

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

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

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

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) Married filing separately (MFS). Enter spouse's SSN above and full name here: Barbara E. James 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

Table with 5 columns: Dependent 1, 2, 3, 4. Rows include: (1) First name, (2) Last name, (3) SSN, (4) Relationship, (5) Check if lived with you more than half of 2025, (6) Check if (Full-time student, Permanently and totally disabled), (7) Credits (Child tax credit, Credit for other dependents). Includes a checkbox for MFS/HOH filing status.

Income section table with columns for line numbers and amounts. Rows 1a-1z include: Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Income section table (continued) with columns for line numbers and amounts. Rows 2a-7a include: Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss). Includes checkboxes for child's dividends, rollover, QCD, PSO, and filing status.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	170,352.00
	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		
	e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.00
Standard deduction for-- <ul style="list-style-type: none"> • Single or Married filing separately, \$15,750 • Married filing jointly or Qualifying surviving spouse, \$31,500 • Head of household, \$23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst. 	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.00
	b	Additional deductions from Schedule 1-A, line 38	13b	0.00
	14	Add lines 12e, 13a, and 13b	14	15,750.00
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	154,602.00
	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	29,950.00
	17	Amount from Schedule 2, line 3	17	0.00
	18	Add lines 16 and 17	18	29,950.00
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0.00
	20	Amount from Schedule 3, line 8	20	0.00
	21	Add lines 19 and 20	21	0.00
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	29,950.00	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	22,137.00	
24	Add lines 22 and 23. This is your total tax	24	52,087.00	

Payments and Refundable Credits	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	0.00	
	b	Form(s) 1099	25b	0.00	
	c	Other forms (see instructions)	25c	0.00	
	d	Add lines 25a through 25c	25d	0.00	
	26	2025 estimated tax payments and amount applied from 2024 return	26	70,000.00	
		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____			
	27a	Earned income credit (EIC)	27a	0.00	
	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 <input type="checkbox"/>	28	0.00		
29	American opportunity credit from Form 8863, line 8	29	0.00		
30	Refundable adoption credit from Form 8839, line 13	30	0.00		
31	Amount from Schedule 3, line 15	31	0.00		
32	Add lines 27a, 28, 29, 30, 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	70,000.00		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	17,913.00
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	17,913.00
	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	7,913.00

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	0.00
	38	Estimated tax penalty (see instructions)	38	0.00

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 <i>Brend Maurer</i>	Date 4/15/26	Your occupation Civil Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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: <input type="checkbox"/> 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

2025

Attachment
Sequence No. 01

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

Your social security number

Brent Maupin

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

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	156,672.00
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	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. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid: _____	7	0.00
8	Other income:		
a	Net operating loss	8a	(0.00)
b	Gambling	8b	0.00
c	Cancellation of debt	8c	0.00
d	Foreign earned income exclusion from Form 2555	8d	(0.00)
e	Income from Form 8853	8e	0.00
f	Income from Form 8889	8f	0.00
g	Alaska Permanent Fund dividends	8g	0.00
h	Jury duty pay	8h	0.00
i	Prizes and awards	8i	0.00
j	Activity not engaged in for profit income	8j	0.00
k	Stock options	8k	0.00
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	0.00
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	0.00
n	Section 951(a) inclusion (see instructions)	8n	0.00
o	Section 951A(a) inclusion (see instructions)	8o	0.00
p	Section 461(l) excess business loss adjustment	8p	0.00
q	Taxable distributions from an ABLE account (see instructions)	8q	0.00
r	Scholarship and fellowship grants not reported on Form W-2	8r	0.00
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	(0.00)
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	0.00
u	Wages earned while incarcerated	8u	0.00
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	0.00
z	Other income. List type and amount: _____ _____	8z	0.00
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	156,672.00

Part II Adjustments to Income

11	Educator expenses	11	0.00
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	0.00
13	Health savings account deduction. Attach Form 8889	13	0.00
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	0.00
15	Deductible part of self-employment tax. Attach Schedule SE	15	11,068.00
16	Self-employed SEP, SIMPLE, and qualified plans	16	0.00
17	Self-employed health insurance deduction	17	0.00
18	Penalty on early withdrawal of savings	18	0.00
19a	Alimony paid	19a	0.00
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
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	0.00
21	Student loan interest deduction	21	0.00
22	Reserved for future use	22	
23	Archer MSA deduction	23	0.00
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	0.00
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	0.00
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	0.00
d	Reforestation amortization and expenses	24d	0.00
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	0.00
f	Contributions to section 501(c)(18)(D) pension plans	24f	0.00
g	Contributions by certain chaplains to section 403(b) plans	24g	0.00
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	0.00
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	0.00
j	Housing deduction from Form 2555	24j	0.00
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	0.00
z	Other adjustments. List type and amount:		
		24z	0.00
25	Total other adjustments. Add lines 24a through 24z	25	0.00
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	11,068.00

**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

2025

Attachment
Sequence No. 02

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

Your social security number

Brent Maupin

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 (i)	1d	0.00
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	0.00
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	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. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	22,137.00
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 <input type="checkbox"/>	8	0.00
9	Household employment taxes. Attach Schedule H	9	0.00
10	Reserved for future use	10	
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	22,137.00

**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

2025

Attachment
Sequence No. **03**

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

Your social security number

Brent Maupin

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		
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	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	0.00
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	0.00
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.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 18.

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

Your social security number

Brent Maupin

Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1	6,236.00	
	2	Enter amount from Form 1040 or 1040-SR, line 11b	2	170,352.00	
	3	Multiply line 2 by 7.5% (0.075)	3	12,776.00	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.00
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	4,136.00	
	b	State and local real estate taxes (see instructions)	5b	3795.00	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	7,931.00	
	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	7,931.00	
	6	Other taxes. List type and amount: -----	6		
7	Add lines 5e and 6	7		7931.00	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	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	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 <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	1,590.00	
	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	0.00	
	13	Carryover from prior year	13	0.00	
	14	Add lines 11 through 13	14		1,590.00
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 12e	17		9,521.00
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2025

Attachment
Sequence No. **08**

Name(s) shown on return: **Brent Maupin** Your social security number: _____

Part I		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: Charles Schwab	3.67
2	Add the amounts on line 1	3.67
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	0.00
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	3.67
Note: If line 4 is over \$1,500, you must complete Part III.		

Part II		Amount
5	List name of payer: Charles Schwab Edward Jones Edward Jones	2932.17 76.75 2,547.62
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	5556.54
Note: If line 6 is over \$1,500, you must complete Part III.		

Part III 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.

Part III		Yes	No
7a	At any time during 2025, 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 2025, 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)**

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

Name of proprietor Brent Maupin		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Civil Engineer	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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2025, check here <input type="checkbox"/>		
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	1	165,347.00
2 Returns and allowances	2	0.00
3 Subtract line 2 from line 1	3	165,347.00
4 Cost of goods sold (from line 42)	4	0.00
5 Gross profit. Subtract line 4 from line 3	5	165,347.00
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	165,347.00

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	1,500.00
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	0.00
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.00	21 Repairs and maintenance	21	0.00
14 Employee benefit programs (other than on line 19)	14	0.00	22 Supplies (not included in Part III)	22	200.00
15 Insurance (other than health)	15	0.00	23 Taxes and licenses	23	50.00
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	0.00	a Travel	24a	0.00
b Other	16b	0.00	b Deductible meals (see instructions)	24b	0.00
17 Legal and professional services	17	0.00	25 Utilities	25	0.00
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	7,750.00	26 Wages (less employment credits)	26	0.00
29 Tentative profit or (loss). Subtract line 28 from line 7	29	157,797.00	27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	0.00
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: <u>1,850</u> and (b) the part of your home used for business: <u>225</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,125.00	27b Other expenses (from line 48)	27b	0.00
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	156,672.00	32a <input type="checkbox"/> All investment is at risk.		
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32b <input type="checkbox"/> Some investment is not at risk.		

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2025

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Brent Maupin

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 ()
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

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				2,743.10
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				
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 ()
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 2,743.10

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>2,743.10</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. 		
<p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <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>	<p>18</p>	
<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>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <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. <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: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) }</p>	<p>21</p>	<p>()</p>
<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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

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

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

Social security number of person
with self-employment income

Brent Maupin

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		1a	0.00
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	(0.00)
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	156,672.00
3 Combine lines 1a, 1b, and 2		3	156,672.00
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	144,687.00
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue		4c	144,687.00
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	144,687.00
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 2025		7	\$ 176,100
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 \$176,100 or more, skip lines 8b through 10, and go to line 11	8a		0.00
b Unreported tips subject to social security tax from Form 4137, line 10	8b		0.00
c Wages subject to social security tax from Form 8919, line 10	8c		0.00
d Add lines 8a, 8b, and 8c		8d	0.00
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	176,100.00
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	17,941.00
11 Multiply line 6 by 2.9% (0.029)		11	4,195.00
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	22,137.00
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		11,068.00

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14	Maximum income for optional methods	14	\$7,240
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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