REDACTED

Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury—Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ | See separate instructions.

Your first name and middle initial	Last name	Your social security number
Brent	Maupin	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
none		

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

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

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☑ You ☐ Spouse

Filing Status Check only one box.
☑ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ 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):

If more than four dependents, see instructions and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	0.00
b	Household employee wages not reported on Form(s) W-2				1b	0.00
c	Tip income not reported on line 1a (see instructions)				1c	0.00
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	0.00
e	Taxable dependent care benefits from Form 2441, line 26				1e	0.00
f	Employer-provided adoption benefits from Form 8839, line 29				1f	0.00
g	Wages from Form 8919, line 6				1g	0.00
h	Other earned income (see instructions)				1h	0.00
i	Nontaxable combat pay election (see instructions)	1i	0.00			
z	Add lines 1a through 1h				1z	0.00
2a	Tax-exempt interest	2a		b Taxable interest	2b	45.52
3a	Qualified dividends	3a	4,795.27	b Ordinary dividends	3b	5,184.67
4a	IRA distributions	4a	0.00	b Taxable amount	4b	0.00
5a	Pensions and annuities	5a	0.00	b Taxable amount	5b	0.00
6a	Social security benefits	6a	36,660.80	b Taxable amount	6b	31,161.68
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☑				7	1,687.88
8	Additional income from Schedule 1, line 10				8	264,524.00
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	302,604.00
10	Adjustments to income from Schedule 1, line 26				10	4,942.00
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	297,662.00
12	**Standard deduction or itemized deductions** (from Schedule A)				12	15,993.00
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	0.00
14	Add lines 12 and 13				14	15,993.00
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	281,669.00

Attach Sch. B if required.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		68,959.00
	17	Amount from Schedule 2, line 3		0.00
	18	Add lines 16 and 17		68,959.00
	19	Child tax credit or credit for other dependents from Schedule 8812		0.00
	20	Amount from Schedule 3, line 8		0.00
	21	Add lines 19 and 20		0.00
	22	Subtract line 21 from line 18. If zero or less, enter -0-		68,959.00
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		7,084.00
	24	Add lines 22 and 23. This is your **total tax**		76,043.00
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	0.00
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	80,086.00
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31	0.00	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	0.00
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	80,086.00
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	4,003.00
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36	4,003.00	
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 | Phone no. | Personal identification number (PIN)

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: Brent Mangum | Date: 4/15/25 | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

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.)

Phone no. | Email address

Paid Preparer Use Only

Preparer's name | Preparer's signature | Date | PTIN | Check if: ☐ Self-employed

Firm's name | Phone no.

Firm's address | Firm's EIN

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

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

Brent Maupin

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 **0.00**

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	0.00
2a	Alimony received		2a	0.00
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	264,524.00
4	Other gains or (losses). Attach Form 4797		4	0.00
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	0.00
6	Farm income or (loss). Attach Schedule F		6	0.00
7	Unemployment compensation		7	0.00
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 nonqualifed 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	0.00
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	264,524.00

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	3,542.00
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f	1400.00		
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	1,400.00
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	4,942.00

SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

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

Brent Maupin

Your social security number

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	0.00		
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	0.00		
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	0.00		
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	0.00		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e	0.00		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f	0.00		
y	Other additions to tax (see instructions): _____	1y	0.00		
z	Add lines 1a through 1y			1z	0.00
2	Alternative minimum tax. Attach Form 6251			2	0.00
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.00

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	7,084.00
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0.00		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	0.00		
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	0.00
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	0.00
9	Household employment taxes. Attach Schedule H			9	0.00
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	0.00
11	Additional Medicare Tax. Attach Form 8959			11	0.00
12	Net investment income tax. Attach Form 8960			12	0.00
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	0.00
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	0.00
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	0.00
16	Recapture of low-income housing credit. Attach Form 8611			16	0.00

(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	0.00
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	0.00
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	7,084.00

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

2024

Attachment Sequence No. **03**

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

Brent Maupin

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	0.00
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	0.00
3	Education credits from Form 8863, line 19			3	0.00
4	Retirement savings contributions credit. Attach Form 8880			4	0.00
5a	Residential clean energy credit from Form 5695, line 15			5a	0.00
b	Energy efficient home improvement credit from Form 5695, line 32			5b	0.00
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a	0.00		
b	Credit for prior year minimum tax. Attach Form 8801	6b	0.00		
c	Adoption credit. Attach Form 8839	6c	0.00		
d	Credit for the elderly or disabled. Attach Schedule R	6d	0.00		
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f	0.00		
g	Mortgage interest credit. Attach Form 8396	6g	0.00		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	0.00		
i	Qualified electric vehicle credit. Attach Form 8834	6i	0.00		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	0.00		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	0.00		
l	Amount on Form 8978, line 14. See instructions	6l	0.00		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	0.00		
z	Other nonrefundable credits. List type and amount: _____	6z	0.00		
7	Total other nonrefundable credits. Add lines 6a through 6z			7	0.00
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	0.00

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	0.00
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0.00

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

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

Brent Maupin

Your social security number

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	11,413.00	
	2 Enter amount from Form 1040 or 1040-SR, line 11	2 295,975.00			
	3 Multiply line 2 by 7.5% (0.075)		3	5,920.00	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 5,493.00
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐		5a	7,809.00	
	b State and local real estate taxes (see instructions)		5b	3,635.00	
	c State and local personal property taxes		5c	0.00	
	d Add lines 5a through 5c		5d	11,444.00	
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)		5e	10,000.00	
	6 Other taxes. List type and amount:		6	0.00	
	7 Add lines 5e and 6				7 10,000.00
Interest You Paid **Caution:** 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 ☐				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	0.00	
	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	0.00	
	c Points not reported to you on Form 1098. See instructions for special rules		8c	0.00	
	d Reserved for future use		8d		
	e Add lines 8a through 8c		8e	0.00	
	9 Investment interest. Attach Form 4952 if required. See instructions		9	0.00	
	10 Add lines 8e and 9				10 0.00
Gifts to Charity **Caution:** 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	0.00	
	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	500.00	
	13 Carryover from prior year		13	0.00	
	14 Add lines 11 through 13				14 500.00
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 0.00
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:				16 0.00
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17 15,993.00
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return

Brent Maupin

Your social security number

Part I Interest

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

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

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		
	Ed Jones, Charles Schwab and IRS	1	45.52
2	Add the amounts on line 1	2	45.52
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	0.00
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	45.52

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

Part II Ordinary Dividends

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

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

			Amount
5	List name of payer:		
	Ed Jones	5	2,335.59
	Charles Schwab		2,778.13
	Ed Jones		70.95
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	5,184.67

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

Part III Foreign Accounts and Trusts

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

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

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	✓	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		✓
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		✓

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074
2024
Attachment Sequence No. **09**

Name of proprietor: **Brent Maupin**

Social security number (SSN):

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

B Enter code from instructions: 5 4 1 3 3 0

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

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	279,537.00
2	Returns and allowances	2	0.00
3	Subtract line 2 from line 1	3	279,537.00
4	Cost of goods sold (from line 42)	4	0.00
5	**Gross profit.** Subtract line 4 from line 3	5	279,537.00
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0.00
7	**Gross income.** Add lines 5 and 6	7	279,537.00

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

8	Advertising	8	0.00	18	Office expense (see instructions)	18	1,500
9	Car and truck expenses (see instructions)	9	6,000.00	19	Pension and profit-sharing plans	19	0.00
10	Commissions and fees	10	0.00	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	0.00	a	Vehicles, machinery, and equipment	20a	0.00
12	Depletion	12	0.00	b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.00	21	Repairs and maintenance	21	0.00
				22	Supplies (not included in Part III)	22	200.00
				23	Taxes and licenses	23	50.00
14	Employee benefit programs (other than on line 19)	14	0.00	24	Travel and meals:		
				a	Travel	24a	0.00
15	Insurance (other than health)	15	6138.00	b	Deductible meals (see instructions)	24b	0.00
16	Interest (see instructions):			25	Utilities	25	0.00
a	Mortgage (paid to banks, etc.)	16a	0.00	26	Wages (less employment credits)	26	0.00
b	Other	16b	0.00	27a	Other expenses (from line 48)	27a	0.00
17	Legal and professional services	17	0.00	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	0.00

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	13,888.00
29	Tentative profit or (loss). Subtract line 28 from line 7	29	265,649.00
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: 1,850 and (b) the part of your home used for business: 225. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,125.00
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	264,524.00

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.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.00

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 10 / 01 / 2005

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 8,955 b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☑ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☑ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☑ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☑ No

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

48	**Total other expenses.** Enter here and on line 27a	48	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

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

Brent Maupin

Social security number of person with **self-employment** income

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	**1b**	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	**2**	264,524.00
3	Combine lines 1a, 1b, and 2	**3**	264,524.00
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	**4a**	244,288.00
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	**4b**	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue	**4c**	244,288.00
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — **5a** 0.00		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	**5b**	0.00
6	Add lines 4c and 5b	**6**	244,288.00
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	**7**	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11 — **8a**		
b	Unreported tips subject to social security tax from Form 4137, line 10 — **8b**		
c	Wages subject to social security tax from Form 8919, line 10 — **8c**		
d	Add lines 8a, 8b, and 8c	**8d**	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	**9**	
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	**10**	
11	Multiply line 6 by 2.9% (0.029)	**11**	7,084.00
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**	**12**	7,084.00
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — **13** 3,542.00		