

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service

### IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name <b>OLE BEHRENDTSEN</b>		Social security number [REDACTED]
Spouse's name <b>AMANDA BEHRENDTSEN</b>		Spouse's social security number [REDACTED]

#### Part I Tax Return Information – Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income.....	1	190,438.
2	Total tax.....	2	20,000.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	47,135.
4	Amount you want refunded to you.....	4	27,135.
5	Amount you owe.....	5	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

##### Taxpayer's PIN: check one box only

I authorize MISSION OAKS TAX & ACCTING INC to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

##### Spouse's PIN: check one box only

I authorize MISSION OAKS TAX & ACCTING INC to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

#### Practitioner PIN Method Returns Only – continue below

#### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Matthew Sadlowski, EA Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879 (Rev. 01-2021)

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

Your first name and middle initial Last name **OLE BEHRENDTSEN** Your social security number [REDACTED]

If joint return, spouse's first name and middle initial Last name **AMANDA BEHRENDTSEN** Spouse's social security number [REDACTED]

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

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code **OJAI, CA 93023** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

**Filing Status**  Single  Married filing jointly (even if only one had income)  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)

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

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

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

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

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

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

(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
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income** 1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 278,844.

1b Household employee wages not reported on Form(s) W-2 **1b**

1c Tip income not reported on line 1a (see instructions) **1c**

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**

1e Taxable dependent care benefits from Form 2441, line 26 **1e**

1f Employer-provided adoption benefits from Form 8839, line 29 **1f**

1g Wages from Form 8919, line 6 **1g**

1h Other earned income (see instructions) **1h**

1i Nontaxable combat pay election (see instructions) **1i**

1z Add lines 1a through 1h **1z** 278,844.

2a Tax-exempt interest **2a** **b** Taxable interest **2b**

3a Qualified dividends **3a** **b** Ordinary dividends **3b**

4a IRA distributions **4a** **b** Taxable amount **4b**

5a Pensions and annuities **5a** **b** Taxable amount **5b**

6a Social security benefits **6a** **b** Taxable amount **6b**

c If you elect to use the lump-sum election method, check here (see instructions)

	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>	-3,000.
	<b>8</b>	Additional income from Schedule 1, line 10.....	<b>8</b>	-14,006.
	<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....	<b>9</b>	261,838.
	<b>10</b>	Adjustments to income from Schedule 1, line 26.....	<b>10</b>	71,400.
<b>Standard Deduction</b> See <i>Standard Deduction Chart</i> on the last page of this form.	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....	<b>11</b>	190,438.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A).....	<b>12</b>	39,494.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A.....	<b>13</b>	
	<b>14</b>	Add lines 12 and 13.....	<b>14</b>	39,494.
	<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....	<b>15</b>	150,944.
<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____	<b>16</b>	23,314.
	<b>17</b>	Amount from Schedule 2, line 3.....	<b>17</b>	
	<b>18</b>	Add lines 16 and 17.....	<b>18</b>	23,314.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812.....	<b>19</b>	4,000.
	<b>20</b>	Amount from Schedule 3, line 8.....	<b>20</b>	
	<b>21</b>	Add lines 19 and 20.....	<b>21</b>	4,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-.....	<b>22</b>	19,314.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21.....	<b>23</b>	686.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> .....	<b>24</b>	20,000.
	<b>Payments</b>	<b>25</b>	Federal income tax withheld from:	
<b>a</b>		Form(s) W-2.....	<b>25a</b>	45,999.
<b>b</b>		Form(s) 1099.....	<b>25b</b>	
<b>c</b>		Other forms (see instructions).....	<b>25c</b>	1,136.
<b>d</b>		Add lines 25a through 25c.....	<b>25d</b>	47,135.
If you have a qualifying child, attach Sch. EIC.	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return.....	<b>26</b>	
	<b>27</b>	Earned income credit (EIC).....	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812.....	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8.....	<b>29</b>	
	<b>30</b>	Reserved for future use.....	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15.....	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> .....	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> .....	<b>33</b>	47,135.

<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> .....	<b>34</b>	27,135.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here..... <input type="checkbox"/>	<b>35a</b>	27,135.
Direct deposit? See instructions.	<b>b</b> Routing number [REDACTED] <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number [REDACTED]		
	<b>36</b> Amount of line 34 you want <b>applied to your 2025 estimated tax</b> .....	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions.	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions).....	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions.....  **Yes. Complete below.**  **No**

Designee's name **Matthew Sadlowski, EA** Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	[REDACTED]	<b>MD &amp; MEDICAL DIRECTOR</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	[REDACTED]	<b>BUSINESS OWNER</b>	
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>Matthew Sadlowski, EA</b>	<b>Matthew Sadlowski, EA</b>	[REDACTED]	[REDACTED]	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>MISSION OAKS TAX &amp; ACCTING INC</b>	[REDACTED]		[REDACTED]	[REDACTED]

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

**Standard Deduction Chart\***Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1..... 1

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	\$ 16,550
	2	18,500
Married filing jointly	1	\$ 30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$ 30,750
	2	32,300
Head of household	1	\$ 23,850
	2	25,800
Married filing separately**	1	\$ 16,150
	2	17,700
	3	19,250
	4	20,800

\*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

\*\*You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

Form **1040-SR** (2024)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. 01

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

**OLE AND AMANDA BEHRENDTSEN**

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](http://www.irs.gov/1099k).

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	4,253.
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions):		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-18,259.
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Income from Form 8853	<b>8e</b>	
<b>f</b>	Income from Form 8889	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>	
<b>h</b>	Jury duty pay	<b>8h</b>	
<b>i</b>	Prizes and awards	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>	
<b>k</b>	Stock options	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions)	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated	<b>8u</b>	
<b>v</b>	Digital assets received as ordinary income not reported elsewhere. See instructions	<b>8v</b>	
<b>z</b>	Other income. List type and amount:	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-14,006.

<b>Part II Adjustments to Income</b>			
11	Educator expenses.....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	12	
13	Health savings account deduction. Attach Form 8889.....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.....	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	
16	Self-employed SEP, SIMPLE, and qualified plans.....	16	
17	Self-employed health insurance deduction.....	17	
18	Penalty on early withdrawal of savings.....	18	
19a	Alimony paid.....	19a	71,400.
b	Recipient's SSN.....		
c	Date of original divorce or separation agreement (see instructions): 06/2014		
20	IRA deduction.....	20	
21	Student loan interest deduction.....	21	
22	Reserved for future use.....	22	
23	Archer MSA deduction.....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions).....	24a	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount:.....	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.....	26	71,400.

**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](http://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

**OLE AND AMANDA BEHRENDTSEN**

Your social security number

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b> Self-employment tax. Attach Schedule SE.....		<b>4</b>	
<b>5</b> Social security and Medicare tax on unreported tip income. Attach Form 4137.....	<b>5</b>		
<b>6</b> Uncollected social security and Medicare tax on wages. Attach Form 8919.....	<b>6</b>		
<b>7</b> Total additional social security and Medicare tax. Add lines 5 and 6.....		<b>7</b>	
<b>8</b> Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. .... <input type="checkbox"/>		<b>8</b>	
<b>9</b> Household employment taxes. Attach Schedule H.....		<b>9</b>	
<b>10</b> Repayment of first-time homebuyer credit. Attach Form 5405 if required.....		<b>10</b>	
<b>11</b> Additional Medicare Tax. Attach Form 8959.....		<b>11</b>	686.
<b>12</b> Net investment income tax. Attach Form 8960.....		<b>12</b>	
<b>13</b> Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....		<b>13</b>	
<b>14</b> Interest on tax due on installment income from the sale of certain residential lots and timeshares.....		<b>14</b>	
<b>15</b> Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....		<b>15</b>	
<b>16</b> Recapture of low-income housing credit. Attach Form 8611.....		<b>16</b>	

(continued on page 2)

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:		
		<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions.....	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889.....	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.....	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853.....	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853...	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.....	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.....	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A.....	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax.....	<b>17j</b>	
<b>k</b>	Golden parachute payments.....	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts.....	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation....	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866...	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.....	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.....	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24.....	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z.....		<b>18</b>
<b>19</b>	Recapture of net EPE from Form 4255, line 1d, column (I).....		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A.....	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.....		<b>21</b>
			686.

**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](http://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

**OLE AND AMANDA BEHRENDTSEN**

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions) .....	1	4,240.			
	2 Enter amount from Form 1040 or 1040-SR, line 11 .....	2	190,438.			
	3 Multiply line 2 by 7.5% (0.075) .....	3	14,283.			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4			0.	
<b>Taxes You Paid</b>	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	19,748.			
	b State and local real estate taxes (see instructions) .....	5b	8,136.			
	c State and local personal property taxes .....	5c	349.			
	d Add lines 5a through 5c .....	5d	28,233.			
	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.	
<b>Interest You Paid</b> <b>Caution:</b> Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited .....	8a	29,494.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address. _____	8b				
	_____					
	_____					
	c Points not reported to you on Form 1098. See instructions for special rules. ....	8c				
d Reserved for future use .....	8d					
e Add lines 8a through 8c .....	8e	29,494.				
9 Investment interest. Attach Form 4952 if required. See instructions .....	9					
10 Add lines 8e and 9 .....	10				29,494.	
<b>Gifts to Charity</b> <b>Caution:</b> If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	11				
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	12				
	13 Carryover from prior year .....	13				
14 Add lines 11 through 13 .....	14				0.	
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. ....	15			0.	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount: _____	16			0.	
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 .....	17			39,494.	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

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

Name of proprietor

**OLE BEHRENDTSEN**

Social security number (SSN)

[REDACTED]

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

**CONSTRUCTION**

**B** Enter code from Instructions

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

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

**E** Business address (including suite or room no.)

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

**F** Accounting method: (1)  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

**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**

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

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instr.):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	
			<b>b</b> Energy efficient commercial buildings deduction (attach Form 7205)	<b>27b</b>	

**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27b

**29** Tentative profit or (loss). Subtract line 28 from line 7

**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.

**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.

**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.

**32a**  All investment is at risk.

**32b**  Some investment is not at risk.

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**  
Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **12**

Name(s) shown on return

**OLE AND AMANDA BEHRENDTSEN**

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	<b>(h) Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>6</b> ( 37,061.)
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....				<b>7</b> -37,061.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	<b>(h) Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.....		1,816.		-1,816.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				<b>12</b> 498.
<b>13</b> Capital gain distributions. See the instrs.....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back.....				<b>15</b> -1,318.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result.....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-38,379.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet.....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet.....</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ].....</li> </ul>	<b>21</b>	( 3,000.)
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

Your social security number

OLE AND AMANDA BEHRENDTSEN

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

**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	RENEWAL REVOLUTION	S			X	
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		18,259.		
B				
C				
D				
29 a Totals.....		18,259.		
b Totals.....		18,259.		
30 Add columns (h) and (k) of line 29a.....				30
31 Add columns (g), (i), and (j) of line 29b.....				31 ( 18,259.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....				32 -18,259.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34 a Totals.....			
b Totals.....			
35 Add columns (d) and (f) of line 34a.....			35
36 Add columns (c) and (e) of line 34b.....			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36.....			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.....				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.....	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.....	41	-18,259.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.....	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....	43	

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Credits for Qualifying Children  
and Other Dependents**

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **47**

OLE AND AMANDA BEHRENDTSEN

Your social security number

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR.....	<b>1</b>	190,438.
<b>2a</b>	Enter income from Puerto Rico that you excluded.....	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555.....	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563.....	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c.....	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d.....	<b>3</b>	190,438.
<b>4</b>	Number of qualifying children under age 17 with the required social security number.....	<b>4</b>	2
<b>5</b>	Multiply line 4 by \$2,000.....	<b>5</b>	4,000.
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number.....	<b>6</b>	
<b>Caution:</b> 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.			
<b>7</b>	Multiply line 6 by \$500.....	<b>7</b>	
<b>8</b>	Add lines 5 and 7.....	<b>8</b>	4,000.
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	<b>9</b>	400,000.
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05).....	<b>11</b>	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> 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 checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	<b>12</b>	4,000.
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> .....	<b>13</b>	23,314.
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents.</b> <b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>	<b>14</b>	4,000.

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.

**BAA 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.

<b>15</b> Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.....		
<b>16a</b> Subtract line 14 from line 12. If zero, <b>stop here;</b> you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.....		0.
<b>b</b> Number of qualifying children under age 17 with the required social security number: _____ X \$1,700. Enter the result. If zero, <b>stop here;</b> you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.....		
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b> Enter the <b>smaller</b> of line 16a or line 16b.....		
<b>18a</b> Earned income (see instructions).....		
<b>b</b> Nontaxable combat pay (see instructions).....	<b>18b</b>	
<b>19</b> Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result.....		
<b>20</b> Multiply the amount on line 19 by 15% (0.15) and enter the result..... <b>Next.</b> On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

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

<b>21</b> 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.....		
<b>22</b> 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.....		
<b>23</b> Add lines 21 and 22.....		
<b>24</b> <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
<b>25</b> Subtract line 24 from line 23. If zero or less, enter -0-.....		
<b>26</b> Enter the <b>larger</b> of line 20 or line 25..... <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

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

**2024**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Attachment  
Sequence No. **55**

Name(s) shown on return

**OLE AND AMANDA BEHRENDTSEN**

Your taxpayer identification number

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	OLE BEHRENDTSEN	[REDACTED]	0.
ii	RENEWAL REVOLUTION	[REDACTED]	-18,259.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) .....	-18,259.	
3	Qualified business net (loss) carryforward from the prior year .....	( 283,756.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- .....	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20) .....		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) .....	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year .....	( 0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- .....	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20) .....		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 .....		0.
11	Taxable income before qualified business income deduction (see instructions) .....	150,944.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions) .....	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0- .....	150,944.	
14	Income limitation. Multiply line 13 by 20% (0.20) .....		30,189.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) .....		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- .....		( 302,015.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- .....		( 0.)

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

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.**  
 Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Taxpayer name(s) shown on return

**OLE AND AMANDA BEHRENDTSEN**

Taxpayer identification number

Preparer's name

**Matthew Sadlowski, EA**

Preparer tax identification number

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

EIC     CTC/ACTC/ODC     AOTC     HOH

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

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

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

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of this Form 8867.
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Additional Medicare Tax

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

Name(s) shown on return

Your social security number

**OLE AND AMANDA BEHRENDTSEN**

**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	326,214.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3. . . . .	4	326,214.	
5	Enter the following amount for your filing status:			
	Married filing jointly . . . . . \$250,000			
	Married filing separately . . . . . \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000			
5		5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		76,214.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. . . . .	7		686.

**Part II Additional Medicare Tax on Self-Employment Income**

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

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

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

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V. . . . .	18		686.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6. . . . .	19	5,866.	
20	Enter the amount from line 1. . . . .	20	326,214.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages. . . . .	21	4,730.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages. . . . .	22		1,136.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions). . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions). . . . .	24		1,136.

**S Corporation Shareholder Stock and  
Debt Basis Limitations**

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.

Name of shareholder

**AMANDA BEHRENDTSEN**

Identifying number

A Name of S corporation

**RENEWAL REVOLUTION**

B Employer identification number

C Stock block (see instructions):

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

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

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

**Part I Shareholder Stock Basis**

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

**Part II Shareholder Debt Basis**

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

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input checked="" type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)	281,510.			281,510.
18 Loan balance before repayment. Add lines 16 and 17	281,510.			281,510.
19 Principal portion of debt repayment (this line doesn't include interest)	559.			559.
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	280,951.			280,951.

**Part II Shareholder Debt Basis (continued) RENEWAL REVOLUTION**

**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year.	30,637.			30,637.
22 Enter the amount, if any, from line 17.				
23 Debt basis restoration (see instructions).				
24 Debt basis before repayment. Add lines 21, 22, and 23.	30,637.			30,637.
25 Divide line 24 by line 18.	0.10883095			
26 Nontaxable debt repayment. Multiply line 25 by line 19.	61.			61.
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24.	30,576.			30,576.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.	122.			122.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-.	30,454.			30,454.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d).	18,259.			18,259.
31 <b>Debt basis at the end of the corporation's tax year.</b> Subtract line 30 from line 29. If the result is zero or less, enter -0-.	12,195.			12,195.

**Section C – Gain on Loan Repayment**

32 Repayment. Enter the amount from line 19.	559.			559.
33 Nontaxable repayments. Enter the amount from line 26.	61.			61.
34 <b>Reportable gain.</b> Subtract line 33 from line 32.	498.			498.

**Part III Shareholder Allowable Loss and Deduction Items**

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.	18,259.			18,259.	
36 Net rental real estate loss.					
37 Other net rental loss.					
38 Net capital loss.					
39 Net section 1231 loss.					
40 Other loss.					
41 Section 179 deductions.					
42 Charitable contributions.					
43 Investment interest expense.					
44 Section 59(e)(2) expenditures.					
45 Other deductions.					
46 Foreign taxes paid or accrued.					
47 <b>Total loss.</b> Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	18,259.	0.	0.	18,259.	0.

OLE AND AMANDA BEHRENDTSEN

**Business Income (Schedule C)**  
**Gross receipts or sales**  
**CONSTRUCTION**

COUNTY OF VENTURA..... \$ 7,500.  
Total \$ 7,500.

**Business Income (Schedule C)**  
**Returns and allowances**  
**CONSTRUCTION**

INCOME INCLUDED ON RENEWAL REVOLUTON S-CORP..... \$ 7,500.  
Total \$ 7,500.