17.	Total days in year	17.	365
18.	Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	
19.	Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.	19.	

General Sales Tax Summary

20.	Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	2,726
21.	Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	
22.	Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	2,726
23.	Enter the actual state and local general sales taxes paid	23.	
24.	Enter the greater of line 22 or line 23	24.	2,726
25.	Enter the state and local taxes paid on specified items (major purchases)	25.	
26.	Add lines 24 and 25, this is the deductible General Sales tax	26.	2,726
27.	Enter total state and local income taxes paid	27.	40,081

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Form **1040** | **Child Tax Credit Limit Worksheets A and B** | **2023**

Name: **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR** | Taxpayer Identification Number: [redacted]

Credit Limit Worksheet A

1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18	1.	97,974
2. Add the amounts from Schedule 3, lines 1, 2, 3, 4, 5b, 6d, 6f, 6l and 6m. Enter the total	2.	1,223
3. Subtract line 2 from line 1	3.	96,751
4. Do you meet all the following conditions? ● You are claiming one or more of the following credits: Form 8396; Form 8839; Form 5695, Part I; Form 8859 ● You are **not** filing Form 2555. ● Schedule 8812, line 4 is more than zero. [X] **No.** Enter-0-. [ ] **Yes.** Enter the amount from the Credit Limit Worksheet B.	4.	0
5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 13	5.	96,751

Credit Limit Worksheet B

Use this worksheet **only** if you checked "Yes" on line 4 of the Credit Limit Worksheet A above.

1. Enter the amount from Form 8812, line 12	1.	
2. Number of qualifying children under age 17 with the required social security number: ___ x $1,600. Enter the result	2.	
3. Enter the earned income from line 7 of the Child Tax Credit Earned Income Worksheet	3.	
4. Is the amount on line 3 more than $2,500? [ ] **No.** Leave line 4 blank, enter -0- on line 5, and go to line 6. [ ] **Yes.** Subtract $2,500 from the amount on line 3. Enter the result.	4.	
5. Multiply the amount on line 4 by 15% (.15) and enter the result	5.	
6. On line 2 of this worksheet, is the amount $4,800 or more? [ ] **No.** If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7. Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. [ ] **Yes.** If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.		
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7.	
8. Enter the total of the amounts from Schedule 1, line 15 and Schedule 2, lines 5, 6 and 13	8.	
9. Add lines 7 and 8. Enter the total	9.	
10. Enter the amounts from Form 1040/1040-SR, line 27 and Schedule 3, line 11; 1040-NR, Schedule 3, line 11	10.	
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-	11.	
12. Enter the **larger** of line 5 or line 11	12.	
13. Enter the **smaller** of line 2 or line 12	13.	
14. Is the amount on line 13 of this worksheet more than the amount on line 1? [ ] **No.** Subtract line 13 from line 1. Enter the result. [ ] **Yes.** Enter -0-.	14.	
15. Enter the total of the amounts from Schedule 3, lines 5a, 6c, 6g, and 6h. Enter this amount on line 4 of the Credit Limit Worksheet A	15.	

Form **1116**	**Foreign Tax Credit Worksheet**	**2023**

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number

[redacted]

If you have qualified dividends or capital gains, you may be required to use the worksheet on this page to make adjustments to those qualified dividends and ga before taking them into account on line 18. If you qualify for the adjustment exception as detailed in the Form 1116 instructions, no adjustment is necessary.
If you figured your tax using the **Qualified Dividends and Capital Gain Tax Worksheet,** complete the worksheet as follows: Skip lines 2 through 5.
On line 6, enter the amount from line 22 of the **Qualified Dividends and Capital Gain Tax Worksheet.** Complete all other lines as instructed on the worksheet.

Worksheet for Form 1116, Page 2, Line 18

1.	Enter the amount from Form 1040, Form 1040-SR or Form 1040NR, line 15		1.	438,682
2.	Enter your worldwide 28% gains (see instructions)	2.		
3.	Multiply line 2 by .2432	3.		
4.	Enter your worldwide 25% gains (see instructions)	4.		
5.	Multiply line 4 by .3243	5.		
6.	Enter your worldwide 20% gains and qualified dividends (see instructions)	6.		
7.	Multiply line 6 by .4595	7.		
8.	Enter your worldwide 15% gains and qualified dividends (see instructions)	8.	402	
9.	Multiply line 8 by .5946	9.	239	
10.	Enter your worldwide 0% gains and qualified dividends (see instructions)	10.		
11.	Add lines 3, 5, 7, 9 and 10		11.	239
12.	Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18		12.	438,443

Please refer to the Form 6251 instructions for the alternative minimum tax amounts reported on this worksheet

Worksheet for AMT Form 1116, Page 2, Line 18

1.	Enter the amount from Form 6251, line 4		1.	448,682
2.	Enter the amount from Form 6251, line 36	2.		
3.	Multiply line 2 by .1071	3.		
4.	Enter the amount from Form 6251, line 33	4.		
5.	Multiply line 4 by .2857	5.		
6.	Enter the amount from Form 6251, line 30	6.	402	
7.	Multiply line 6 by .4643	7.	187	
8.	Enter the amount from Form 6251, line 23	8.		
9.	Add lines 3, 5, 7 and 8		9.	187
10.	Subtract line 9 from line 1. Enter the result here and on the AMT Form 1116, line 18		10.	448,495

Form 1040	Foreign Tax Credit Carryover Worksheet	2023

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number
[redacted]

Foreign Income Category ..... PASSIVE INCOME

Regular

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022	15	66	-51			-51
2023	23	48	-25			-25

* Amounts flow to the Foreign Tax Credit Carryover Report

Alternative Minimum Tax

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2013						
2014						
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022	15	38	-23			-23
2023	23	58	-35			-35

* Amounts flow to the Foreign Tax Credit Carryover Report

Form **1040** | **Roth IRA Worksheets** | **2023** Pub. 590A

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number: [redacted]

	Taxpayer IRA	Spouse IRA
Modified adjusted gross income for Roth IRA contributions		

Roth IRA Contribution Worksheet

		Taxpayer IRA	Spouse IRA
1.	Enter your taxable compensation		
2.	Enter the smaller of line 1 or $6500 ($ 7500 if 50 or older)		
3.	Enter your total contributions to traditional IRAs for 2023		
4.	Subtract line 3 from line 2		
5.	Enter: $228,000 if married filing jointly or qualifying surviving spouse; $10,000 if married filing separately and you lived with your spouse at any time during the year. All other filers, enter $153,000		
6.	Enter your modified AGI for purposes of Roth IRAs		
7.	Subtract line 6 from line 5. If zero or less, **stop here;** you may not contribute to a Roth IRA for 2023. See **Recharacterizations** on page 3 of Form 8606 instructions if you made Roth IRA contributions for 2023	0	0
8.	If line 5 above is $153,000, enter $15,000; otherwise, enter $10,000. If line 7 is greater than or equal to line 8, skip lines 9 and 10, and enter the amount from line 4 on line 12		
9.	Divide line 7 by line 8 and enter the result as a decimal (rounded to at least 3 places). Do not enter more than "1.000"		
10.	Multiply line 2 by line 9. If the result is not a multiple of $10, round it up to the next multiple of $10 (e.g., round $611.40 to $620)		
11.	Enter the greater of $200 or the amount on line 10		
12.	**Maximum 2023** Roth IRA contribution. Enter the **smaller** of line 4 or line 11. See **Recharacterizations** on page 3 of Form 8606 instructions if you contributed more than this amount to Roth IRAs for 2023		

	Taxpayer IRA	Spouse IRA
Modified adjusted gross income for Roth IRA conversions (does not include minimum required distributions)		

Worksheet for Determining Roth IRA Basis Amounts

		Taxpayer IRA	Spouse IRA
1.	Basis in your Roth IRA contributions as of December 31,2022.		
2.	Enter your Roth IRA contributions for 2023, adjusted for any recharacterizations.		
3.	Add lines 1 and 2.		
4.	Enter the amount, if any, from Form 8606, line 19.		
5.	Contribution basis loss.		
	Basis in your Roth IRA contributions as of December 31, 2023.		
6.	Subtract lines 4 and 5 from line 3. If zero or less, enter -0-.	0	0
7.	Basis in your Roth IRA conversions as of December 31, 2022.	42,027	17,013
8.	Enter the amount(s), if any, from Form 8606 line 16.		
9.	Add lines 7 and 8.	42,027	17,013
10.	Enter the amount, if any, from Form 8606, line 23.		
11.	Conversion basis loss.		
	Basis in your Roth IRA conversions as of December 31, 2023.		
12.	Subtract lines 10 and 11 from line 9. If zero or less, enter -0-.	42,027	17,013

Form **1040**

K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797

2023

Name MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR | Taxpayer Identification Number [redacted]

Entity Name NMCS LLC | EIN 82-0960705 | Entity Type PARTNERSHIP | Screen K1 | K1 Unit 1

Activity | Passive Activity Type OTHER PASSIVE | Entire disposition of activity

	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return
Schedule E page 2								
Ordinary business income/-loss								
Net rental real estate income/-loss								
Other net rental income/-loss								
Guaranteed payments								
Section 179 expense								
Disallowed Section 179 expense								
Depletion								
Section 59(e)(2) expenditures								
Preproductive period expense								
Reforestation expense deduct								
Other deductions								
Unreimbursed expenses								
Other inc/loss - Schedule E								
Debt financed acquisition								
Dependent care benefits								
Total Schedule E page 2								
Schedule E page 1								
Royalties								
Deductions-royalty income								
Depletion								
Total Schedule E page 1								
Schedule B								
Interest Income								
Tax-exempt interest income								
Dividend Income								
Qualified dividends (1040, Page 2)								
Schedule D/8949/6781								
Short-term capital gain/-loss								
Long-term capital gain/-loss								
28% capital gain/-loss								
1256 contracts and straddles								
Form 4797								
4797 Part I								
4797 Part II								
Section 179/280F recapture								

Form **1040** | **Nonrefundable Personal Credit Limitation Worksheet** | **2023**

Name **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR** | Taxpayer Identification Number [redacted]

Amounts from tax return

a.	Regular tax (Form 1040, line 16)	a. 97,974	h.	Child tax cr, Wrk 8, line 14	h.		n.	Form 8859, line 3	n.	
b.	AMT (Form 1040, Schedule 2, line 1)	b.	i.	Child tax cr (Form 1040, line 19)	i. 50		o.	Form 8936, line 13	o.	
c.	Exc adv PTC (Form 1040, Sch 2, ln 2)	c.	j.	Form 5695, line 32	j.		p.	Form 8936, line 18	p.	
d.	Foreign tax cr (Form 1040, Sch 3, ln 1)	d. 23	k.	Form 5695, line 15	k.		q.	Form 8834, line 7	q.	
e.	Child care cr (Form 1040, Sch 3, ln 2)	e. 1,200	l.	Form 8396, line 9	l.		r.	Form 3800, line 38	r.	
f.	Education cr (Form 1040, Sch 3, ln 3)	f.	m.	Elderly cr (Sch R, line 22)	m.		s.	Form 8839, line 16	s.	
g.	Retirement cr (Form 1040, Sch 3, ln 4)	g.					t.	Form 8978, line 14	t.	

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1. 97,974				
2. Other nonrefundable personal credits allowed	2. 23				
3. Limitation based on tax liability, line 1 minus line 2	3. 97,951				
4. Amount from line 3 reported on	4. F2441, LN 11				
5. Code(s) for tax amount(s) from above	5. A B C				
6. Code(s) for credit amount(s) from above	6. D T				

	Form 8936, Part III	Form 8936, Part IV	Form 8911, Part III	Form 8396	Form 8839
1. Total tax available	1.				
2. Other nonrefundable personal credits allowed	2.				
3. Limitation based on tax liability, line 1 minus line 2	3.				
4. Amount from line 3 reported on	4.				
5. Code(s) for tax amount(s) from above	5.				
6. Code(s) for credit amount(s) from above	6.				

	Form 8859	Form 8801
1. Total tax available	1.	
2. Other nonrefundable personal credits allowed	2.	
3. Limitation based on tax liability, line 1 minus line 2	3.	
4. Amount from line 3 reported on	4.	
5. Code(s) for tax amount(s) from above	5.	
6. Code(s) for credit amount(s) from above	6.	

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18
2. Enter the amount from Form 8863, line 9
3. Add lines 1 and 2
4. Enter the amount from Form 1040, line 18
5. Enter the total of code(s) d, e, m and t from above
6. Subtract line 5 from line 4
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19

Form **1040**	**Net Earnings from Self-Employment Worksheet**	**2023**

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number

[redacted]

	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	( )	( )
Amortization from farm partnerships	( )	( )
Depreciation & Section 179 from farm partnerships	( )	( )
Depletion from farm partnerships	( )	( )
Other expenses from farm partnerships	( )	( )
Home office expenses from farm partnerships	( )	( )
Unreimbursed partnership expenses from farm partnerships	( )	( )
Debt financed acquisition interest from farm partnerships	( )	( )
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, ln 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)		
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	( )	( )
Amortization from nonfarm partnerships	( )	( )
Depreciation & section 179 from nonfarm partnerships	( )	( )
Depletion from nonfarm partnerships	( )	( )
Other expenses from nonfarm partnerships	( )	( )
Home office expenses from nonfarm partnerships	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships	( )	( )
Debt financed acquisition interest from nonfarm partnerships	( )	( )
Nonfarm adjustment to SE income		
Self-employment income reported as other income	5,300	
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)		
Net nonfarm profit or (loss) - Schedule SE line 2	5,300	0
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	( )	( )
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	5,300	0
Church employee income - Schedule SE, Page 1 line 5a		

Form **1040** | **Tax Refund Worksheets** | **2023**

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number: [redacted]

		2022	2021	2020
1. State and local tax refunds	1.	3,742		
2a. State and local tax refunds with no tax benefit derived	2a.	3,742		
2b. Sales tax benefit reduction	2b.			
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3.	0		
4. Total itemized deductions from Schedule A	4.			
5. Standard deduction	5.			
6. Subtract line 5 from line 4. If result is zero or less, **STOP** here The amount on line 3 is not taxable	6.			
7. Enter the smaller of line 3 or line 6	7.			
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.	8.			
9. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 8 is:	9.			

- 0 or more, enter the amount from line 7.
- A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.

Tax Refund Worksheet for Itemized Deduction Limitation

		2022*	2021*	2020*
1. State and local tax refunds subject to phase-out	1.			
2a. State and local tax refunds with no tax benefit derived	2a.			
2b. Sales tax benefit reduction	2b.			
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3.			
Itemized deductions before state and local tax refunds:				
4. Adjusted gross income	4.			
5. AGI threshold	5.			
6. Line 4 minus line 5	6.			
7. Itemized deductions before phase-out	7.			
8. Itemized deductions subject to phase-out	8.			
9. Multiply line 6 by 3% (.03)	9.			
10. Multiply line 8 by 80% (.80)	10.			
11. Phase-out (smaller of line 9 or line 10)	11.			
12. Allowable itemized deductions (line 7 minus line 11)	12.			
Itemized deductions adjusted for state and local tax refund:				
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)	13.			
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14.			
15. Multiply line 14 by 80% (.80)	15.			
16. Adjusted phase-out (smaller of line 9 or 15)	16.			
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17.			
18. Standard deduction	18.			
19. Enter the larger of line 17 or line 18	19.			
20. Line 12 minus line 19	20.			
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.	21.			
22. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 21 is:	22.			

- 0 or more, enter the amount from line 20.
- A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.

* Schedule A limitation did not apply for 2018 forward, due to the Tax Cuts and Jobs Act of 2017.

Form 1040	Tax Refund Worksheet - 2023 State and Local Refunds	2024

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number: [redacted]

CA

1. 2023 payments paid in 2024	1.		
2. 2023 extension paid in 2024	2.		
3. 2023 additional payment paid in 2024	3.		
4. Total 2023 payments paid in 2024 (sum of lines 1 through 3)	4.		
5. Total payments on the 2023 return	5.	38,703	
6. Total 2023 overpayment/refund	6.	8,038	
7. 2023 refund attributable to tax paid in 2024 (line 4 divided by line 5 multiplied by line 6)	7.		
8. 2023 state/local tax refund attributable to tax paid in 2023 (line 6 minus line 7)	8.		8,038

1. 2023 payments paid in 2024	1.		
2. 2023 extension paid in 2024	2.		
3. 2023 additional payment paid in 2024	3.		
4. Total 2023 payments paid in 2024 (sum of lines 1 through 3)	4.		
5. Total payments on the 2023 return	5.		
6. Total 2023 overpayment/refund	6.		
7. 2023 refund attributable to tax paid in 2024 (line 4 divided by line 5 multiplied by line 6)	7.		
8. 2023 state/local tax refund attributable to tax paid in 2023 (line 6 minus line 7)	8.		

1. 2023 payments paid in 2024	1.		
2. 2023 extension paid in 2024	2.		
3. 2023 additional payment paid in 2024	3.		
4. Total 2023 payments paid in 2024 (sum of lines 1 through 3)	4.		
5. Total payments on the 2023 return	5.		
6. Total 2023 overpayment/refund	6.		
7. 2023 refund attributable to tax paid in 2024 (line 4 divided by line 5 multiplied by line 6)	7.		
8. 2023 state/local tax refund attributable to tax paid in 2023 (line 6 minus line 7)	8.		

1. 2023 payments paid in 2024	1.		
2. 2023 extension paid in 2024	2.		
3. 2023 additional payment paid in 2024	3.		
4. Total 2023 payments paid in 2024 (sum of lines 1 through 3)	4.		
5. Total payments on the 2023 return	5.		
6. Total 2023 overpayment/refund	6.		
7. 2023 refund attributable to tax paid in 2024 (line 4 divided by line 5 multiplied by line 6)	7.		
8. 2023 state/local tax refund attributable to tax paid in 2023 (line 6 minus line 7)	8.		

1. 2023 payments paid in 2024	1.		
2. 2023 extension paid in 2024	2.		
3. 2023 additional payment paid in 2024	3.		
4. Total 2023 payments paid in 2024 (sum of lines 1 through 3)	4.		
5. Total payments on the 2023 return	5.		
6. Total 2023 overpayment/refund	6.		
7. 2023 refund attributable to tax paid in 2024 (line 4 divided by line 5 multiplied by line 6)	7.		
8. 2023 state/local tax refund attributable to tax paid in 2023 (line 6 minus line 7)	8.		

Total of ALL 2023 state/local tax refunds attributable to tax paid in 2024 (sum of lines 7)	
Total of ALL 2023 state/local tax refunds attributable to tax paid in 2023 (sum of lines 8; for 2024 Tax Refund Wrk)	8,038

Form **1040** | **Tax Refund Worksheet - No Tax Benefit Derived** | **2024**

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number: [redacted]

2023 State and Local Refunds Not Taxable in 2024 Due to AMT

1.	Total refund attributable to 2023 (from total on Wrk 10, Tax Refund Wrk - 2023 State and Local Refunds)			1. 8,038
2.	2023 regular tax	2. 97,974		
3.	2023 AMT	3. 0		
4.	2023 Total Tax (line 2 + line 3)			4. 97,974
5.	2023 Federal Marginal Tax Rate	5. 0.320		
6.	Tentative no benefit (line 3 divided by line 5)	6. 0		
7.	Adjustment (smaller of line 1 or line 6)			7. 0
8.	Recalculated 2023 Itemized Deductions	8. 0		
9.	Recalculated 2023 Taxable Income	9. 0		
10.	Recalculated 2023 Tax	10. 0		
	Recalculated 2023 Tax using Sch D Tax Wrk or QDCGTW			
	Recalculated 2023 Form 8615			
	Recalculated 2023 Schedule J			
11.	Recalculated 2023 AMT	11. 0		
12.	New 2023 Total Tax (line 10 + line 11)			12. 0
13.	**2023 state and local refunds not taxable in 2024 due to AMT** (equals line 7, if line 12 < or = line 4)			13. 0

The amount from Line 13 will carry to the 2024 Tax Refund Worksheet

2023 State and Local Refunds Not Taxable in 2024 Due to Zero Tax

1.	Total refund attributable to 2023 (from total on Wrk 10, Tax Refund Wrk - 2023 State and Local Refunds)			1.
2.	2023 regular tax after credits	2.		
3.	Recalculated 2023 tax after credits	3.		
4.	Difference, if any (line 2 - line 3)	4.		
5.	**2023 state and local refunds not taxable in 2024 due to zero tax** (equals line 1, if line 4 = zero)			5.

The amount from Line 5 will carry to the 2024 Tax Refund Worksheet

2023 State and Local Refunds Not Taxable in 2024 Due to Sch A Tax Deduction Limitation

1.	2023 Schedule A line 5d - state and local taxes before limitation	1. 63,701		
2.	Total refund attributable to 2023 (from total on Wrk 10, Tax Refund Wrk - 2023 State and Local Refunds)			2. 8,038
3.	Difference, if any (line 1 - line 2)	3. 55,663		
4.	2023 Schedule A line 5e - limited state and local taxes	4. 10,000		
5.	Difference, if any (line 3 - line 4) (If line 5 >= zero, refund not taxable, skip to line 7)	5. 45,663		
6.	No Taxable Benefit Amount (Combine Line 2 + Line 5)			6.
7.	**2023 state/local refunds not taxable in 2024 due to Sch A tax limitation** (equals (line 2, if line 5 >= zero) or (line 6, if line 6 is > zero))			7. 8,038

The amount from Line 7 will carry to the 2024 Tax Refund Worksheet

Federal Statements

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends	Section 199A Dividends
CHARLES SCHWAB & CO., INC (0703)	$ 558	$ 402	$ 69
TOTAL	$ 558	$ 402	$ 69

Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

Description	Amount
1ST QUARTER ESTIMATE PAYMENT	$ 2,000
2ND QUARTER ESTIMATE PAYMENT	2,000
3RD QUARTER ESTIMATE PAYMENT	2,000
4TH QUARTER ESTIMATE PAYMENT	2,000
TOTAL	$ 8,000

Federal Statements

Schedule A, Line 5a - State and Local Taxes

Description	Amount
STATE WITHHOLDING ON W-2S	$ 34,961
STATE TAX PAYMENTS	3,742
STATE DISABILITY FUND W/H	1,378
TOTAL INCOME TAXES*	40,081
GENERAL SALES TAX	2,726
TOTAL SALES TAXES	2,726

*INCOME TAXES ARE BEING DEDUCTED

Schedule A, Line 5b - Real Estate Taxes

Description	Amount
ESCROW	$
ESCROW	
PROP TAX	
U.S. BANK NATIONAL ASSOCIATIO	23,620
TOTAL	$ 23,620

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

Description	Amount
MORTG INTEREST ALLOCATION	$ 24,565
TOTAL	$ 24,565

Schedule A, Line 11 - Charitable Contributions by Cash or Check

Description	Amount
CASH CONTRIBUTIONS	$ 5,433
TOTAL	$ 5,433

Federal Statements

TD Ameritrade

Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	$	$	$
FOREIGN QUALIFIED DIVS TAXED AT 15%		402	
X ADJUSTMENT FACTOR (0.4054)		163	
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME		489	
- 1116 FOREIGN QUALIFIED DIVIDENDS		402	
	0	87	
TOTAL	0	250	

TD Ameritrade

Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LN 1/2B-5B SCH 1 LN 1/2A/7/8	$ 479,069
TOTAL	$ 479,069

TD Ameritrade

Form 1116 line 4a - Apportioned Home Mortgage Interest

Description	A	B	C
1116 LINE 3D GROSS FRGN SOURCE INCOME	$	$ 489	$
LESS APPORTIONED 2555 INCOME, IF ANY			
GROSS FOREIGN SOURCE INCOME		489	
1116 LINE 3E ALL SOURCES GROSS INCOME		479,069	
LESS FORM 2555 EXCLUDED INCOME, IF ANY			
GROSS INCOME FROM ALL SOURCES		479,069	
GROSS FOREIGN INC/GROSS INC ALL SOURCES			
GROSS INC APPORTION FACTOR B 0.0010			
SCHEDULE A HOME MORTGAGE INTEREST		24,565	
1116 LINE 4A HOME MORTGAGE INTEREST		25	
(MORT INT X APPORTIONMENT FACTOR)			

Federal Statements

Form 2441, Line 4 - Taxpayer's Earned Income

Description	Amount
WAGES	$ 208,147
OTHER SELF-EMPLOYMENT INCOME	5,300
1/2 SELF-EMPLOYMENT TAX	-375
TOTAL	$ 213,072

Form 2441, Line 5 - Spouse's Earned Income

Description	Amount
WAGES	$ 250,208
TOTAL	$ 250,208

Form 8960, Line 9b - State, local, and foreign income tax

Description	Amount
STATE AND LOCAL TAXES (SCH A, LN 5A / LN 5D X LN 5E)	$ 6,292
REASONABLE METH ALLOC PERCENT: 3.22 (FORM 8960, LINE 8 / AGI)	
STATE/LOCAL TAXES ATTRIB TO NII	203

Federal Statements

Form 1040 Reconciliation Worksheet, Line 21 - Other Income

Description	Amount
METROPOLITAN TRANSPORTATI	$ 3,600
SANTA CLARA VALLEY TRANSP	1,700
TOTAL	$ 5,300

Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes

Description	Amount
FORM 8959	$ 2,188
FORM 8960	578
TOTAL	$ 2,766

Amount Allocated to Tax Paid in the Following Year

	Description	Amount
CA		
1.	2022 PAYMENT PAID IN 2023	$ 0
2.	2022 EXTENSION PAID IN 2023	0
3.	2022 ADDITIONAL PAYMENT PAID IN 2023	0
4.	TOTAL 2022 PAYMENTS PAID IN 2023(SUM OF LINES 1 THROUGH 3)	0
5.	TOTAL PAYMENTS ON THE 2022 RETURN	31,521
6.	TOTAL 2022 OVERPAYMENT/REFUND	3,742
7.	2022 REFUND ATTRIBUTABLE TO TAX PAID IN 2023 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	$ 0
8.	STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	$ 3,742

Federal Statements

CITY OF SAN JOSE

Form W-2, Box 12

Description	Amount
BOX 12 C GRP TERM LIFE >50,000	$ 447
BOX 12 DD EMPLR SPONSORED HLTH	7,771
TOTAL	$ 8,218

CITY OF SAN JOSE

Form W-2, Box 14 - Other

Description	Amount
414H	$ 21,588
TOTAL	$ 21,588

Federal Statements

Cristo Rey San Jose High School

Form W-2, Box 12

Description	Amount
BOX 12 E SECTION 403(B) CONTR	$ 21,993
BOX 12 DD EMPLR SPONSORED HLTH	17,822
TOTAL	$ 39,815

Tax Preparation

Description	Amount
TAX PREPARATION FEE	$ 2,475
TOTAL	$ 2,475

Form **1040** | **Carryover Report** | **2023**

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number
[redacted]

Carryover Item	Available to 2023	2023 Amounts		Carryover to 2024
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss				
Long-term capital loss - AMT				
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				
Qualified business income loss	698			698
Qualified REIT income and PTP loss				
Excess business loss portion of NOL				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2018 Amounts		
2019 Amounts		
2020 Amounts		
2021 Amounts		
2022 Amounts		
Available to 2023		
2023 Amounts		
Carryover to 2024		

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2018 Amounts		
2019 Amounts		
2020 Amounts		
2021 Amounts		
2022 Amounts		
Available to 2023		
2023 Amounts		
Carryover to 2024		

Form **1040** | **IRA Distribution Report** | **2023**

Name

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number

[redacted]

	T/S	Payer	Box 7 Code	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a [less rollover amount]	Qualified Charitable Distribution
A	T	TD AMERITRADE CLEARING, INC.	2			
B	T	TD AMERITRADE CLEARING, INC.	2			
C	S	TD AMERITRADE CLEARING, INC.	2			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
		Taxpayer				
		Spouse				
		Total				

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp							
Sp							
Total							

Form **1040** | **Salaries & Wages Report** | **2023**

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number [redacted]

	T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T	CITY OF SAN JOSE	208,147	37,218	0
B	S	CRISTO REY SAN JOSE HIGH SCHOOL	250,208	44,600	160,200
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
Taxpayer			208,147	37,218	
Spouse			250,208	44,600	160,200
Totals			458,355	81,818	160,200

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A		216,007	3,276				21,588
B	9,932	272,201	4,597				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer		216,007	3,276				21,588
Spouse	9,932	272,201	4,597				
Totals	9,932	488,208	7,873				21,588

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	CA	208,147	17,036		208,147	
B	CA	250,208	17,925	STATE DIS		SDI 1,378
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		208,147	17,036		208,147	
Spouse		250,208	17,925			1,378
Totals		458,355	34,961		208,147	1,378

Form **1040** | **Withholding (WH) Summary Report** | **2023**

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number [redacted]

T/S	Description	Form	Federal WH	State WH	Local WH
T	CITY OF SAN JOSE	W-2	37,218	17,036	
S	CRISTO REY SAN JOSE HIGH SCHOOL	W-2	44,600	17,925	1,378
T	FORM 8959 LN 24 ADD'L MEDICARE TAX	OTH	144		
S	FORM 8959 LN 24 ADD'L MEDICARE TAX	OTH	650		
	Taxpayer		37,362	17,036	
	Spouse		45,250	17,925	1,378
	Total		82,612	34,961	1,378

	Federal Withholding Amounts by Forms			State Withholding Amounts by Forms		
	Taxpayer	Spouse	Federal Total	Taxpayer	Spouse	State Total
Form(s) W2	37,218	44,600	81,818	17,036	17,925	34,961
Form(s) 1099						
Other forms	144	650	794			
Form(s) 8805*						
Form(s) 8288-A*						
Form(s) 1042-S*						
Total	37,362	45,250	82,612	17,036	17,925	34,961

*1040/SR included with other forms

Form **1040** | **Two Year Comparison Report - Page 1** | **2022 & 2023**

Name: **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**

Taxpayer Identification Number: [redacted]

			2022	2023	Differences
	Filing Status		MFJ	MFJ	
	Dependents		2	2	
Income	1. Salaries and wages	1.	362,138	458,355	96,217
	2. Interest income	2.	6,828	14,856	8,028
	3. Tax exempt interest income	3.			
	4. Dividend income	4.	389	558	169
	5. Qualified dividend income	5.	311	402	91
	6. Taxable state/local refunds	6.			
	7. Alimony received	7.			
	8. Business income/loss	8.			
	9. Capital gain/loss	9.	77,819		-77,819
	10. Other gains/losses	10.			
	11. Taxable IRA distributions	11.			
	12. Taxable pensions	12.			
	13. Rent and royalty income including farm rental	13.			
	14. Partnership/S corp income	14.	-67		67
	15. Estate or trust income	15.			
	16. Farm income/loss	16.			
	17. Unemployment compensation	17.			
	18. Taxable social security	18.			
	19. Other income	19.	1,950	5,300	3,350
	20. Total income	20.	449,057	479,069	30,012
Adjustments	21. Moving expenses	21.			
	22. Deductible part of self-employment tax	22.	138	375	237
	23. SEP/SIMPLE/Qualified plans deductions	23.			
	24. SE health insurance	24.			
	25. Penalty on early withdrawal of savings	25.			
	26. Alimony paid	26.			
	27. IRA deductions	27.			
	28. Student loan interest	28.			
	29. Other adjustments	29.			
	30. Adjusted gross income	30.	448,919	478,694	29,775
Deductions	31. Medical	31.			
	32. Taxes	32.	10,000	10,000	
	33. Interest	33.	22,065	24,565	2,500
	34. Contributions	34.	4,985	5,433	448
	35. Casualty losses	35.			
	36. Miscellaneous expenses	36.			
	37. Allowable itemized deductions	37.	37,050	39,998	2,948
	38. Standard deduction	38.	25,900	27,700	1,800
	39. Deduction taken	39.	ITEMIZED 37,050	ITEMIZED 39,998	2,948
	40. Taxable income before Qual Bus Inc Ded (QBID)	40.	411,869	438,696	26,827
	41. QBID	41.	7	14	7
	42. Taxable income	42.	411,862	438,682	26,820

Form **1040** | **Two Year Comparison Report - Page 2** | **2022 & 2023**

Name
MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number [redacted]

			2022	2023	Differences
	43. Taxable income from 2YR page 1, line 42	43.	411,862	438,682	26,820
	44. Tax on taxable income	44.	79,487	97,974	18,487
	45. Alternative minimum tax	45.			
	46. Excess advance premium tax credit	46.			
	47. Child care credit	47.	1,200	1,200	
	48. Education credits	48.			
T	49. Retirement savings credit	49.			
a	50. Child & other dependent tax credit	50.	1,550	50	-1,500
x	51. General business credit	51.			
	52. Other credits	52.	15	23	8
C	53. **Total credits**	53.	2,765	1,273	-1,492
o	54. **Net tax liability**	54.	76,722	96,701	19,979
m	55. Self-employment taxes	55.	275	749	474
p	56. Other taxes	56.	4,416	4,220	-196
u	57. **Total tax**	57.	81,413	101,670	20,257
t	58. Income tax withheld	58.	58,651	82,612	23,961
a	59. Estimated tax payments	59.		8,000	8,000
t	60. Earned income credit	60.			
i	61. Additional Child tax credit	61.			
o	62. Other refundable tax credits	62.			
n	63. Other payments	63.		12,500	12,500
	64. **Total payments**	64.	58,651	103,112	44,461
	65. **Tax due/-refund**	65.	22,762	-1,442	-24,204
	66. Penalties and interest	66.	586		-586
	67. **Net tax due/-refund**	67.	23,348	-1,442	-24,790
	68. Refund applied to estimated tax payments	68.		1,442	1,442
	69. Refund received	69.			
	70. **Effective tax rate**	70.	20.0 %	23.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2022 Taxable Income	2022 Marginal Tax Rate	2023 Taxable Income	2023 Marginal Tax Rate
Ordinary income	333,732	24.0 %	438,280	32.0 %
Capital income	78,130	15.0 %	402	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form 1040	Schedule A - Actual vs. IRS Comparison Analysis	2023

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer identification number: [redacted]

AGI Range Used From IRS Spreadsheet: $200,000 - $499,999

	2023 Return		2021 Average Estimates[1]		
	Amounts	Percent of AGI	Amounts	Percent of AGI	2023 Return's Difference From IRS Average
AGI					
Adjusted gross income	478,694		478,694		
Medical and Dental Expenses					
Total medical and dental expenses	0	0.00%	86,452	18.06%	* -18.06%
Limited medical and dental expenses	0	0.00%	54,380	11.36%	-11.36%
Taxes Paid					
State and local income taxes	40,081	8.37%	28,674	5.99%	2.38%
General sales taxes		%		%	%
Real estate taxes	23,620	4.93%	14,648	3.06%	1.87%
Personal property taxes	0	0.00%	1,197	0.25%	-0.25%
Total SALT before limitation	63,701	13.31%	37,625	7.86%	5.45%
Total SALT allowed	10,000	2.09%	15,079	3.15%	-1.06%
Other taxes	0	0.00%	2,968	0.62%	-0.62%
Total taxes paid	10,000	2.09%	15,222	3.18%	-1.09%
Interest Paid					
Home mortgage interest/points on Form 1098	24,565	5.13%	23,360	4.88%	0.25%
Home mortgage interest not on Form 1098	0	0.00%	16,036	3.35%	-3.35%
Deductible points not on Form 1098	0	0.00%	2,346	0.49%	-0.49%
Investment interest	0	0.00%	11,776	2.46%	-2.46%
Total interest paid	24,565	5.13%	24,270	5.07%	0.06%
Gifts to Charity					
Cash contributions	5,433	1.13%	17,760	3.71%	-2.58%
Other than cash contributions	0	0.00%	6,750	1.41%	-1.41%
Carryover from prior years	0	0.00%	54,332	11.35%	-11.35%
Total allowable charitable gifts	5,433	1.13%	20,871	4.36%	-3.23%
Unlimited Miscellaneous Deductions					
Gambling loss	0	0.00%	78,506	16.40%	* -16.40%
Other non-gambling misc deductions[2]	0	0.00%	14,217	2.97%	-2.97%
Total unlimited miscellaneous deductions	0	0.00%	59,789	12.49%	-12.49%
Total Itemized Deductions					
Total itemized deductions	39,998	8.36%	62,709	13.10%	-4.74%

[1] The average estimates are based on the most recently published statistics included in IRS Table 2.1 - Returns with Itemized Deductions: Sources of Income Adjustments, Itemized Deductions by Type, Exemptions, and Tax Items, by Size of Adjusted Gross Income, Tax Year 2021. This table is available through the Tax Stats section of the IRS website.

[2] Other non-gambling miscellaneous deductions includes casualty or theft loss amounts. The IRS does not list separate casualty or theft loss amounts on the 2021 IRS Table 2.1. The IRS includes casualty or theft loss amounts with other non-gambling miscellaneous deductions.

* - THE DIFFERENCE IS OUTSIDE THE SPECIFIED 15% DEVIATION RANGE.

Form **1040**

Tax Return History Report - Page 1

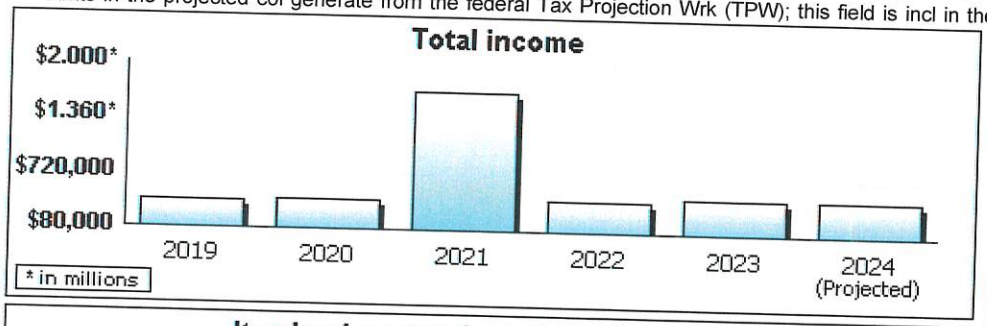
2023

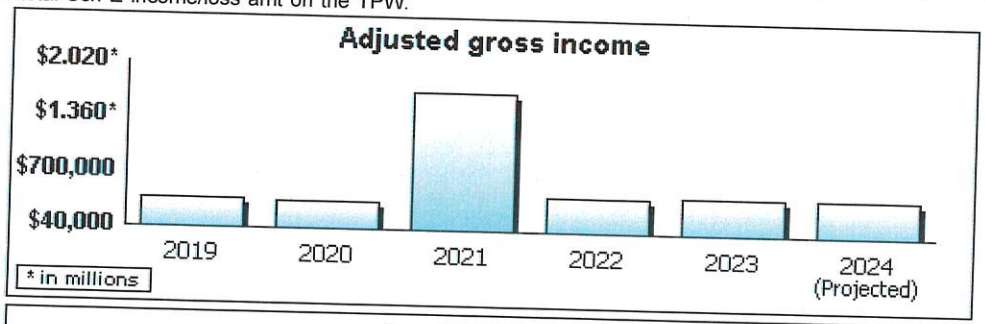
Name **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**

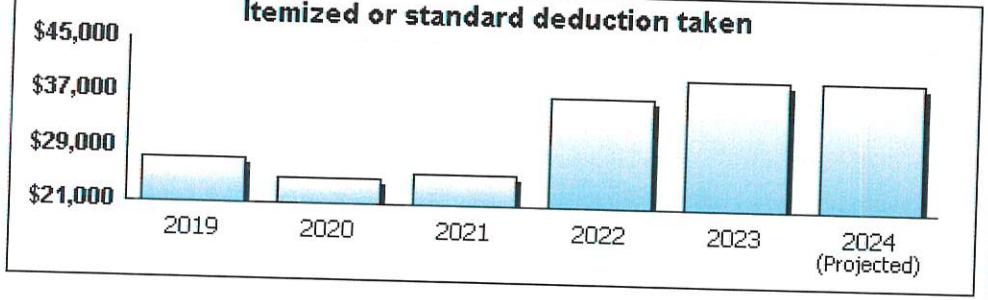
Taxpayer Identification Number [redacted]

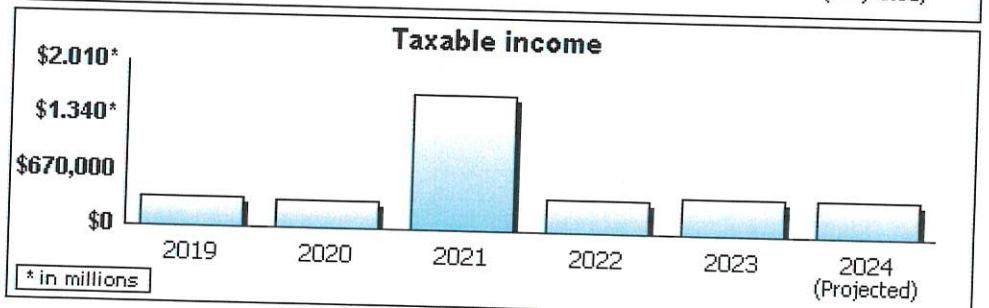
	2019	2020	2021	2022	2023	2024 PROJECTED
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	334,108	190,334	396,854	362,138	458,355	458,355
Interest income	1,911	2,262	1,744	6,828	14,856	14,856
Dividend income				389	558	558
Business income/loss	65,812	220,253				
Capital gains/losses		1,363	1,273,816	77,819		
Other gains/losses						
IRA distributions, pensions, annuities		26	13,014			
Rent, royalty, farm rental income						
Partnership/S corp income			383	-67		*
Estate or trust income						*
Farm income/loss						
Other income/loss		7,512		1,950	5,300	5,300
Total income	401,831	421,750	1,685,811	449,057	479,069	479,069
Total adjustments	13,868	50,315		138	375	375
Adjusted gross income	387,963	371,435	1,685,811	448,919	478,694	478,694
Allowable itemized deductions	27,354	23,097	23,629	37,050	39,998	39,998
Standard deduction	24,400	24,800	25,550	25,900	27,700	29,200
Itemized or standard deduction taken	27,354	24,800	25,550	37,050	39,998	39,998
Exemptions						
Taxable income before Qual Bus Inc Ded	355,844	346,635	1,660,261	411,869	438,696	438,696
Qual Bus Inc Ded		22,356		7	14	
Taxable income	355,844	324,279	1,660,261	411,862	438,682	438,696

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.





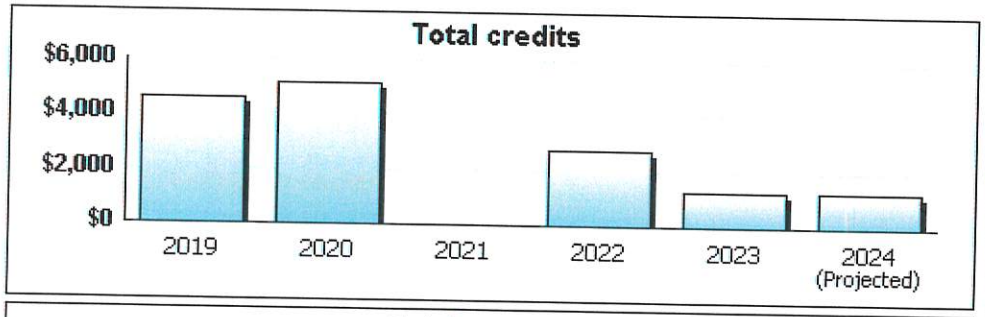


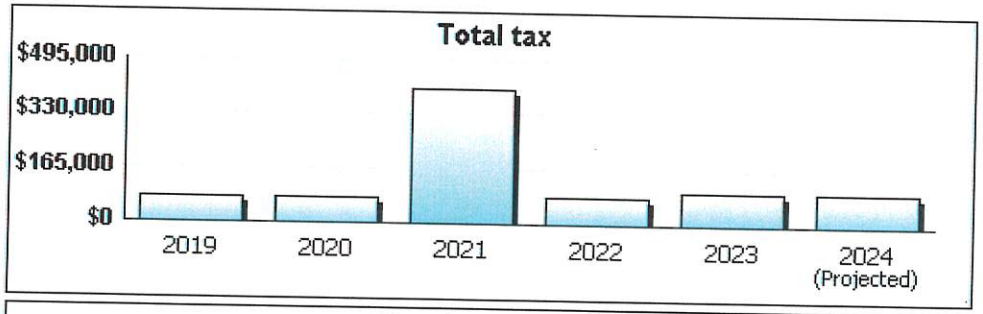


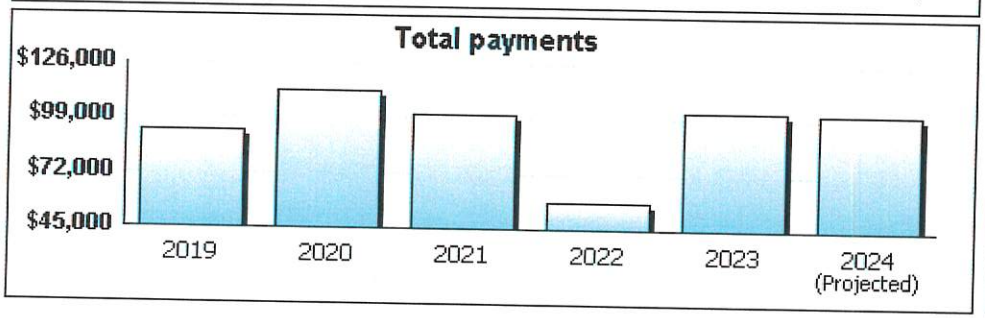
Form **1040** | **Tax Return History Report - Page 2** | **2023**

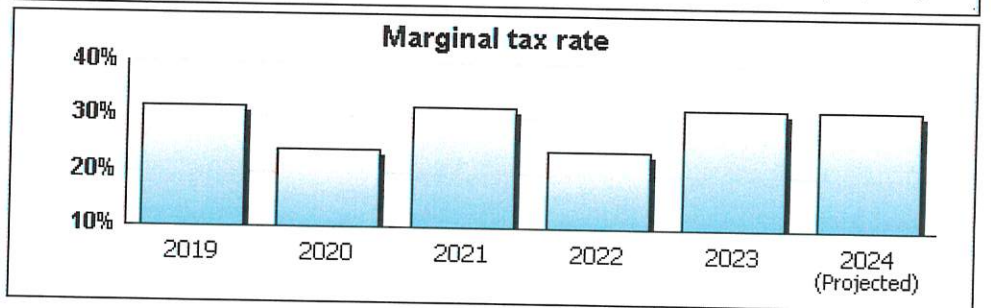
Name **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR** | Taxpayer Identification Number [redacted]

	2019	2020	2021	2022	2023	2024 PROJECTED
Taxable income	355,844	324,279	1,660,261	411,862	438,682	438,696
Tax on taxable income and Form 8962	76,503	65,863	334,321	79,487	97,974	95,687
Alternative minimum tax			25,919			
Total credits	4,600	5,143		2,765	1,273	1,273
Net tax liability	71,903	60,720	360,240	76,722	96,701	94,414
Self-employment taxes	1,763	15,660		275	749	749
Other taxes	1,375	1,432	49,888	4,416	4,220	4,228
Total tax	75,041	77,812	410,128	81,413	101,670	99,391
Income tax withheld	67,034	24,306	63,507	58,651	82,612	82,612
Estimated tax payments	8,906	56,000	34,494		8,000	20,000
Other payments	17,000	32,000	2,895		12,500	
Total payments	92,940	112,306	100,896	58,651	103,112	102,612
Total due/-refund	-17,899	-34,494	309,232	22,762	-1,442	-3,221
Penalties and interest				586		
Net tax due/-refund	-17,899	-34,494	309,232	23,348	-1,442	-3,221
Refund applied to estimated tax payments	17,899	34,494			1,442	
Refund received						
Marginal tax rate	32.0%	24.0%	32.0%	24.0%	32.0%	32.0%
Effective tax rate	21.0%	24.0%	25.0%	20.0%	23.0%	23.0%









Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2023**

Name: MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Taxpayer Identification Number: [redacted]

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status MARRIED FILING JOINTLY

Tax Method QUALIFIED DIVIDENDS & CAPITAL GAIN TAX WORKSHEET

Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19) 22.0 %

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:
Tax using capital gains rates | Tax using Ordinary rates | Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	438,280	32.0 %	97,914	$364,200 - $462,500	24,220
Capital Income	402	15.0 %	60	$89,450 - $693,750	693,348
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under $100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within $50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

		(a) Taxable Income		(b) Tax*	
1. 10% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $22,000	1a.	22,000	1b.	2,203
2. 12% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $67,450	2a.	67,450	2b.	8,097
3. 22% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $101,300	3a.	101,300	3b.	22,280
4. 24% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $173,450	4a.	173,450	4b.	41,628
5. 32% rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $98,300	5a.	74,080	5b.	23,706
6. 35% rate		6a.		6b.	
7. 37% rate		7a.		7b.	
8. **Total ordinary taxable income and ordinary tax.** Add lines 1 through 7		8a.	438,280	8b.	97,914

Income taxed at capital gains rates

9. 0% capital gains rate		9a.		9b.	
10. 15% capital gains rate	MAXIMUM TAXABLE INCOME PER THIS BRACKET: $464,600	10a.	402	10b.	60
11. 20% capital gains rate		11a.		11b.	
12. 25% capital gains rate	Unrecaptured Section 1250 Gain	12a.		12b.	
13. 28% capital gains rate	Small business stock, collectibles	13a.		13b.	
14. **Total taxable capital gains and capital gains tax.** Add lines 9 through 13		14a.	402	14b.	60

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15.	438,280
16. Total capital gains taxable Income. Enter the amount from line 14a.	16.	402
17. Add lines 15 and 16.	17.	438,682
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. **Taxable income** reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19.	438,682

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20.	97,914
21. Total capital gains tax. Enter the amount from line 14b.	21.	60
22. Tax on child's interest and dividend.	22.	
23. Tax on lump-sum distribution.	23.	
24. Other taxes.	24.	
25. Add lines 20 through 24.	25.	97,974
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
27. **Total tax** reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27.	97,974