

Direct Deposit/Debit Report

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

ID Number: [REDACTED]

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
CA	540	MARCUS SAVINGS	TRADITIONAL SAVINGS ACCOUNT	[REDACTED]	[REDACTED]	DEPOSIT	5,565.

Two-Year Comparison Worksheet

2024

Name(s) as shown on return MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR		Social security number
2023 Filing Status MARRIED FILING JOINT	2024 Filing Status MARRIED FILING JOINT	
2023 Tax Bracket	2024 Tax Bracket 32.0%	

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
WAGES, SALARIES, AND TIPS	458,355.	469,115.	10,760.
SCHEDULE B - TAXABLE INTEREST	14,856.	14,528.	-328.
SCHEDULE B - QUALIFIED DIVIDENDS	402.	508.	106.
SCHEDULE B - ORDINARY DIVIDENDS	558.	722.	164.
SCH. C (BUSINESS INCOME/LOSS)	0.	4,500.	4,500.
TOTAL INCOME	479,069.	488,865.	9,796.
DEDUCTIBLE PART OF SE TAX	375.	318.	-57.
TOTAL ADJUSTMENTS	375.	318.	-57.
ADJUSTED GROSS INCOME	478,694.	488,547.	9,853.
TAXES	10,000.	10,000.	0.
INTEREST (DEDUCTIBLE)	24,565.	24,399.	-166.
CONTRIBUTIONS	5,433.	4,134.	-1,299.
TOTAL ITEMIZED DEDUCTIONS	39,998.	38,533.	-1,465.
QUALIFIED BUSINESS INCOME DEDUCTION	14.	17.	3.
TOTAL DEDUCTIONS	40,012.	38,550.	-1,462.
TAXABLE INCOME	438,682.	449,997.	11,315.
TAX	97,974.	99,285.	1,311.
TAX BEFORE CREDITS	97,974.	99,285.	1,311.
CHILD TAX CR. AND CR. FOR OTH. DEP. FORM 2441 (CHILD CARE CREDIT)	50.	0.	-50.
FORM 5695 (RESIDENTIAL ENERGY CR.)	1,200.	1,200.	0.
TAX AFTER NON-REFUNDABLE CREDITS	0.	14,139.	14,139.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	96,701.	83,946.	-12,755.
SCH. H (HOUSEHOLD EMPLOYMENT TAX)	749.	636.	-113.
FORM 8959 (ADDITIONAL MEDICARE TAX)	0.	676.	676.
FORM 8960 (NET INVEST. INCOME TAX)	0.	2,280.	2,280.
TOTAL TAX	0.	537.	537.
FED. INCOME TAX WITHHELD, FORM W-2	101,670.	88,075.	-13,595.
FED. INCOME TAX WITHHELD, OTHER FORM	0.	81,480.	81,480.
ESTIMATED TAX PAYMENTS	0.	893.	893.
OTHER PAYMENTS	8,000.	20,000.	12,000.
TOTAL PAYMENTS	12,500.	0.	-12,500.
TAX OVERPAID	103,112.	102,373.	-739.
AMOUNT REFUNDED	1,442.	14,298.	12,856.
OVERPAYMENT APPLIED TO ESTIMATE	-1,442.	0.	1,442.
	1,442.	14,298.	12,856.

**Tax Year 2024 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

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



(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (1040X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form 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 payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:



Date 10132025

Spouse's PIN:



FORM 4868 HAS BEEN FILED ELECTRONICALLY. THIS EXTENDS THE FILING DATE OF THE RETURN UNTIL OCTOBER 15, 2025.

NO PAYMENT IS REQUIRED.

418711 05-01-24

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service (99)	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return	1019 2024
For calendar year 2024, or other tax year beginning		2024, ending

Part I Identification
1 Your name(s) MATTHEW W. MAHAN SILVIAWEDAD SCANDAR [REDACTED] [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 2024 \$ 0.
5 Total 2024 payments 0.
6 Balance due. Subtract line 5 from line 4 0.
7 Amount you are paying 0.
8 Check here if you are "out of the country" and a U.S. citizen or resident <input type="checkbox"/>
9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>

552992257 QS MAHA 30 0 202412 670

2025 Estimated Tax Worksheet

Keep for Your Records

1 Adjusted gross income you expect in 2025 (see instructions)		1	
2a Deductions		2a	
<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. 			
b If you can take the qualified business income deduction, enter the estimated amount of the deduction		2b	
c Add lines 2a and 2b		2c	
3 Subtract line 2c from line 1		3	
4 Tax. Figure your tax on the amount on line 3 by using the 2025 Tax Rate Schedules. <i>Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax</i>		4	
5 Alternative minimum tax from Form 6251		5	
6 Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16		6	
7 Credits (see instructions). Do not include any income tax withholding on this line		7	
8 Subtract line 7 from line 6. If zero or less, enter -0-		8	
9 Self-employment tax (see instructions)		9	
10 Other taxes (see instructions)		10	
11a Add lines 8 through 10		11a	
b Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit		11b	
c Total 2025 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-		11c	
12a Multiply line 11c by 90% (66 2/3% for farming and fishing)	12a		
b Required annual payment based on prior year's tax (see instructions)	12b		
c Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b		12c	
<i>Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.</i>			
13 Income tax withheld and estimated to be withheld during 2025 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)		13	
14a Subtract line 13 from line 12c	14a	16,000.	
Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 14b.			
b Subtract line 13 from line 11c	14b		
Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> No. Go to line 15 to figure your required payment.			
15 If the first payment you are required to make is due April 15, 2025, enter 1/4 of line 14a (minus any 2024 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order		15	

OVERPAYMENT APPLIED

14,298.

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

Your first name and middle initial MATTHEW W. Last name MAHAN See separate instructions. Your social security number

If joint return, spouse's first name and middle initial SILVIA WEDAD Last name SCANDAR Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

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

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

Filing Status: Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset...

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

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

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

Main income table with rows 1a through 15, including sub-rows 2a-6a, 7-15. Total taxable income: 449,997.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows 16-24 showing tax calculations and total tax of 88,075.

Payments

Table with 2 columns: Line number and Amount. Rows 25-33 showing federal income tax withheld, estimated tax payments, and total payments of 102,373.

Refund

Table with 2 columns: Line number and Amount. Rows 34-35 showing overpaid amount and refund of 14,298.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows 36-38 showing estimated tax applied and total amount owed of 14,298.

Third Party Designee

Form section for Third Party Designee with fields for name (ANTHONY LUNA), phone, and personal identification number.

Sign Here

Signature section for the preparer (ANTHONY LUNA) and spouse, including dates and occupations.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and PTIN.

Firm information section including name (WHEELER ACCOUNTANTS LLP), address, and EIN.

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

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

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

Part I Additional Income

	STMT 7	STMT 8		
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	4,500.
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	8a	()		
b	8b			
c	8c			
d	8d	()		
e	8e			
f	8f			
g	8g			
h	8h			
i	8i			
j	8j			
k	8k			
l	8l			
m	8m			
n	8n			
o	8o			
p	8p			
q	8q			
r	8r			
s	8s	()		
t	8t			
u	8u			
v	8v			
z	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	4,500.

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	318.
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	318.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

Part I Tax

1 Additions to tax:			
a Excess advance premium tax credit repayment. Attach Form 8962	1a		
b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (l)	1d		
e Excessive payments (EP) from Form 4255. Check applicable box and enter amount.			
(i) <input type="checkbox"/> Line 1a, column (n)	(ii) <input type="checkbox"/> Line 1c, column (n)		
(iii) <input type="checkbox"/> Line 1d, column (n)	(iv) <input type="checkbox"/> Line 2a, column (n)	1e	
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions			
(i) <input type="checkbox"/> Line 1a, column (o)	(ii) <input type="checkbox"/> Line 1c, column (o)		
(iii) <input type="checkbox"/> Line 1d, column (o)	(iv) <input type="checkbox"/> Line 2a, column (o)	1f	
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y		1z	
2 Alternative minimum tax. Attach Form 6251		2	
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	0.

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE		4	636.
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7 Total additional social security and Medicare tax. Add lines 5 and 6		7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>		8	
9 Household employment taxes. Attach Schedule H		9	676.
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11 Additional Medicare Tax. Attach Form 8959		11	2,280.
12 Net investment income tax. Attach Form 8960		12	537.
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15	
16 Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions			
		17b		
c	Additional tax on HSA distributions. Attach Form 8889			
		17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889			
		17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853			
		17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853			
		17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property			
		17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A			
		17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A			
		17i		
j	Section 72(m)(5) excess benefits tax			
		17j		
k	Golden parachute payments			
		17k		
l	Tax on accumulation distribution of trusts			
		17l		
m	Excise tax on insider stock compensation from an expatriated corporation			
		17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866			
		17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR			
		17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund			
		17p		
q	Any interest from Form 8621, line 24			
		17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z			18
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21
				4,129.

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

2024
Attachment
Sequence No. **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	
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	14,139.
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	15,339.

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	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b		
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other refundable credits (see instructions):	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

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

Schedule 3 (Form 1040) 2024

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024
Attachment
Sequence No. **07**

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

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		5a	35,709.
	b State and local real estate taxes (see instructions)		5b	37,018.
	c State and local personal property taxes		5c	
	d Add lines 5a through 5c		5d	72,727.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	10,000.
	6 Other taxes. List type and amount:		6	
	7	Add lines 5e and 6	7	10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited SEE STATEMENT 10		8a	24,399.
	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	24,399.
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	24,399.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	4,134. STMT 9
	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	4,134.
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	38,533.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE B
(Form 1040)**

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

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **08**

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

**Part I
Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:
- GOLDMAN SACHS BANK USA
 - MUFG UNION BANK N A
 - U.S BANK NATIONAL ASSOCIATION
 - CHARLES SCHWAB & CO., INC
 - GOLDMAN SACHS BANK USA

Amount

359.
41.
14,128.

1

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

- 2 Add the amounts on line 1 2 **14,528.**
- 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 **14,528.**

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

**Part II
Ordinary Dividends**

- 5 List name of payer:
- DIVIDEND INCOME

Amount

722.

5

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

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 6 **722.**

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

**Part III
Foreign Accounts and Trusts**

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

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

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No
- 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 Yes No
- 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 Yes No
- 8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions Yes No

Yes No

X

X

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

Interest and Dividend Summary

Name: MATTHEW W. MAHAN & SILVIA WEDAD SCANDAR

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A GOLDMAN SACHS BANK USA								
B MFG UNION BANK N A								
C U.S BANK NATIONAL ASSOCIATION	359.							
D CHARLES SCHWAB & CO., INC	41.							
E DIVIDEND INCOME								
F GOLDMAN SACHS BANK USA	14,128.						722.	508.
G								
H								
I								
J								
K								
Totals	14,528.						722.	508.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A				87.				28.
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
Totals				87.				28.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 09

MATTHEW W. MAHAN

Social security number (SSN)

B Enter code from instructions

541600

D Employer ID number (EIN) (see instr.)

A Principal business or profession, including product or service (see instructions)

C Business name. If no separate business name, leave blank.

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2024, check here

Yes No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions

Yes No

J If "Yes," did you or will you file required Form(s) 1099?

Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 11	1	4,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,500.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	4,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	4,500.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:	24	
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Other	16b		24b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
25				26	Wages (less employment credits)	26	
27a				27a	Other expenses (from line 48)	27a	
27b				27b	Energy efficient commercial bldgs deduction (attach Form 7206)	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	0.	29		29	4,500.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	4,500.	30		30	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home; and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		31		31	4,500.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	4,500.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

For Paperwork Reduction Act Notice, see the separate instructions.

LHA 420001 10-29-24

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your SSN



Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

<p>1. Enter the amount from Form 1040 or 1040-SR, 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</p> <p>2. Enter the amount from Form 1040 or 1040-SR, line 3a*</p> <p>3. Are you filing Schedule D?*</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-. </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7. </p> <p>4. Add lines 2 and 3</p> <p>5. Subtract line 4 from line 1. If zero or less, enter -0-</p> <p>6. Enter:</p> <p style="margin-left: 20px;"> \$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household. </p> <p>7. Enter the smaller of line 1 or line 6</p> <p>8. Enter the smaller of line 5 or line 7</p> <p>9. Subtract line 8 from line 7. This amount is taxed at 0%</p> <p>10. Enter the smaller of line 1 or line 4</p> <p>11. Enter the amount from line 9</p> <p>12. Subtract line 11 from line 10</p> <p>13. Enter:</p> <p style="margin-left: 20px;"> \$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household. </p> <p>14. Enter the smaller of line 1 or line 13</p> <p>15. Add lines 5 and 9</p> <p>16. Subtract line 15 from line 14. If zero or less, enter -0-</p> <p>17. Enter the smaller of line 12 or line 16</p> <p>18. Multiply line 17 by 15% (0.15)</p> <p>19. Add lines 9 and 17</p> <p>20. Subtract line 19 from line 10</p> <p>21. Multiply line 20 by 20% (0.20)</p> <p>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</p> <p>23. Add lines 18, 21, and 22</p> <p>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</p> <p>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 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet</p>	<p>1. <u>449,997.</u></p> <p>2. <u>508.</u></p> <p>3. <u>0.</u></p> <p>4. <u>508.</u></p> <p>5. <u>449,489.</u></p> <p>6. <u>94,050.</u></p> <p>7. <u>94,050.</u></p> <p>8. <u>94,050.</u></p> <p>9. <u>0.</u></p> <p>10. <u>508.</u></p> <p>11. <u>0.</u></p> <p>12. <u>508.</u></p> <p>13. <u>583,750.</u></p> <p>14. <u>449,997.</u></p> <p>15. <u>449,489.</u></p> <p>16. <u>508.</u></p> <p>17. <u>508.</u></p> <p>18. <u>76.</u></p> <p>19. <u>508.</u></p> <p>20. <u>0.</u></p> <p>21. <u>0.</u></p> <p>22. <u>99,209.</u></p> <p>23. <u>99,285.</u></p> <p>24. <u>99,372.</u></p> <p>25. <u>99,285.</u></p>
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* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

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

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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

Part II Income or Loss From Partnerships and S Corporations

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: NMCS LLC, P, 82-0960705.

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

Part III Income or Loss From Estates and Trusts

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

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

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

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

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

Part V Summary

Table with 3 columns: Description, Line number, Amount. Rows 40-43: Net farm rental income, Total income or loss, Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR
Passthrough NMCS LLC - NMCS LLC
PARTNERSHIP

SSN/EIN

JOINT

ID 82-0960705

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
OTHER PASSIVE								
Ordinary business income (loss)	-142.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-142.						142.	
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-142.						142.	
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2024

Name **MATHEW W. MAHAN & SILVIAWEDAD SCANDAR**
 Passthrough **NMCS LLC - NMCS LLC**
 PARTNERSHIP

SSN/EIN

JOINT

ID 82-0960705

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
OTHER PASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	-142.							-142.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

**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

2024
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

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 Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b 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	4,500.
3 Combine lines 1a, 1b, and 2	3	4,500.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	4a	4,156.
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	4,156.
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	
6 Add lines 4c and 5b	6	4,156.
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 2024	7	168,600
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 \$168,600 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	168,600.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	515.
11 Multiply line 6 by 2.9% (0.029)	11	121.
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	636.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	318.

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

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,380, or (b) your net farm profits² were less than \$7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,493 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.

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.

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

h Resident of (name of country) **OTHER COUNTRIES**

Note: If you paid taxes to only one foreign country or U.S. territory, 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. territory, use a separate column and line for each country or territory.

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

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OC				
1a Gross income from sources within country shown above and of the type checked above:				1a
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 <input type="checkbox"/>				
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	10,000.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	10,000.			
d Gross foreign source income				
e Gross income from all sources	488,865.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
		In foreign currency			In U.S. dollars					
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties		(s) Interest
A										
B										
C										

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

For Paperwork Reduction Act Notice, see instructions.

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		
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		
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		
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	15		
16 Adjustments to line 15	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		
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		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: 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		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		
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	24		

Part IV Summary of Credits From Separate Parts III

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		0.
34 Reduction of credit for international boycott operations	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		0.

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.

Name(s) shown on return

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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 2024 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 2024? For example, this generally includes nannies but not daycare centers.	(e) Amount paid
	ST TIMOTHY'S LUTHERAN CHUR	[REDACTED]	[REDACTED]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5,290.
	CHESS WIZARDS	[REDACTED]	[REDACTED]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	440.
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? No Yes

Complete only Part II below.
 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 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. 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		(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 2024 for the person listed in column (a)
First	Last			
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	3,770.
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	3,145.
			<input type="checkbox"/>	

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** 222,833.

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** 250,464.

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** 488,547.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:			If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount 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			

8 x .20

9a Multiply line 6 by the decimal amount on line 8 **9a** 1,200.

b If you paid 2023 expenses in 2024, 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** 0.

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** 99,285.

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 **STMT 13** **11** 1,200.

Part III Dependent Care Benefits

<p>12 Enter the total amount of dependent care benefits you received in 2024. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership</p>	12	
<p>13 Enter the amount, if any, you carried over from 2023 and used in 2024 during the grace period. See instructions ...</p>	13	
<p>14 If you forfeited or carried over to 2025 any of the amounts reported on line 12 or 13, enter the amount. See instructions</p>	14	
<p>15 Combine lines 12 through 14. See instructions</p>	15	
<p>16 Enter the total amount of qualified expenses incurred in 2024 for the care of the qualifying person(s)</p>	16	
<p>17 Enter the smaller of line 15 or 16</p>	17	
<p>18 Enter your earned income. See instructions</p>	18	
<p>19 Enter the amount shown below that applies to you.</p> <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
<p>20 Enter the smallest of line 17, 18, or 19</p>	20	
<p>21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions</p>	21	
<p>22 Is any amount on line 12 or 13 from your sole proprietorship or partnership?</p> <p><input type="checkbox"/> No. Enter -0-.</p> <p><input type="checkbox"/> Yes. Enter the amount here</p>	22	
<p>23 Subtract line 22 from line 15</p>	23	
<p>24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions</p>	24	
<p>25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-</p>	25	
<p>26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e</p>	26	

To claim the child and dependent care credit,
complete lines 27 through 31 below.

<p>27 Enter \$3,000 (\$6,000 if two or more qualifying persons)</p>	27	
<p>28 Add lines 24 and 25</p>	28	
<p>29 Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2023 expenses in 2024, see the instructions for line 9b</p>	29	
<p>30 Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here</p>	30	
<p>31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11</p>	31	

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service

(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.

2024

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

h Resident of (name of country) **OTHER COUNTRIES**

Note: If you paid taxes to only one foreign country or U.S. territory, 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. territory, use a separate column and line for each country or territory.

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

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OC				
1a Gross income from sources within country shown above and of the type checked above:				1a
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 <input type="checkbox"/>				
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				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources	488,865.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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

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

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2024)

ALTERNATIVE MINIMUM TAX

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		
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) <input type="checkbox"/> (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		
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		
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	15		
16 Adjustments to line 15	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		
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		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: 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		
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		
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	24		

Part IV Summary of Credits From Separate Parts III

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		0.
34 Reduction of credit for international boycott operations	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		0.

**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-SS, 1040-NR, or 1041.

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

MATTHEW W. MAHAN

██████████

90-2637486

Calendar year taxpayers having no household employees in 2024 don't have to complete this form for 2024.

A Did you pay **any one** household employee cash wages of \$2,700 or more in 2024? (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.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2024 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 2023 or 2024 to **all** household employees? (Don't count cash wages paid in 2023 or 2024 to your spouse, your child under age 21, or your parent.)

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

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	4,420.	
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2		548.
3	Total cash wages subject to Medicare tax	3	4,420.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		128.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		676.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2023 or 2024 to **all** household employees? (Don't count cash wages paid in 2023 or 2024 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

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

Schedule H (Form 1040) 2024

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."	X	
11 Did you pay all state unemployment contributions for 2024 by April 15, 2025? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	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		(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
		From	To					
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
21 Multiply line 20 by 6.0% (0.06)	21
22 Multiply line 20 by 5.4% (0.054)	22
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

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	676.
26 Add line 16 (or line 24) and line 25	26	676.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. **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 <input type="checkbox"/> if self-employed
	PTIN _____
	Firm's name _____
	Firm's EIN _____
	Firm's address _____
	Phone no. _____

SCHEDULE 8812
(Form 1040)

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

[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	488,547.
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	488,547.
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. <ul style="list-style-type: none"> • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 	9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • 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	89,000.
11	Multiply line 10 by 5% (0.05)	11	4,450.
12	Is the amount on line 8 more than the amount on line 11? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	0.
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 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	0.

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.

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

Schedule 8812 (Form 1040) 2024

Part II-A Additional Child Tax Credit for All Filers

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

<p>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 <input type="checkbox"/></p>		
<p>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</p>	16a	
<p>b Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. 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</p> <p>TIP: The number of children you use for this line is the same as the number of children you used for line 4.</p>	16b	
<p>17 Enter the smaller of line 16a or line 16b</p>	17	
<p>18a Earned income (see instructions)</p>	18a	
<p>b Nontaxable combat pay (see instructions)</p>	18b	
<p>19 Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result</p>	19	
<p>20 Multiply the amount on line 19 by 15% (0.15) and enter the result</p> <p>Next. On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> 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. <input type="checkbox"/> 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.</p>	20	

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

<p>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</p>		
<p>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</p>	22	
<p>23 Add lines 21 and 22</p>	23	
<p>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.</p>	24	
<p>25 Subtract line 24 from line 23. If zero or less, enter -0-</p>	25	
<p>26 Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.</p>	26	

Part II-C Additional Child Tax Credit

<p>27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28</p>		<p>27 0.</p>
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Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

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

2024
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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

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

Part I Trade, Business, or Aggregation Information

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

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

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

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

Form **8995-A** (2024)

Part III Phased-in Reduction

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

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

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 14	28	87.	
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	87.	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	17.	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		17.
33	Taxable income before qualified business income deduction	33	450,014.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	508.	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		449,506.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		89,901.
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		17.
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		17.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

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

Your taxpayer identification number

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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-.)
	NMCS LLC	-142.	()	
			()	
			()	
2	Qualified business net (loss) carryforward from prior years. See instructions SEE STATEMENT 15		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	(840.)
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	(840.)

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

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

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

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

2024

Attachment
Sequence No. 71

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number XXXXXXXXXX

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	499,232.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	499,232.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000				
6 Subtract line 5 from line 4. If zero or less, enter -0-	5	250,000.		
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	6			249,232.

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	4,156.		
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000				
10 Enter the amount from line 4	9	250,000.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	10	499,232.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	11	0.		
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	12			4,156.

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000				
16 Subtract line 15 from line 14. If zero or less, enter -0-	15			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	16			37.

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	17			
---	----	--	--	--

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	8,132.		
20 Enter the amount from line 1	20	499,232.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	7,239.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	22			893.
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	23			
	24			893.

Net Investment Income Tax - Individuals, Estates, and Trusts

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment
Sequence No. **72**

Name(s) shown on your tax return: **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR**
 Your social security number or EIN: XXXXXXXXXX

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	14,528.
2 Ordinary dividends (see instructions)		2	722.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	4,500.	
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 16	4b	-4,500.	
c Combine lines 4a and 4b		4c	0.
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	15,250.

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)	9b	1,115.	
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	1,115.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	1,115.

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	14,135.
Individuals:			
13 Modified adjusted gross income (see instructions)	13	488,547.	
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	238,547.	
16 Enter the smaller of line 12 or line 15		16	14,135.
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	537.
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	

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

Keep for Your Records

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

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

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

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) 2. 1,115.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 4. 1,115.

5. Enter the amount of total itemized deductions reported on Form 1040 5. 38,533.

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

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

6e. N/A

7. Subtract line 6e from line 5 7. 38,533.

8. Enter the lesser of line 7 or line 4 8. 1,115.

TIP

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

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

(A)			(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1 - 3.			IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:				
1.	(a)	N/A	X	N/A
	(b)	N/A	X	N/A
2.	State, local, and foreign income taxes	1,115.	X	1.0000
Itemized Deductions Included on Line 3 of Part III:				
3.	(a)		X	
	(b)		X	

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

2024

CALIFORNIA

Name(s) **MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR** Your social security number or EIN XXXXXXXXXX

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

1 Taxable interest		1	14,528.
2 Ordinary dividends		2	722.
3 Annuities from nonqualified plans		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a		4,500.
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b		-4,500.
c Combine lines 4a and 4b		4c	0.
5a Net gain or loss from disposition of property	5a		
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c Adjustment from disposition of partnership interest or S corporation stock	5c		
d Combine lines 5a through 5c		5d	
6 Changes in investment income for certain CFCs and PFICs		6	
7 Other modifications to investment income		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	15,250.

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

9 State total income		9	488,547.
10 State income tax payments for 2024		10	35,709.
11 2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	1,115.

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

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

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

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

Part V Reduction of State Tax Deduction

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

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	1,115.
--	--	-----------	--------

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR PART V					
Total. Enter on Part I, lines 2a, 2b, and 2c			-142.		

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

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR PART VII				
Total		142.	1.000000000	142.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR PART VIII				
Total		142.	142.	

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

Name(s) shown on return

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

Your social security number

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2023.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

1	Qualified solar electric property costs	1	47,131.		
2	Qualified solar water heating property costs	2			
3	Qualified small wind energy property costs	3			
4	Qualified geothermal heat pump property costs	4			
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	5a	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5b	If you checked the "Yes" box, enter the qualified battery technology costs	5b			
6a	Add lines 1 through 5b	6a	47,131.		
6b	Multiply line 6a by 30% (0.30)	6b	14,139.		
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the complete address of the main home where you installed the fuel cell property.				
	Number and street	Unit no.	City or town	State	ZIP code
c	If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)				
8	Qualified fuel cell property costs	8			
9	Multiply line 8 by 30% (0.30)	9			
10	Kilowatt capacity of property on line 8 above X \$1,000	10			
11	Enter the smaller of line 9 or line 10	11			
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16	12			
13	Add lines 6b, 11, and 12	13	14,139.		
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)	14	SEE STATEMENT 22 98,085.		
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a	15	14,139.		
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13	16	0.		

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

Part II Energy Efficient Home Improvement Credit

Section A - Qualified Energy Efficiency Improvements

<p>17 a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)</p>	17a	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<p>b Are you the original user of the qualified energy efficiency improvements?</p>	17b	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<p>c Are the components reasonably expected to remain in use for at least 5 years?</p> <p>If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.</p>	17c	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<p>d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">Number and street</td> <td style="border-bottom: 1px solid black; width: 15%;">Unit no.</td> <td style="border-bottom: 1px solid black; width: 25%;">City or town</td> <td style="border-bottom: 1px solid black; width: 10%;">State</td> <td style="border-bottom: 1px solid black; width: 20%;">ZIP code</td> </tr> </table>	Number and street	Unit no.	City or town	State	ZIP code			
Number and street	Unit no.	City or town	State	ZIP code				
<p>e Were any of these improvements related to the construction of this main home?</p> <p>If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	17e	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<p>18 Insulation or air sealing material or system.</p> <p>a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)</p>	18a							
<p>b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200</p>	18b							
<p>19 Exterior doors that meet the applicable Energy Star requirements.</p> <p>a Enter the cost of the most expensive door you bought</p>	19a							
<p>b Multiply line 19a by 30% (0.30). Do not enter more than \$250</p>	19b							
<p>c Enter the cost of all other qualifying exterior doors</p>	19c							
<p>d Multiply line 19c by 30% (0.30)</p>	19d							
<p>e Add lines 19b and 19d. Do not enter more than \$500</p>	19e							
<p>20 Windows and skylights that meet the Energy Star certification requirements.</p> <p>a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)</p>	20a							
<p>b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	20b							

Section B - Residential Energy Property Expenditures

<p>21 a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?</p>	21a	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
<p>b Was the qualified energy property originally placed into service by you?</p> <p>If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.</p>	21b	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
<p>c Enter the complete address of each home where you installed qualified energy property.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Number and street</th> <th style="width: 15%;">Unit no.</th> <th style="width: 25%;">City or town</th> <th style="width: 10%;">State</th> <th style="width: 20%;">ZIP code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Number and street	Unit no.	City or town	State	ZIP code																							
Number and street	Unit no.	City or town	State	ZIP code																								
<p>22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)</p> <p>a Enter the cost of central air conditioners</p>	22a																											
<p>b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	22b																											
<p>23 a Enter the cost of natural gas, propane, or oil water heaters</p>	23a																											
<p>b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	23b																											
<p>24 a Enter the cost of natural gas, propane, or oil furnace or hot water boilers</p>	24a																											
<p>b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600</p>	24b																											

Section B - Residential Energy Property Expenditures *(continued)*

<p>25 a Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders</p>	<p>25a</p>	<p>25b</p>
<p>b Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600</p>		<p>25b</p>
<p>26 Home energy audits.</p>		
<p>a Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.</p>		<p>26a <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b Enter the cost of the home energy audits</p>	<p>26b</p>	
<p>c Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150</p>		<p>26c</p>
<p>27 Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c</p>	<p>27</p>	
<p>28 Enter the smaller of line 27 or \$1,200</p>		<p>28</p>
<p>29 Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.</p>		
<p>a Enter the cost of electric or natural gas heat pumps</p>	<p>29a</p>	
<p>b Enter the cost of electric or natural gas heat pump water heaters</p>	<p>29b</p>	
<p>c Enter the cost of biomass stoves and biomass boilers</p>	<p>29c</p>	
<p>d Add lines 29a, 29b, and 29c</p>	<p>29d</p>	
<p>e Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000</p>		<p>29e</p>
<p>30 Add lines 28 and 29e</p>		<p>30</p>
<p>31 Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)</p>		<p>31</p>
<p>32 Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b</p>		<p>32</p>
<p>a If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)</p>		

Form 1116

U.S. and Foreign Source Income Summary

NAME

MATTHEW W. MAHAN & SILVIA WEDDAD SCANDAR

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	469,115.	469,115.	
Dividends/Distributions	722.	722.	
Interest	14,528.	14,528.	
Capital Gains			
Business/Profession	4,500.	4,500.	
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income			
Gross Income	<u>488,865.</u>	<u>488,865.</u>	
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>488,865.</u>	<u>488,865.</u>	
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	318.	318.	
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>318.</u>	<u>318.</u>	
Adjusted Gross Income	<u>488,547.</u>	<u>488,547.</u>	
Less Itemized Deductions:			
Specifically Allocated	4,134.	4,134.	
Home Mortgage Interest	24,399.	24,399.	
Other Interest			
Ratably Allocated	10,000.	10,000.	
Other Deductions	17.	17.	
Total Adjustments to Adjusted Gross Income	<u>38,550.</u>	<u>38,550.</u>	
Taxable Income	<u>449,997.</u>	<u>449,997.</u>	

Allocation of Itemized Deductions

NAME

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	24,399.	24,399.		
Investment Interest				
Contributions	4,134.	4,134.		
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
Total Itemized Deductions	38,533.	28,533.		10,000.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **NMCS LLC**

EIN: **82-0960705**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 6,705.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. 6,705.

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 6,705.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)				6,705.	

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-142.		-142.	-142.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-142.		-142.	-142.	

15t. Total deductions and losses (add lines 15a through 15r, column C)			-142.		
16. Allowable deductions and losses				-142.	
17. Unutilized EBIE on sale of partnership interest					
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)				6,563.	

ALTERNATIVE MINIMUM TAX
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **NMCS LLC**

EIN: **82-0960705**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. 0.

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					
14. Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)					

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-142.		-142.		-142.
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-142.		-142.		-142.
15t. Total deductions and losses (add lines 15a through 15r, column C)					
			-142.		

16. Allowable deductions and losses		
17. Unused EBIE on sale of partnership interest		
18. Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.)		



FORM 1040	WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T CITY OF SAN JOSE	218,651.	39,196.	17,999.			3,533.
S CRISTO REY SAN JOSE HIGH SCHOOL	250,464.	42,284.	17,710.		10,453.	4,599.
TOTALS	469,115.	81,480.	35,709.		10,453.	8,132.

FORM 1040	QUALIFIED DIVIDENDS		STATEMENT 2
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
DIVIDEND INCOME	722.	508.	
TOTAL INCLUDED IN FORM 1040, LINE 3A		508.	

FORM 1040	TAX	STATEMENT 3
DESCRIPTION	AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	99,285.	
TOTAL TO FORM 1040, LINE 16	99,285.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 4
T S DESCRIPTION	AMOUNT	
T CITY OF SAN JOSE	39,196.	
S CRISTO REY SAN JOSE HIGH SCHOOL	42,284.	
TOTAL TO FORM 1040, LINE 25A	81,480.	

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

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

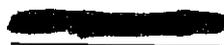
DESCRIPTION	AMOUNT
3RD QTR ESTIMATE PAYMENT - JOINT	13,558.
4TH QTR ESTIMATE PAYMENT - JOINT	5,000.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT	1,442.
TOTAL TO FORM 1040, LINE 26	20,000.

FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 6

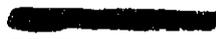
DESCRIPTION	AMOUNT
FORM 8959, LINE 24	893.
TOTAL TO FORM 1040, LINE 25C	893.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 7

	2023	2022	2021
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	8,038.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	8,038.		
TOTAL NET TAX REFUNDS	8,038.		



SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 8
		2021	2022	2023
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.				8,038.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1	NET REFUNDS FOR RECALCULATION		0.	8,038.
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			23,620.
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-13,620.
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6	ENTER THE AMOUNT FROM LINE 1			
7	SUBTRACT LINE 6 FROM LINE 5			
8	ADD LINE 7 TO LINE 3			
9	SUBTRACT LINE 8 FROM LINE 2			
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13	SUBTRACT LINE 12 FROM LINE 11			
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15	PRIOR YEAR TAXABLE INCOME			
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
	* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
	* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2021				
TOTAL TO SCHEDULE 1, LINE 1				



SCHEDULE A CASH CONTRIBUTIONS STATEMENT 9

DESCRIPTION	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
CASH CONTRIBUTIONS	4,134.	
SUBTOTALS	4,134.	
TOTAL TO SCHEDULE A, LINE 11		4,134.

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 10

DESCRIPTION	AMOUNT
MORTG INTEREST ALLOCATION	24,399.
TOTAL TO SCHEDULE A, LINE 8A	24,399.

SCHEDULE C GROSS RECEIPTS STATEMENT 11

DESCRIPTION	AMOUNT
METROPOLITAN TRANSPORTATION - FROM 1099-NEC	2,200.
SANTA CLARA VALLEY TRANSPORTATION - FROM 1099-NEC	2,300.
TOTAL TO SCHEDULE C, LINE 1	4,500.

SCHEDULE SE NON-FARM INCOME STATEMENT 12

DESCRIPTION	AMOUNT
TOTAL TO SCHEDULE SE, LINE 2	4,500.

FORM 2441	CREDIT LIMIT WORKSHEET	STATEMENT 13
1	ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18	99,285.
2	ENTER THE AMOUNT FROM SCHEDULE 3 (FORM 1040), LINE 1 (FOREIGN TAX CREDIT) AND LINE 6L (FORM 8978, LINE 14)	
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441, LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT	99,285.

FORM 8995-A	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 14
NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
DIVIDEND INCOME	87.	
TOTAL TO FORM 8995-A, LINE 28	87.	

FORM 8995-A SCHEDULE C	QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS	STATEMENT 15
TRADE OR BUSINESS NAME		AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS		698.
TOTAL TO FORM 8995-A SCHEDULE C, LINE 2		698.

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 16
MATTHEW W. MAHAN		-4,500.
AMOUNT TO FORM 8960, LINE 4B		-4,500.

MATTHEW W. MAHAN & SILVIAWEDAD SCANDAR

[REDACTED]

FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 17

CALIFORNIA

DESCRIPTION

AMOUNT

CITY OF SAN JOSE	17,999.
CRISTO REY SAN JOSE HIGH SCHOOL	17,710.
TOTAL TO STATE FORM 8960, LINE 10	35,709.

FORM 8582

OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 18

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
NMCS LLC	0.	-142.			-142.
TOTALS	0.	-142.			-142.

FORM 8582

ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 19

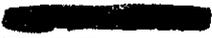
NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED
				LOSS
NMCS LLC	SCH E	142.	1.000000000	142.
TOTALS		142.	1.000000000	142.

FORM 8582

ALLOWED LOSSES - PART VIII

STATEMENT 20

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED	ALLOWED
			LOSS	LOSS
NMCS LLC	SCH E	142.	142.	
TOTALS		142.	142.	



FORM 8582

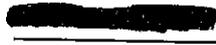
SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 21

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
NMCS LLC	SCH E	-142.		-142.	142.	
TOTALS		-142.		-142.	142.	

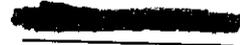
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11



1	ENTER THE AMOUNT FROM FORM 1040 OR FORM 1040NR, LINE 18	99,285.
2	ENTER THE TOTAL OF THE FOLLOWING CREDITS/ADJUSTMENTS:	
	+ AMOUNT ON SCHEDULE 3 (FORM 1040), LINE 6L	
	+ FOREIGN TAX CREDIT, SCHEDULE 3 (FORM 1040), LINE 1	
	+ CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES, SCHEDULE 3 (FORM 1040), LINE 2	1,200.
	+ CREDIT FOR THE ELDERLY OR THE DISABLED, SCHEDULE 3 (FORM 1040), LINE 6D	
	+ NONREFUNDABLE EDUCATION CREDITS, SCHEDULE 3 (FORM 1040), LINE 3	
	+ RETIREMENT SAVINGS CONTRIBUTIONS CREDIT, SCHEDULE 3 (FORM 1040), LINE 4	
	+ ENERGY EFFICIENT HOME IMPROVEMENT CREDIT, FORM 5695, LINE 32*	
	+ CREDIT FOR PREVIOUSLY OWNED CLEAN VEHICLES, SCHEDULE 3 (FORM 1040), LINE 6M	
	+ CLEAN VEHICLE CREDIT, SCHEDULE 3 (FORM 1040), LINE 6F	
	+ CHILD TAX CREDIT OR CREDIT FOR OTHER DEPENDENTS, FORM 1040 OR 1040-NR, LINE 19*	
	+ MORTGAGE INTEREST CREDIT, SCHEDULE 3 (FORM 1040), LINE 6G	
	+ ADOPTION CREDIT, SCHEDULE 3 (FORM 1040), LINE 6C	
	+ CARRYFORWARD OF THE DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, SCHEDULE 3 (FORM 1040), LINE 6H	
	ENTER THE TOTAL OF THE PRECEDING CREDITS	1,200.
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THIS AMOUNT ON FORM 5695, LINE 14. IF ZERO OR LESS, ENTER -0- ON FORM 5695, LINES 14 AND 15	98,085.

*INCLUDE THE AMOUNT IN THE INSTRUCTIONS FOR SCHEDULE 8812,
CREDIT LIMIT WORKSHEET B, LINE 14, INSTEAD OF THE AMOUNT
FROM FORM 1040, LINE 19, IF THE INSTRUCTIONS FOR SCHEDULE
8812 DIRECT YOU TO COMPLETE CREDIT LIMIT WORKSHEET B.



AMT PARTNERSHIP
BASIS WORKSHEET

ALTERNATIVE MINIMUM TAX
ALLOCATION OF ALLOWABLE LOSSES

NMCS LLC

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF BASIS	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	142.	1.000000000	0.	0.	142.
TOTALS	142.	1.000000000	0.	0.	142.