

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, ending _____, See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse
 Other

Your first name and middle initial OLE BEHRENDTSEN Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial AMANDA BEHRENDTSEN Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____
 _____ Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

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

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

Filing Status
 Single Head of household (HOH)
 Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)
 Check only one box. Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
 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 2025, 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

Dependents (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	_____	_____	_____	_____
(2) Last name	_____	_____	_____	_____
(3) SSN	_____	_____	_____	_____
(4) Relationship	SON	DAUGHTER		
(5) Check if lived with you more than half of 2025	(a) <input checked="" type="checkbox"/> Yes (b) <input checked="" type="checkbox"/> And in the U.S.	(a) <input checked="" type="checkbox"/> Yes (b) <input checked="" type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently & totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently & totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently & totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently & totally disabled
(7) Credits	<input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions).....										314,220.
b Household employee wages not reported on Form(s) W-2.....										
c Tip income not reported on line 1a (see instructions).....										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions).										
e Taxable dependent care benefits from Form 2441, line 26.....										
f Employer-provided adoption benefits from Form 8839, line 31.....										
g Wages from Form 8919, line 6.....										
h Other earned income (see instructions). Enter type and amount:.....										
i Nontaxable combat pay election (see instructions)...										
z Add lines 1a through 1h.....										314,220.

Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
<p>c Check if your child's dividends are included in: 1 <input type="checkbox"/> Line 3a 2 <input type="checkbox"/> Line 3b</p>					
	4a IRA distributions	4a	b Taxable amount	4b	
<p>c Check if (see instructions): 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> QCD 3 <input type="checkbox"/></p>					
	5a Pensions and annuities	5a	b Taxable amount	5b	
<p>c Check if (see instructions): 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> PSO 3 <input type="checkbox"/></p>					
	6a Social security benefits	6a	b Taxable amount	6b	
<p>c If you elect to use the lump-sum election method, check here (see instructions)..... <input type="checkbox"/></p> <p>d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here..... <input type="checkbox"/></p>					
	7a Capital gain or (loss). Attach Schedule D if required			7a	-3,000.
<p>b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)</p>					
	8 Additional income from Schedule 1, line 10			8	-12,143.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income			9	299,077.
	10 Adjustments to income from Schedule 1, line 26			10	71,400.
	11a Subtract line 10 from line 9. This is your adjusted gross income			11a	227,677.
Tax and Credits	b Amount from line 11a (adjusted gross income)			11b	227,677.
	<p>12a Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent b <input type="checkbox"/> Spouse itemizes on a separate return c <input type="checkbox"/> You were a dual-status alien d You: <input checked="" type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind</p>				
	e Standard deduction or itemized deductions (from Schedule A)			12e	58,054.
	13a Qualified business income deduction from Form 8995 or Form 8995-A			13a	
	b Additional deductions from Schedule 1-A, line 38			13b	1,339.
	14 Add lines 12e, 13a, and 13b			14	59,393.
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income			15	168,284.
	16 Tax (see instructions). Check if any from:				
	1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/>			16	26,850.
	17 Amount from Schedule 2, line 3			17	
	18 Add lines 16 and 17			18	26,850.
	19 Child tax credit or credit for other dependents from Schedule 8812			19	4,400.
	20 Amount from Schedule 3, line 8			20	
	21 Add lines 19 and 20			21	4,400.
	22 Subtract line 21 from line 18. If zero or less, enter -0-			22	22,450.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21			23	1,032.
	24 Add lines 22 and 23. This is your total tax			24	23,482.

Tax and Credits

Standard Deduction

See Standard Deduction Chart on the last page of this form.

Payments 25 and Refundable Credits	Federal income tax withheld from:			
	a Form(s) W-2	25a	53,819.	
	b Form(s) 1099	25b		
	c Other forms (see instructions)	25c	1,479.	
	d Add lines 25a through 25c	25d		55,298.
	26 2025 estimated tax payments and amount applied from 2024 return	26		
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____			
	27a Earned income credit (EIC)	27a		
	b Clergy filing Schedule SE (see instructions)			<input type="checkbox"/>
	c If you do not want to claim the EIC, check here			<input type="checkbox"/>
28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28		<input type="checkbox"/>	
29 American opportunity credit from Form 8863, line 8	29			
30 Refundable adoption credit from Form 8839, line 13	30			
31 Amount from Schedule 3, line 15	31	23.		
32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32		23.	
33 Add lines 25d, 26, and 32. These are your total payments	33		55,321.	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		31,839.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		31,839.
	b Routing number _____ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number _____			
Direct deposit? See instructions.	36 Amount of line 34 you want applied to your 2026 estimated tax	36		
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37		
	38 Estimated tax penalty (see instructions)	38		

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

Designee's name **JOHN S. ELHAI, CPA** Phone no. **805-482-1715** Personal identification number (PIN) **64535**

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.)
		MD & MEDICAL DIRECTOR	
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.)
		BUSINESS OWNER	

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JOHN S. ELHAI, CPA	JOHN S. ELHAI, CPA			<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
MISSION OAKS TAX & ACCTING INC				
				Firm's EIN

Standard Deduction Chart*Add the number of boxes checked on line 12d on page 2..... 1

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$ 17,750
	2	19,750
Married filing jointly	1	\$ 33,100
	2	34,700
	3	36,300
	4	37,900
Qualifying surviving spouse	1	\$ 33,100
	2	34,700
Head of household	1	\$ 25,625
	2	27,625
Married filing separately**	1	\$ 17,350
	2	18,950
	3	20,550
	4	22,150

*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 for instructions and the latest information.Form **1040-SR** (2025)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

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

OLE AND AMANDA BEHRENDTSEN

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-12,143.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-12,143.

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. If claiming only storage fees (see instructions), check here <input type="checkbox"/>	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. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>	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	71,400.

SCHEDULE 1-A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

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

2025
Attachment
Sequence No. **1A**

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

Your social security number

OLE AND AMANDA BEHRENDTSEN

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	227,677.
2a	Enter any income from Puerto Rico that you excluded	2a	
2b	Enter the amount from Form 2555, line 45	2b	
2c	Enter the amount from Form 2555, line 50	2c	
2d	Enter the amount from Form 4563, line 15	2d	
2e	Add lines 2a, 2b, 2c, and 2d	2e	
3	Add lines 1 and 2e	3	227,677.

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a	
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	
4c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.	4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions.	5	
6	Add lines 4c and 5	6	
7	Enter the smaller of the amount on line 6 or \$25,000	7	
8	Enter the amount from line 3	8	
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11	
12	Multiply line 11 by \$100	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	
14b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b	
14c	Add lines 14a and 14b	14c	
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15	
16	Enter the amount from line 3	16	
17	Enter \$150,000 (\$300,000 if married filing jointly)	17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18	
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19	
20	Multiply line 19 by \$100	20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21	

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

FDIA0311 11/10/25

Schedule 1-A (Form 1040) 2025 Created 11/4/25

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVL paid in 2025 less the amounts reported in column (ii). See instructions.

		Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
22	Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.		
	(i) Vehicle identification number (VIN)		
a	<input type="text"/>		
b	<input type="text"/>		
23	Add lines 22a and 22b, column (iii).	23	
24	Enter the smaller of the amount on line 23 or \$10,000.	24	
25	Enter the amount from line 3.	25	
26	Enter \$100,000 (\$200,000 if married filing jointly).	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30.	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200.	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3.	31	227,677.
32	Enter \$75,000 (\$150,000 if married filing jointly).	32	150,000.
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35.	33	77,677.
34	Multiply line 33 by 6% (0.06).	34	4,661.
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	1,339.
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35.	36a	1,339.
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35.	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b.	37	1,339.

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c.	38	1,339.
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**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

2025

Attachment
Sequence No. 02

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

OLE AND AMANDA BEHRENTSEN

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/>	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Reserved for future use.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	1,032.
12	Net investment income tax. Attach Form 8960.....	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions.....	17b	
c	Additional tax on HSA distributions. Attach Form 8889.....	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.....	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.....	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.....	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.....	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.....	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.....	17i	
j	Section 72(m)(5) excess benefits tax.....	17j	
k	Golden parachute payments.....	17k	
l	Tax on accumulation distribution of trusts.....	17l	
m	Excise tax on insider stock compensation from an expatriated corporation....	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866....	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.....	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.....	17p	
q	Any interest from Form 8621, line 24.....	17q	
z	Any other taxes. List type and amount:.....	17z	
18	Total additional taxes. Add lines 17a through 17z.....	18	
19	Recapture of net EPE from Form 4255, line 1d, column (f).....	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	1,032.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **03**

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

OLE AND AMANDA BEHRENDTSEN

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.		2	
3	Education credits from Form 8863, line 19.		3	
4	Retirement savings contributions credit. Attach Form 8880.		4	
5a	Residential clean energy credit from Form 5695, line 15.		5a	
5b	Energy efficient home improvement credit from Form 5695, line 32.		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800.	6a		
b	Credit for prior year minimum tax. Attach Form 8801.	6b		
c	Adoption credit. Attach Form 8839.	6c		
d	Credit for the elderly or disabled. Attach Schedule R.	6d		
e	Reserved for future use.	6e		
f	Clean vehicle credit. Attach Form 8936.	6f		
g	Mortgage interest credit. Attach Form 8396.	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859.	6h		
i	Qualified electric vehicle credit. Attach Form 8834.	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912.	6k		
l	Amount on Form 8978, line 14. See instructions.	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
z	Other nonrefundable credits. List type and amount: _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z.		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.		8	0.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.		9	
10	Amount paid with request for extension to file (see instructions).		10	
11	Excess social security and tier 1 RRTA tax withheld.		11	23.
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	23.

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

Schedule 3 (Form 1040) 2025 Created 11/17/25

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

2025

Attachment
Sequence No. **07**

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

Your social security number

OLE AND AMANDA BEHRENDTSEN

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	5,781.		
2	Enter amount from Form 1040 or 1040-SR, line 11b.....	2	227,677.		
3	Multiply line 2 by 7.5% (0.075)	3	17,076.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....	4			0.
Taxes You Paid		5 State and local taxes (SALT).			
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	23,044.		
b	State and local real estate taxes (see instructions)	5b	7,770.		
c	State and local personal property taxes	5c	168.		
d	Add lines 5a through 5c	5d	30,982.		
e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions.	5e	30,982.		
6	Other taxes. List type and amount:	6			
7	Add lines 5e and 6	7			30,982.
Interest You Paid		8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box..... <input type="checkbox"/>			
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited.....	8a	27,072.		
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	27,072.		
9	Investment interest. Attach Form 4952 if required. See instructions.....	9			
10	Add lines 8e and 9.....	10			27,072.
Gifts to Charity		11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.....		11	
Caution: If you made a gift and got a benefit for it, see instructions.		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.....		12	
		13 Carryover from prior year.....		13	
		14 Add lines 11 through 13.....		14	0.
Casualty and Theft Losses		15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.....		15	0.
Other Itemized Deductions		16 Other—from list in instructions. List type and amount:		16	0.
Total Itemized Deductions		17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e.....		17	58,054.
		18 If you elect to itemize deductions even though they are less than your standard deduction, check this box..... <input type="checkbox"/>			

SCHEDULE D
(Form 1040)

OMB No. 1545-0074

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

2025

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

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.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6 (34,061.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.				7 -34,061.

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.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked.		20,837.		-20,837.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
13 Capital gain distributions. See the instructions.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 (1,318.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back.				15 -22,155.



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22. 	16	-56,216.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)] 	21	(3,000.)
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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

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		12,143.		
B				
C				
D				
29 a Totals.....		12,143.		
b Totals.....		12,143.		
30 Add columns (h) and (k) of line 29a.....			30	
31 Add columns (g), (i), and (j) of line 29b.....			31	12,143.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....			32	-12,143.

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	-12,143.
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

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

OLE AND AMANDA BEHRENDTSEN

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	227,677.
2a	Enter income from Puerto Rico that you excluded	2a	
2b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
2c	Enter the amount from line 15 of your Form 4563	2c	
2d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	227,677.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,200	5	4,400.
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	4,400.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,400.
13	Enter the amount from Credit Limit Worksheet A	13	26,850.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,400.

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 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2025 Created 7/30/25

Part II-A Additional Child Tax Credit for All Filers

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

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit.	16a	0.
	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.	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b.	17	
18a	Earned income (see instructions)	18a	
	b Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <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	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result. 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.	20	

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

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

Part II-C Additional Child Tax Credit

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

2025

Attachment
Sequence No. **55**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Your taxpayer identification number

OLE AND AMANDA BEHRENDTSEN

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 \$197,300 (\$394,600 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	RENEWAL REVOLUTION	[REDACTED]	-12,143.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	-12,143.	
3	Qualified business net (loss) carryforward from the prior year.	(302,015.)	
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)	168,284.	
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-	168,284.	
14	Income limitation. Multiply line 13 by 20% (0.20)		33,657.
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-	(314,158.)	
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.

Form **8995** (2025) Created 9/12/25

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 for instructions and the latest information.**

Taxpayer name(s) shown on return

OLE AND AMANDA BEHRENDTSEN

Taxpayer identification number

Preparer's name

JOHN S. ELHAI, CPA

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

- 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes No N/A
- 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? Yes No N/A
- 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). Yes No N/A
- 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.) Yes No N/A
 - a Did you make reasonable inquiries to determine the correct, complete, and consistent information? Yes No N/A
 - 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.) Yes No N/A
- 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). Yes No N/A
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? Yes No N/A
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? Yes No N/A
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
 - a Did you complete the required recertification Form 8862? Yes No N/A
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? Yes No N/A

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

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<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
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<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
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<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
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for 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).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<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 for instructions and the latest information.

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	364,690.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3.	4	364,690.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		114,690.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		1,032.	

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V.	18		1,032.	
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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	6,767.		
20	Enter the amount from line 1.	20	364,690.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	5,288.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,479.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions).	24		1,479.	

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.....	12,195.			12,195.
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.....	12,195.			12,195.
25 Divide line 24 by line 18.....	0.04340615			
26 Nontaxable debt repayment. Multiply line 25 by line 19.....				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24...	12,195.			12,195.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.	52.			52.
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-.....	12,143.			12,143.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)...	12,143.			12,143.
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-.....	0.			0.

Section C – Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.....	30,876.			12,143.	18,733.
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 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30....	30,876.	0.	0.	12,143.	18,733.

OLE AND AMANDA BEHRENDTSEN

STATEMENT 1
FORM 1040-SR
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
COUNTY OF SANTA BARBARA	313,856.	53,819.	10,918.	6,762.	23,040.	
RENEWAL REVOLUTION	364.		23.	5.		4.
GRAND TOTAL	<u>314,220.</u>	<u>53,819.</u>	<u>10,941.</u>	<u>6,767.</u>	<u>23,040.</u>	<u>4.</u>

OLE AND AMANDA BEHRENDTSEN

**STATE AND LOCAL REFUNDS TAXABLE IN 2025
(REFUNDS ON PRIOR YEAR RETURN TAXABLE IN CURRENT YEAR)**

1. STATE AND LOCAL INCOME TAX REFUNDS (PRIOR YEAR)		13,714.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2024 PAYMENTS PER IRS PUB. 525		0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS		13,714.
4. STATE/LOCAL TAXES INCLUDED ON PRIOR YEAR SCH. A, LINE 5E		1,515.
5. PRIOR YEAR ALLOWABLE SALES TAX DEDUCTION		1,515.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES		0.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6		0.
8. ITEMIZED DEDUCTIONS FROM PRIOR YEAR SCH. A, LINE 17		39,494.
9. PRIOR YEAR RECOMPUTED ITEMIZED DEDUCTIONS, IF STATE AND LOCAL TAXES WERE LIMITED		0.
10. PRIOR YEAR BASE STANDARD DEDUCTION	29,200.	
11. PRIOR YEAR ADD'L STANDARD DEDUCTION FOR AGE/BLINDNESS	1,550.	
12. PRIOR YEAR TOTAL STANDARD DEDUCTION (ADD LINES 10 AND 11)		30,750.
13. ENTER THE LARGER OF LINE 9 OR LINE 12		30,750.
14. SUBTRACT LINE 13 FROM LINE 8 (NOT LESS THAN 0)		8,744.
15. ENTER THE SMALLER OF LINE 7 OR LINE 14		0.
16. NEGATIVE TAXABLE INCOME (PRIOR YEAR)		0.
17. REFUND WITH NO BENEFIT DUE TO AMT, NONREFUNDABLE CREDITS, 0% CAPITAL GAIN RATE, SALT LIMIT		0.
18. STATE AND LOCAL REFUNDS TAXABLE THIS YEAR (ADD LINES 15, 16, AND 17, BUT NOT LESS THAN 0)		<u>0.</u>

**STATE AND LOCAL REFUNDS TAXABLE IN 2026
(IRS PUB. 525)**

1. STATE AND LOCAL INCOME TAX REFUNDS (CURRENT YEAR)		15,071.
2. REFUNDS ATTRIBUTABLE TO POST 12/31/2025 PAYMENTS PER IRS PUB. 525		0.
3. NET STATE AND LOCAL INCOME TAX REFUNDS		15,071.
4. STATE AND LOCAL INCOME TAXES INCLUDED ON SCHEDULE A, LINE 5E		23,044.
5. ALLOWABLE GENERAL SALES TAX DEDUCTION		1,702.
6. EXCESS OF INCOME TAXES DEDUCTED OVER SALES TAXES DEDUCTED		21,342.
7. ENTER THE SMALLER OF LINE 3 OR LINE 6		15,071.
8. ITEMIZED DEDUCTIONS FROM SCHEDULE A, LINE 17		58,054.
9. RECOMPUTED ITEMIZED DEDUCTIONS, IF STATE/LOCAL TAXES LIMITED		0.
10. STANDARD DEDUCTION		33,100.
11. ENTER THE LARGER OF LINE 9 OR LINE 10		33,100.
12. SUBTRACT LINE 11 FROM LINE 8 (NOT LESS THAN 0)		24,954.
13. ENTER THE SMALLER OF LINE 7 OR LINE 12		15,071.
14. NEGATIVE TAXABLE INCOME (CURRENT YEAR)		0.
15. STATE AND LOCAL REFUNDS TAXABLE NEXT YEAR (ADD LINES 13 AND 14, BUT NOT LESS THAN 0)		<u>15,071.</u>

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:		RENEWAL REVOLUTION
TAXPAYER IDENTIFICATION NUMBER:		83-2104994
BUSINESS INCOME.....		-30,876.
LOSS DISALLOWED DUE TO BASIS, AT-RISK, PASSIVE OR EBL RULES.....		18,733.
QUALIFIED BUSINESS INCOME		<u>-12,143.</u>

OLE AND AMANDA BEHRENDTSEN

QBI LOSSES DISALLOWEDTRADE OR BUSINESS NAME: RENEWAL REVOLUTION
TAXPAYER IDENTIFICATION NUMBER: [REDACTED]**BASIS LOSSES**

ORDINARY BUSINESS LOSS

TOTAL LOSSES

30,876.

TOTAL DISALLOWED

18,733.

PERCENTAGE

0.606717

QBI LOSSES

30,876.

QBI LOSSES DISALLOWED

18,733.

TOTAL QBI LOSSES DISALLOWED

18,733.**TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)****ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)**

	INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$23,850).....	\$ 23,850.	\$ 2,385.
12% ORDINARY TAX BRACKET (\$23,851 - \$96,950).....	73,100.	8,772.
22% ORDINARY TAX BRACKET (\$96,951 - \$206,700).....	71,334.	15,693.

TAXABLE INCOME

\$ 168,284.

TOTAL TAX USING ORDINARY INCOME RATES

\$ 26,850.

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$38,416
TO BEGIN BEING TAXED IN THE NEXT 24% TAX BRACKET (\$206,701 - \$394,600)

CREDIT LIMIT WORKSHEET A (SCHEDULE 8812)

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18. 26,850.
2. ADD THE AMOUNTS FROM:

SCHEDULE 3, LINE 1	0.	
SCHEDULE 3, LINE 2	0.	
SCHEDULE 3, LINE 3	0.	
SCHEDULE 3, LINE 4	0.	
SCHEDULE 3, LINE 5B	0.	
SCHEDULE 3, LINE 6D	0.	
SCHEDULE 3, LINE 6F	0.	
SCHEDULE 3, LINE 6L	0.	
SCHEDULE 3, LINE 6M	0.	
ENTER THE TOTAL.	0.	
3. SUBTRACT LINE 2 FROM LINE 1. 26,850.
COMPLETE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:
 1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS.
 - A. MORTGAGE INTEREST CREDIT, FORM 8396.
 - B. ADOPTION CREDIT, FORM 8839.
 - C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I.
 - D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859.
 2. YOU ARE NOT FILING FORM 2555.
 3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO.
4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER 0;
OTHERWISE, ENTER THE AMOUNT FROM CREDIT LIMIT WORKSHEET B 0.
5. SUBTRACT LINE 4 FROM LINE 3. ENTER HERE AND ON SCHEDULE 8812,
LINE 13. 26,850.

OLE AND AMANDA BEHRENDTSEN

FEDERAL INCOME TAX WITHHELD

COUNTY OF SANTA BARBARA	53,819.
ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)	<u>1,479.</u>
TOTAL	<u><u>55,298.</u></u>

SCHEDULE A, LINE 1
MEDICAL AND DENTAL EXPENSES

DOCTORS, DENTISTS, AND NURSES.....	\$ 580.
PRESCRIPTION MEDICINES AND DRUGS.....	<u>5,201.</u>
	<u><u>\$ 5,781.</u></u>

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A)

STATE AND LOCAL INCOME TAXES

	<u>STATE</u>	<u>LOCAL</u>
INCOME TAX WITHHELD	23,040.	0.
DISABILITY/UNEMPLOYMENT INSURANCE/TRANSIT TAX	4.	0.
ESTIMATED TAX PAYMENTS	0.	0.
CREDIT FOR PRIOR YEAR OVERPAYMENT	0.	0.
CREDIT FOR INCOME TAX WITHHELD (K-1)	0.	0.
1/25 PAYMENT ON 2024 ESTIMATE	0.	0.
PAID WITH 2024 EXTENSION	0.	0.
PAID WITH 2024 RETURN	0.	0.
PAID FOR PRIOR YEARS AND/OR TO OTHER STATES	0.	0.
TOTAL INCOME TAXES	<u>23,044.</u>	<u>0.</u>

TOTAL STATE AND LOCAL INCOME TAXES	<u><u>23,044.</u></u>
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STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:

ADJUSTED GROSS INCOME PER FORM 1040 OR 1040-SR	227,677.
TAX-EXEMPT INTEREST	0.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	0.
NONTAXABLE PENSIONS	0.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	<u><u>227,677.</u></u>

NUMBER OF EXEMPTIONS	4.
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OLE AND AMANDA BEHRENDTSEN

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5A) (CONTINUED)

1. STATE GENERAL SALES TAXES PER TABLES	1,702.
2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF AL, AK, AZ, AR, CO, GA, IL, KS, LA, MO, MS, NC, NY, SC, TN, UT, AND VA (BASED ON A RATE OF 1%)	0.
3. LOCAL GENERAL SALES TAX RATE	
4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE. OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6	7.2500
5. DIVIDE LINE 3 BY LINE 4	
6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3.	0.
7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6)	1,702.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC.	0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8)	1,702.

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

1. GENERAL SALES TAXES PAID	0.
2. USE TAXES PAID	17.
3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2)	17.
4. SALES TAXES USING TABLES	1,702.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT	<u>1,702.</u>

STATE & LOCAL TAXES TO SCH. A, LN 5 (GREATER OF INCOME OR SALES TAX)	<u>23,044.</u>
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SCHEDULE A, LINE 8A
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

PRIMARY	19,700.
SECOND HOME	7,372.
	<u>27,072.</u>

OLE AND AMANDA BEHRENDTSEN

CAPITAL LOSS CARRYOVER WORKSHEET
(IRS PUBLICATION 550)

1. ENTER THE TAXABLE INCOME AMOUNT FROM FORM 1040, 1040-SR, OR 1040NR		168,284.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21		3,000.
3. COMBINE LINES 1 AND 2 (BUT NOT LESS THAN ZERO)		171,284.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
- NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER ZERO ON LINE 5 AND GO TO LINE 9.		
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7		34,061.
6. ENTER GAIN FROM SCHEDULE D, LINE 15	0.	
7. ADD LINES 4 AND 6		3,000.
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2026. SUBTRACT LINE 7 FROM LINE 5		31,061.
- NOTE: IF LINE 15 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15		22,155.
10. ENTER GAIN FROM SCHEDULE D, LINE 7	0.	
11. SUBTRACT LINE 5 FROM LINE 4	0.	
12. ADD LINES 10 AND 11		0.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2026. SUBTRACT LINE 12 FROM LINE 9		<u>22,155.</u>

OLE AND AMANDA BEHRENDTSEN

ACTIVITY NAME: RENEWAL REVOLUTION

BEGINNING STOCK BASIS PLUS INCREASES MINUS DISTRIBUTIONS	
STOCK BASIS AT END OF YEAR	0.
BEGINNING DEBT BASIS PLUS RESTORATION MINUS NONTAXABLE REPAYMENT	12,195.
DEBT BASIS AT END OF YEAR	0.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
ORDINARY LOSS	30,876.		12,143.	18,733.
NONDEDUCTIBLE EXPENSES	52.		52.	0.
TOTALS	<u>30,928.</u>	<u>0.</u>	<u>12,195.</u>	<u>18,733.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	101,009.
AMT INCOME	
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	
AMT BASIS USED FOR LIMITATION	101,009.
LOSS ALLOWED BY AMT BASIS	32,718.
AMT FINAL BASIS	68,291.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT ORDINARY LOSS	32,666.	0.
AMT NONDEDUCTIBLE EXPENSES	52.	0.
TOTALS	<u>32,718.</u>	<u>0.</u>

OLE AND AMANDA BEHRENDTSEN

ACTIVITY NAME: RENEWAL REVOLUTION

(A) CURRENT YEAR AMOUNT	(B) PRIOR YEAR UNALLOWED BASIS LOSS	(C) DISALLOWED DUE TO BASIS LIMITATION	(D) PRIOR YEAR UNALLOWED AT-RISK LOSS	(E) DISALLOWED DUE TO AT-RISK LIMITATION	(F) PRIOR YEAR UNALLOWED PASSIVE LOSS	(G) DISALLOWED DUE TO PASSIVE LOSS LIMITATIONS	(H) TAX RETURN
-30,876	0	18,733	0	0	0	0	-12,143
-30,876	0	18,733	0	0	0	0	-12,143

ORDINARY INCOME (LOSS)
NET INCOME (LOSS)

TOTAL SCHEDULE E PAGE 2

NONDEDUCTIBLE EXPENSES

52.

52.

OLE AND AMANDA BEHRENDTSEN

Name of Activity

SCHEDULE K-1 (S CORPORATIONS) - RENEWAL REVOLUTION

PART 1 - Part of Your Home Used for Business:

1) Area of home used for business.....	1)	558
2) Total area of home.....	2)	1,348
3) Percentage of home used for business (divide line 1 by line 2 and show result as percentage).....	3)	41.39%

PART 2 - Figure Your Allowable Deduction

4) Gross income from business (see instructions).....	4)	-30,876.
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		(a) Direct Expenses	(b) Indirect Expenses	
5) Casualty losses.....	5)			
6) Deductible mortgage interest.....	6)			
7) Real estate taxes.....	7)			
8) Total of lines 5 through 7.....	8)			
9) Multiply line 8, column (b), by line 3.....	9)			
10) Add line 8, column (a), and line 9.....	10)			
11) Business expenses not from business use of home (see instructions).....	11)			
12) Add lines 10 and 11.....	12)			
13) Deduction limit. Subtract line 12 from line 4.....	13)			0.
14) Excess mortgage interest.....	14)			
15) Excess real estate taxes.....	15)			
16) Insurance.....	16)		3,073.	
17) Rent.....	17)			
18) Repairs and maintenance.....	18)			
19) Utilities.....	19)		12,656.	
20) Other expenses..... SEE ATTACHED	20)		1,136.	
21) Add lines 14 through 20.....	21)		16,865.	
22) Multiply line 21, column (b), by line 3.....	22)		6,980.	
23) Carryover of operating expenses from prior year (see instructions).....	23)			
24) Add line 21, column (a), line 22, and line 23.....	24)			6,980.
25) Allowable operating expenses. Enter the smaller of line 13 or line 24.....	25)			
26) Limit on excess casualty losses and depreciation. Subtract line 25 from line 13.....	26)			
27) Excess casualty losses (see instructions).....	27)			
28) Depreciation of your home from line 40 below.....	28)			
29) Carryover of excess casualty losses and depreciation from prior year (see instructions).....	29)			
30) Add lines 27 through 29.....	30)			
31) Allowable excess casualty losses and depreciation. Enter the smaller of line 26 or line 30.....	31)			
32) Add lines 10, 25, and 31.....	32)			
33) Casualty losses included on lines 10 and 31 (see instructions).....	33)			
34) Allowable expenses for business use of your home. (Subtract line 33 from line 32.) See instructions for where to enter on your return.....	34)			0.

PART 3 - Depreciation of Your Home

35) Smaller of adjusted basis or fair market value of home (see instructions).....	35)	
36) Basis of land.....	36)	
37) Basis of building (subtract line 36 from line 35).....	37)	
38) Business basis of building (multiply line 37 by line 3).....	38)	
39) Depreciation percentage (from applicable table or method).....	39)	
40) Depreciation allowable (multiply line 38 by line 39).....	40)	

PART 4 - Carryover of Unallowed Expenses to Next Year

41) Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0.....	41)	6,980.
42) Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0.....	42)	0.

OLE AND AMANDA BEHRENDTSEN

DEDUCTION FOR BUSINESS USE OF YOUR HOME
LINE 19
OTHER EXPENSES - SCH K-1 (S CORPORATIONS)

	<u>DIRECT</u>	<u>INDIRECT</u>
STORAGE	\$ 0.	\$ 1,136.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,136.</u>

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2025, or other tax year beginning

, 2025, ending

1032
FDIA4601L 07/29/25

2025

Part I Identification

1
OLE BEHRENDTSEN
AMANDA BEHRENDTSEN
MISSION OAKS TAX & ACCTING INC
[REDACTED]

2
[REDACTED]

3
[REDACTED]

Part II Individual Income Tax

4	Estimate of total tax liability for 2025 ... \$	23,482.
5	Total 2025 payments	55,321.
6	Balance due. Subtract line 5 from line 4. See instructions	0.
7	Amount you're paying (see instructions)	0.
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	<input type="checkbox"/>
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>

[REDACTED]