Form **1040** Department of the Treasury–Internal Revenue Service **U.S. Individual Income Tax Return** **2024** 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
TIMOTHY D	NELSON	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
TATIANA S	NELSON	[redacted]

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

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

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 ☐ Married filing separately (MFS) ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income) ☐ 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit	Credit for other dependents
[redacted]	[redacted]	[redacted]			☒
					☒
				☒	

If more than four dependents, see instructions and check here ☐

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	140,872
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Household employee wages not reported on Form(s) W-2		1b	
	c	Tip income not reported on line 1a (see instructions)		1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
	e	Taxable dependent care benefits from Form 2441, line 26		1e	
	f	Employer-provided adoption benefits from Form 8839, line 29		1f	
If you did not get a Form W-2, see instructions.	g	Wages from Form 8919, line 6		1g	
	h	Other earned income (see instructions)		1h	
	i	Nontaxable combat pay election (see instructions) 1i			
	z	Add lines 1a through 1h		1z	140,872
Attach Sch. B if required.	2a	Tax-exempt interest 2a	b Taxable interest	2b	2,812
	3a	Qualified dividends 62	b Ordinary dividends	3b	123
	4a	IRA distributions 4a	b Taxable amount	4b	
Standard Deduction for-	5a	Pensions and annuities 5a	b Taxable amount	5b	
	6a	Social security benefits 6a	b Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions) ☐			
• Single or Married filing separately, $14,600	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	-3,000
• Married filing jointly or Qualifying surviving spouse, $29,200	8	Additional income from Schedule 1, line 10		8	41,858
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	182,665
	10	Adjustments to income from Schedule 1, line 26		10	2,744
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	179,921
• Head of household, $21,900	12	Standard deduction or itemized deductions (from Schedule A)		12	29,200
• If you checked any box under Standard Ded., see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	2,244
	14	Add lines 12 and 13		14	31,444
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**		15	148,477

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	22,766
	17 Amount from Schedule 2, line 3		17	
	18 Add lines 16 and 17		18	22,766
	19 Child tax credit or credit for other dependents from Schedule 8812		19	3,000
	20 Amount from Schedule 3, line 8		20	8
	21 Add lines 19 and 20		21	3,008
	22 Subtract line 21 from line 18. If zero or less, enter -0-		22	19,758
	23 Other taxes, including self-employment tax, from Schedule 2, line 21		23	5,487
	24 Add lines 22 and 23. This is your **total tax**		24	25,245
Payments	25 Federal income tax withheld from:			
	a Form(s) W-2	25a 9,984		
	b Form(s) 1099	25b 302		
	c Other forms (see instructions)	25c		
	d Add lines 25a through 25c		25d	10,286
	26 2024 estimated tax payments and amount applied from 2023 return		26	
If you have a qualifying child, attach Sch. EIC.	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 4		
	30 Reserved for future use	30		
	31 Amount from Schedule 3, line 15	31		
	32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	4
	33 Add lines 25d, 26, and 32. These are your **total payments**		33	10,290
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	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 XXXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings			
	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	36 Amount of line 34 you want **applied to your 2025 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	15,085
	38 Estimated tax penalty (see instructions)	38 130		

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.

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

Your signature	Date	Your occupation DIPLOMACY	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 REAL ESTATE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. [redacted]	Email address [redacted]		

Paid Preparer Use Only

Preparer's name SHENA RAY	Preparer's signature	Date 04/15/2025	PTIN [redacted]	Check if: ☐ Self-employed
Firm's name HRB TAX GROUP INC			Phone no. [redacted]	
Firm's address 14058 SHOPPERS BEST WAY STE 24 WOODBRIDGE VA 22192			Firm's EIN [redacted]	

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

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
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

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

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

Part I Additional Income

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	38,834
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	3,024
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 0		
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	41,858

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	2,744
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	2,744

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
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	5,487
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 ☐		8	
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
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 (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	5,487

Schedule 2 (Form 1040) 2024

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
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

Part I Nonrefundable Credits

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

Part II Other Payments and Refundable Credits

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

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: TIMOTHY D & TATIANA S NELSON

Your social security no. [redacted]

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:		
	SCHOOLS FIRST FCU		26
	RBC BANK GEORGIA NA		2
	APPLE FCU		2,784
	INTEREST SUBTOTAL		2,812
		1	
2	Add the amounts on line 1	2	2,812
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	2,812

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:		
	ETRADE SECURITIES		86
	PRIMERICA SHAREHOLDER		37
	SUBTOTAL		123
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	123

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.

		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		X
	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		X

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.

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 TATIANA S NELSON	Social security number (SSN) [redacted]
A Principal business or profession, including product or service (see instructions) REAL ESTATE PROPERTY MANAGERS	B Enter code from instructions 531310
C Business name. If no separate business name, leave blank. SAMSON PROPERTIES	D Employer ID no. (EIN) (see instr.) [redacted]
E Business address (including suite or room no.) City, town or post office, state, and ZIP code	[redacted]

F Accounting method: (1) [X] 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	[X] 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	[X] 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 Attachment [ ]	1	71,697
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	71,697
4	Cost of goods sold (from line 42)	4	1,750
5	Gross profit. Subtract line 4 from line 3	5	69,947
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	69,947

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

8	Advertising	8		18	Office expense (see instructions)	18	375
9	Car and truck expenses (see instructions)	9	484	19	Pension & profit-sharing plans	19	
10	Commissions and fees	10	2,786	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21	Repairs and maintenance	21	350
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	710
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instr.)	24b	125
17	Legal and professional services	17	605	25	Utilities	25	
				26	Wages (less employment credits)	26	22,459
				27a	Other expenses (from line 48)	27a	3,219
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	31,113
29	Tentative profit or (loss). Subtract line 28 from line 7	29	38,834
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	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	38,834
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 [X] 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 [X] 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	550
39	Other costs	39	1,200
40	Add lines 35 through 39	40	1,750
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	1,750

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) 01/01/2022

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 723 b Commuting (see instructions) 1,446 c Other

45	Was your vehicle available for personal use during off-duty hours?	[X] Yes	[ ] No
46	Do you (or your spouse) have another vehicle available for personal use?	[X] 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.

TAX RETURN 2023	908
INTERNET VERZION	660
MISCELLANEOUS	1,000
BUSINESS TELEPHONE	651

48 **Total other expenses.** Enter here and on line 27a 48 3,219

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **12**

Name(s) shown on return
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

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 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	10,957	10,287		670
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** 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	(52,592)
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 page 2	7	-51,922

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 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	13,232	11,699		1,533
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** 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	327
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(146,841)
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	15	-144,981

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-196,903
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
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	18	
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	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ **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. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. 13

Name(s) shown on return
TIMOTHY D & TATIANA S NELSON

Your social security number
[redacted]

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ..... ☐ Yes ☒ No
B If "Yes," did you or will you file required Form(s) 1099? ..... ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A [redacted]
B
C

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		A	366		☐
B	1		B	366		☐
C			C			☐

Type of Property:
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties: A	B	C
3 Rents received	3	14,788	15,939	
4 Royalties received	4			
Expenses:				
5 Advertising	5	75		
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	250		
8 Commissions	8			
9 Insurance	9	2,065	571	
10 Legal and other professional fees	10		373	
11 Management fees	11	2,611	2,610	
12 Mortgage interest paid to banks, etc. (see instructions)	12	9,491	3,449	
13 Other interest	13			
14 Repairs	14	2,522	6,862	
15 Supplies	15	930	900	
16 Taxes	16	6,238	4,697	
17 Utilities	17	375		
18 Depreciation expense or depletion	18	2,898	8,739	
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20	27,455	28,201	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-12,667	-12,262	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	30,727	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	12,940	
d Total of all amounts reported on line 18 for all properties	23d	11,637	
e Total of all amounts reported on line 20 for all properties	23e	55,656	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		

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)

TATIANA S NELSON

Social security number of person with **self-employment** income [redacted]

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	
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	38,834
3	Combine lines 1a, 1b, and 2		3	38,834
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	35,863
	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	35,863
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0
6	Add lines 4c and 5b		6	35,863
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 20,202		
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	20,202
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	148,398
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	4,447
11	Multiply line 6 by 2.9% (0.029)		11	1,040
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	5,487
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 2,744		

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

2024

Attachment Sequence No. **47**

Name(s) shown on return
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	179,921
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	179,921
4	Number of qualifying children under age 17 with the required social security no.	4	1		
5	Multiply line 4 by $2,000			5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2		
	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	1,000
8	Add lines 5 and 7			8	3,000
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?			12	3,000
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	22,758
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	3,000

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **50**

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number

[redacted]

CAUTION Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30		1	2,500
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	2 180,000		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3 179,921		
4	Subtract line 3 from line 2. If zero or less, **stop**; you can't take any education credit	4 79		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	5 20,000		
6	If line 4 is: ● Equal to or more than line 5, enter 1.000 on line 6 ● Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)		6	0.00400
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐		7	10
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below		8	4

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)		9	6
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	
11	Enter the smaller of line 10 or $10,000		11	
12	Multiply line 11 by 20% (0.20)		12	
13	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	13		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	16		
17	If line 15 is: ● Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 ● Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)		17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)		18	
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3		19	6

Name(s) shown on return: TIMOTHY D & TATIANA S NELSON

Your social security number: [redacted]

CAUTION Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)

[redacted]
NELSON

21 Student social security number (as shown on page 1 of your tax return)

[redacted]

22 Educational institution information (see instructions)

a. Name of first educational institution

UNIVERSITY OF VIRGINIA

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

PO BOX 800900
CHARLOTTESVILLE VA 22908

(2) Did the student receive Form 1098-T from this institution for 2024? ☒ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? ☒ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

[redacted]

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2024? ☐ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? ☐ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years ?

☐ Yes -- **Stop!** Go to line 31 for this student. ☒ No -- Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.

☒ Yes -- Go to line 25. ☐ No -- **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2024? See instructions.

☐ Yes -- **Stop!** Go to line 31 for this student. ☒ No -- Go to line 26.

26 Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?

☐ Yes -- **Stop!** Go to line 31 for this student. ☒ No -- Complete lines 27 through 30 for this student.

CAUTION You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**27**	4,000
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	2,000
29	Multiply line 28 by 25% (0.25)	**29**	500
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	2,500

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

TIMOTHY D & TATIANA S NELSON [redacted]

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

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	SINGLE FAMILY HOUSE SCH E #1	[redacted]	-12,667
ii	APARTMENT SCH E #2	[redacted]	-12,262
iii	SAMSON PROPERTIES	[redacted]	36,090
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	11,161		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	11,161		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	2,232
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	62		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	62		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	12
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	2,244
11	Taxable income before qualified business income deduction (see instructions)	11	150,721		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	62		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	150,659		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	30,132
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)			15	2,244
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2024)

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074
For tax year 20 24
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
TIMOTHY D & TATIANA S NELSON	[redacted]
Preparer's name	**Preparer tax identification number**
[redacted]	[redacted]

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
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?	☒	☐	☐
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)	☒	☐	
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.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
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.)	☐	☐	
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)	☒	☐	
List those documents provided by the taxpayer, if any, that you relied on: Other			
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?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(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?	☐	☐	☒
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

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.)**	☐	☐	
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?	☐	☐	
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)?	☐	☐	☐

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?	☒	☐	
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?	☒	☐	☐
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?	☒	☐	☐

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?	☒	☐

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 the year for a qualifying person?	☐	☐

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?	☒	☐

For Form Schedule E # 1

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
TIMOTHY D & TATIANA S NELSON	SCH E P1 SINGL FMLY RESIDENCE	[redacted]

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation** (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	2,898
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B — Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,898
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Form Schedule E # 2

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2024
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
TIMOTHY D & TATIANA S NELSON	SCH E P1 SINGL FMLY RESIDENCE	[redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	8,739
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B — Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	8,739
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
2024
Attachment Sequence No. **858**

Name(s) shown on return
TIMOTHY D & TATIANA S NELSON

Identifying number [redacted]

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)				
1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(12,262)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d -12,262
All Other Passive Activities				
2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(12,667)	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( )	
d	Combine lines 2a, 2b, and 2c			2d -12,667
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -24,929

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4 12,262
5	Enter $150,000. If married filing separately, see instructions	5	150,000	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	182,665	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			9

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11 0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
APARTMENT		12,262			12,262
Total. Enter on Part I, lines 1a, 1b, and 1c		12,262			

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SINGLE FAMILY HOUSE		12,667			12,667
Total. Enter on Part I, lines 2a, 2b, and 2c		12,667			

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SINGLE FAMILY HOUSE	SCH E LN22	12,667	0.50812	12,667
APARTMENT	SCH E LN22	12,262	0.49188	12,262
Total		24,929	**1.00**	24,929

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SINGLE FAMILY HOUSE	SCH E LN22	12,667	12,667	
APARTMENT	SCH E LN22	12,262	12,262	
Total		24,929	24,929	

Form **8879**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

CLIENT COPY

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
TIMOTHY D NELSON	[redacted]
Spouse's name	**Spouse's social security number**
TATIANA S NELSON	[redacted]

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

Enter whole dollars only on lines 1 through 6.

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

1	Adjusted gross income	1	179,921
2	Total tax	2	25,245
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,286
4	Amount you want refunded to you	4	
5	Amount you owe	5	15,085

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

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

Taxpayer's PIN: check one box only

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

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

Your signature ▶ SIGNATURE AND DATE ON FILE Date ▶ 04-15-2025

Spouse's PIN: check one box only

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

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

Spouse's signature ▶ SIGNATURE AND DATE ON FILE Date ▶ 04-15-2025

Practitioner PIN Method Returns Only --- continue below

Part III Certification and Authentication --- Practitioner PIN Method Only

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

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

ERO's signature ▶ Date ▶ 04-15-2025

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (Rev. 01-2025)

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
TIMOTHY D NELSON	[redacted]
Spouse's name	**Spouse's social security number**
TATIANA S NELSON	[redacted]

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	179,921
2	Total tax	2	25,245
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,286
4	Amount you want refunded to you	4	
5	Amount you owe	5	15,085

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

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

Taxpayer's PIN: check one box only

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

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

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

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only — continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

ERO's signature ▶ Date ▶ 04-15-2025

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (Rev. 01-2021)

2024 WAGES AND SALARIES SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON

[redacted]

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
US DEPT OF STATE	[redacted]	T	121,535	8,919	7,535	VA	121,535	5,966	
A G VAN METRE SERVICES INC		S	19,337	1,065	1,253	VA	19,337	943	
Total			140,872	9,984	8,788		140,872	6,909	

2024 MERCHANT PAYMENTS SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON

[redacted]

Filer's Name	Filer's Federal ID Number	T or S	Activity	Gross Amount (Box 1a)	Card Not Pesent Transactions (Box 1b	Merchant Code (Box 2)	Federal Tax Withheld (Box 4)	State	State Withholding (Box 8)
AIRBNB INC	[redacted]	T		14,788				VA	

 A0514M 24_W2MPO

2024 MISCELLANEOUS/NEC INCOME SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON
[redacted]

Payer Name	Payer's Federal ID Number	T or S	Form	Activity	Rent (Box 1)	Royalties (Box 2)	Other Income (Box 3)	NonEmp Comp (NEC Box 1)	Federal Tax Withheld (Box 4)	State	State Income (Box 18)	State Tax Withheld (Box 16)
SAMSON PROPERTIES LLC	[redacted]	S	NEC	SchC				31,459				
TRUEALTY CONSTRUCTION		S	NEC	SchC				40,238				
TOTAL								71,697				

2024 FEDERAL TAX WITHHOLDINGS ATTACHMENT

TIMOTHY D & TATIANA S NELSON [redacted]

1099-G	VIRGINIA EMPLOYMENT COMMIS	302
W-2	US DEPT OF STATE	8,919
W-2	A G VAN METRE SERVICES INC	1,065

Total to Form 1040/1040-SR line 25d 10,286

2024 Education Expense Worksheet

TIMOTHY D & TATIANA S NELSON [redacted]

Keep for Your Records

Student name ..... [redacted]
Education type ..... UNDERGRADUATE
Type of education benefit ..... American Opportunity Credit

A. Eligible Institution	B. Payments rcvd for qualified tuition & related exp	C. Scholarships or grants	D. Taxable scholarships/grants
UNIVERSITY OF VIRGINIA	44,313		
Total	44,313		

Note: Amounts should be entered in Column B from Box 1 of 1098-T or total amounts paid to institutions that did not issue form 1098-T. Amounts from 1098-T box 5 should be reported in Column C. Amounts reported as taxable in column D can be used to reduce the tax free scholarship and grants and allow additional expenses to qualify for the education credits. See IRS Publication 970 for additional details.

Education Expenses

1. Payments received for qualified tuition and related expenses (total from column B above)	1.	44,313
2. Qualified books, supplies, and equipment purchased from education institutions (eligible for Lifetime and AOC)	2.	185
3. Qualified books, supplies, and equipment NOT purchased from education institutions (eligible for AOC only)	3.	
4. Room and board	4.	8,442
5. Other education expenses	5.	5,270
6. Total Education expenses (total of lines 1-5)	6.	58,210

Sources of Education Expenses Funding

7. Scholarships or Grants (total from column C above)	7.	
8. Tax free scholarships and grants (not reported on Form 1098-T)	8.	
9. Taxable scholarships and grants (not reported on Form 1098-T)	9.	
10. Loans	10.	
11. Taxpayer/spouse funds	11.	58,210
12. Dependent funds	12.	
13. Nontaxable employer tuition assistance	13.	
14. Veteran's educational assistance (GI Bill)	14.	
15. Coverdell Education Savings Account distributions reported on Form 1099-Q	15.	
16. Qualified Tuition Plan (529 Plan) distributions reported on Form 1099-Q	16.	
17. Series EE/I Savings Bond Interest excluded due to education benefits (reported on Form 8815)	17.	
18. Other Sources	18.	
19. Total sources of education expense funding (total of lines 7-18)	19.	58,210

Expenses available for Education Credits

		AOC	Lifetime
20. Qualified expenses for American Opportunity Credit (total lines 1-3) or for Lifetime Learning Credit (total lines 1-2)	20.	44,498	44,498
21. Tax free education benefits restricted to qualified expenses (total lines 7-8)	21.		
22. Net qualified education expense for credit (line 20 less line 21)	22.	44,498	44,498
23. Non qualified expenses (line 6 less line 20)	23.	13,712	13,712
24. Total Non-restricted education benefits (total lines 13-17)	24.		
25. Non-restricted education benefits used to pay non qual expenses (Lessor of line 23 or 24)	25.		
26. Non-restricted tax fee benefits used to pay qual expenses (Lines 13-17, less line 25)	26.		
27. Qualified Benefits After Tax Free Education Benefits (line 22 less line 26) This amount will be used to calculate the credit or deduction	27.	44,498	44,498

28. Credit reported on Form 8863, line 30 or 31 .... 28. American Opportunity Credit 2,500

2024 FORM 8863 CREDIT LIMIT WORKSHEET - LINE 19

TIMOTHY D & TATIANA S NELSON [redacted]

Keep for Your Records

NONREFUNDABLE CREDIT WORKSHEET

1.	Enter the amount from Form 8863, line 18	1.	
2.	Enter the amount from Form 8863, line 9	2.	6
3.	Add lines 1 and 2	3.	6
4.	Enter the amount from: Form 1040 or 1040-SR, line 18	4.	22,766
5.	Enter the total of your credits from: Schedule 3 (Form 1040), lines 1 and 2, 6d and 6l	5.	2
6.	Subtract line 5 from line 4	6.	22,764
7.	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7.	6

2024 EDUCATION OPTIMIZATION SUMMARY

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records

Optimization has been selected for one or more students in the return. The results are listed below.

Name	Social Security Number	Expense	Type
[redacted]	[redacted]	2,500	AMERICAN OPPORTUNITY

PLEASE NOTE:
Optimization is only calculated at the 1040 Federal level.

2024 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET - LINE 16

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records

Before you begin: √ See the instructions for line 16 in the instructions to see if you can use this worksheet to figure your tax.

√ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.

√ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	148,477
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2. 62	
3.	Are you filing Schedule D?* X **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- **No.** Enter the amt from Fm 1040 or 1040-SR, ln 7.	3. 0	
4.	Add lines 2 and 3	4. 62	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	148,415
6.	Enter: $47,025 if single or married filing separately, $94,050 if married filing jointly or Qualifying surviving spouse, $63,000 if head of household.	6.	94,050
7.	Enter the smaller of line 1 or line 6	7.	94,050
8.	Enter the smaller of line 5 or line 7	8.	94,050
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	62
11.	Enter the amount from line 9	11.	0
12.	Subtract line 11 from line 10	12.	62
13.	Enter: $518,900 if single, $291,850 if married filing separately, $583,750 if married filing jointly or Qualifying surviving spouse, $551,350 if head of household.	13.	583,750
14.	Enter the smaller of line 1 or line 13	14.	148,477
15.	Add lines 5 and 9	15.	148,415
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	62
17.	Enter the smaller of line 12 or line 16	17.	62
18.	Multiply line 17 by 15% (0.15)	18.	9
19.	Add lines 9 and 17	19.	62
20.	Subtract line 19 from line 10	20.	0
21.	Multiply line 20 by 20% (0.20)	21.	0
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet	22.	22,757
23.	Add lines 18, 21, and 22	23.	22,766
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet	24.	22,771
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, lne 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	22,766

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

2024 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

TIMOTHY D & TATIANA S NELSON [redacted]

Keep for Your Records

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR ..... | 1 | 22,766

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	2
Schedule 3, line 2	+	
Schedule 3, line 3	+	6
Schedule 3, line 4	+	
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6l	+	
Schedule 3, line 6m	+	

Enter the total ..... | 2 | 8

3. Subtract line 2 from line 1 ..... | 3 | 22,758

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 ..... | 4 |

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 ..... | 5 | 22,758

2024 SCHEDULE D TAX WORKSHEETS

TIMOTHY D & TATIANA S NELSON [redacted]

Keep for Your Records

CAPITAL LOSS CARRYOVER WORKSHEET – LINES 6 and 14

Use this worksheet to figure your capital loss carryovers from 2023 to 2024 if your 2023 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2023 Schedule D, line 16, **or (b)** the amount on your 2023 Form 1040, line 15 (or your 2023 Form 1040NR, line 15, if applicable) is less than zero. Otherwise, you do not have any carryovers.

1.	Enter the amount from your 2023 Form 1040, line 15, or your Form 1040NR, line 15. If a loss, enclose the amount in parentheses	1.	127,640
2.	Enter the loss from your 2023 Schedule D, line 21, as a positive amount	2.	3,000
3.	Combine lines 1 and 2. If zero or less, enter -0-	3.	130,640
4.	Enter the **smaller** of line 2 or line 3	4.	3,000
	If line 7 of your 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from your 2023 Schedule D, line 7, as a positive amount	5.	55,592
6.	Enter any gain from your 2023 Schedule D, line 15. If a loss, enter -0-	6.	
7.	Add lines 4 and 6	7.	3,000
8.	**Short-term capital loss carryover for 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6	8.	52,592
	If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from your 2023 Schedule D, line 15, as a positive amount	9.	146,841
10.	Enter any gain from your 2023 Schedule D, line 7. If a loss, enter -0-	10.	
11.	Subtract line 5 from line 4. If zero or less, enter -0-	11.	0
12.	Add lines 10 and 11	12.	
13.	**Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 14	13.	146,841

AMT CAPITAL LOSS CARRYOVER WORKSHEET – LINES 6 and 14

Use this worksheet to figure your capital loss carryovers from 2023 to 2024 if your 2022 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2023 Schedule D, line 16, **or (b)** the amount on your 2023 Form 1040, line 15 (or your 2023 Form 1040NR, line 15, if applicable) is less than zero. Otherwise, you do not have any carryovers.

1.	Enter the amount from your 2023 Form 1040, line 15, or your Form 1040NR, line 15. If a loss, enclose the amount in parentheses	1.	127,640
2.	Enter the loss from your 2023 Schedule D, line 21, as a positive amount	2.	3,000
3.	Combine lines 1 and 2. If zero or less, enter -0-	3.	130,640
4.	Enter the **smaller** of line 2 or line 3	4.	3,000
	If line 7 of your 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from your 2023 Schedule D, line 7, as a positive amount	5.	55,592
6.	Enter any gain from your 2023 Schedule D, line 15. If a loss, enter -0-	6.	0
7.	Add lines 4 and 6	7.	3,000
8.	**Short-term capital loss carryover for 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6	8.	52,592
	If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from your 2023 Schedule D, line 15, as a positive amount	9.	146,841
10.	Enter any gain from your 2023 Schedule D, line 7. If a loss, enter -0-	10.	0
11.	Subtract line 5 from line 4. If zero or less, enter -0-	11.	0
12.	Add lines 10 and 11	12.	0
13.	**Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 14	13.	146,841

2024 AUTO EXPENSE WORKSHEET

TIMOTHY D NELSON

[redacted]

Keep for Your Records

VEHICLE INFORMATION

1.	Vehicle description	1. 2019 JAGUAR F PACE
2.	Carried to form or schedule	2. For Form Schedule C # 1
3.	Date vehicle was placed in service	3. 01/01/2022
4.	Odometer beginning mileage _____ ending mileage _____	

CALCULATION OF BUSINESS USE PERCENTAGE

5.	Total business mileage driven during the year	5.	723
6.	Total commuting mileage driven during the year	6.	1,446
7.	Total medical mileage driven during year (to Sch A, Ln 1)	7.	
8.	Total charitable mileage driven during the year (to Sch A, Ln 11)	8.	
9.	Total other personal mileage driven during the year	9.	
10.	Total mileage driven during the year	10.	2,169
11.	Business use percentage (Line 5 divided by Line 10)	11.	33.33000 %

	CALCULATION OF THE STANDARD MILEAGE RATE METHOD	**Input**		**Deduction Allowed**
12.	Business miles driven	723 x .67	12.	484
13.	Parking fees and tolls		*13.	
14.	Total automobile expenses (Line 12 through Line 13) (carries to auto expense line of form on Line 2)		14.	484
15.	Interest expense (carries to interest expense line of form on Line 2)	x Line 11	15.	
16.	Property tax (carries from taxes line of form on Line 2)	1,050 x Line 11	16.	350
17.	Property tax to Schedule A, Line 5c (Line 16 input less Line 16 deduction allowed)		17.	700
18.	Total expenses using SMR Method (Line 14 through Line 16)		18.	834
19.	**Standard Mileage Rate Depreciation Allowance** Total business mileage driven during the year	723 x .30	19.	217
20.	Prior depreciation allowance		20.	8,292
21.	Accumulated depreciation allowance (Line 19 + 20)		21.	8,509

	CALCULATION OF THE ACTUAL EXPENSE METHOD	**Input**		**Deduction Allowed**
22.	Parking fees and tolls		*22.	
23.	Gasoline and oil	x Line 11	23.	
24.	Repairs	650 x Line 11	24.	217
25.	Licensing fees	x Line 11	25.	
26.	Registration fees	x Line 11	26.	
27.	Insurance	x Line 11	27.	
28.	Other expenses	x Line 11	28.	
29.	Total automobile expenses (Line 22 through 28) (carries to auto expense line of form on Line 2)		29.	217
30.	Property tax (carries to taxes line of form on Line 2)	1,050 x Line 11	30.	350
31.	Property tax to Schedule A, Line 5c (Line 30 input less Line 30 deduction allowed)		31.	700
32.	Interest expense (carries to interest expense line of form on Line 2)	x Line 11	32.	
33.	Lease payments	x Line 11	33.	
34.	Inclusion amount	x Line 11	34.	
35.	Total lease expense (Line 33 less Line 34) (carries to lease expense line of form on Line 2)		35.	
36.	Section 179 expense deduction		*36.	
37.	Special depreciation allowance		**37.	
38.	Current depreciation expense		**38.	936
39.	Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2)		39.	936
40.	Value of employer-provided vehicle	x Line 11	40.	
41.	Total expenses using Actual Expense Method (total of Lines 29, 30, 32, 35, 39, and 40)		41.	1,503

* Not subject to business use percentage. ** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 834 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

2024 DEPRECIATION AND MILEAGE RECORDS

TIMOTHY D NELSON

[redacted]

Keep for Your Records

Vehicle: 2019 JAGUAR F PACE

	Business %	Business Miles	Depr Actually Claimed	Other Basis Adjustment
1. 2019	72.124	6,520		
2. 2020	28.68	3,217		
3. 2021	91.108	8,914	835	
4. 2022	100	13,116		
5.				
A. Total		31,767	835	
B. Total miles in prior years for months of business use		43,157		
C. Total business miles included in Line B miles		31,767		
D. Months of business use this year				
E. Total miles in this year for months of business use		2,169		
F. Total business miles included in Line E miles		723		
G. Line F / Line E x Line D / months owned in year				

2024 SCHEDULE D TAX WORKSHEETS

TIMOTHY D & TATIANA S NELSON [redacted]

Keep for Your Records

CAPITAL LOSS CARRYFORWARD WORKSHEET*

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if your 2024 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2024 Schedule D, line 16, **or (b)** the amount on your 2024 Form 1040 or 1040-SR, line 15 (or your 2024 Form 1040NR, line 15, if applicable) is less than zero. Otherwise, you do not have any carryovers.

1.	Enter the amt from your 2024 Form 1040 or 1040-SR, line 15. If a loss, enclose the amt in parentheses	1.	148,477
2.	Enter the loss from your 2024 Schedule D, line 21, as a positive amount	2.	3,000
3.	Combine lines 1 and 2. If zero or less, enter -0-	3.	151,477
4.	Enter the smaller of line 2 or line 3	4.	3,000
	If line 7 of your 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from your 2024 Schedule D, line 7, as a positive amount	5.	51,922
6.	Enter any gain from your 2024 Schedule D, line 15. If a loss, enter -0- 6. 0		
7.	Add lines 4 and 6	7.	3,000
8.	**Short-term capital loss carryover for 2025.** Subtract line 7 from line 5. If zero or less, enter -0-	8.	48,922
	If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from your 2024 Schedule D, line 15, as a positive amount	9.	144,981
10.	Enter any gain from your 2024 Schedule D, line 7. If a loss, enter -0- 10. 0		
11.	Subtract line 5 from line 4. If zero or less, enter -0- 11. 0		
12.	Add lines 10 and 11	12.	0
13.	**Long-term capital loss carryover for 2025.** Subtract line 12 from line 9. If zero or less, enter -0-	13.	144,981

SCHEDULE D AMT
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

FOR AMT PURPOSES ONLY

2024

Attachment Sequence No. **12**

Name(s) shown on return
TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

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 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	10,957	10,287		670
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** 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	(52,592)
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 page 2	7	-51,922

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 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	13,232	11,699		1,533
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** 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	327
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(146,841)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	15	-144,981

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-196,903

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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 7. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

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	18	
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	19	

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **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.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500)	21	(3,000)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE E AMT (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

FOR AMT PURPOSES ONLY

2024

Attachment Sequence No. **13**

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number [redacted]

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		Yes	[X] No
B	If "Yes," did you or will you file required Form(s) 1099?		Yes	[ ] No

1a Physical address of each property (street, city, state, ZIP code)

A	[redacted]
B	[redacted]
C	

	1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		A	366		[ ]
B	1		B	366		[ ]
C			C			[ ]

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

			Properties: A	B	C
Income:					
3	Rents received	3	14,788	15,939	
4	Royalties received	4			
Expenses:					
5	Advertising	5	75		
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	250		
8	Commissions	8			
9	Insurance	9	2,065	571	
10	Legal and other professional fees	10		373	
11	Management fees	11	2,611	2,610	
12	Mortgage interest paid to banks, etc. (see instructions)	12	9,491	3,449	
13	Other interest	13			
14	Repairs	14	2,522	6,862	
15	Supplies	15	930	900	
16	Taxes	16	6,238	4,697	
17	Utilities	17	375		
18	Depreciation expense or depletion	18		6,555	
19	Other (list)	19			
20	Total expenses. Add lines 5 through 19	20	24,557	26,017	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-9,769	-10,078	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	30,727	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c	12,940	
d	Total of all amounts reported on line 18 for all properties	23d	6,555	
e	Total of all amounts reported on line 20 for all properties	23e	50,574	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		

2024 INVESTMENT INCOME WORKSHEET FOR EIC

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records
Publication 596

Use this worksheet to figure investment income for the EIC when you file Form 1040 or 1040-SR.

Interest and Dividends

1.	Enter any amount from Form 1040 or 1040-SR, line 2b	1.	2,812
2.	Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b	2.	
3.	Enter any amount from Form 1040 or 1040-SR, line 3b	3.	123
4.	Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 in this chapter to figure the amount to enter on this line.)	4.	

Capital Gain Net Income

5.	Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0-	5.	0		
6.	Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.)	6.	0		
7.	Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.)			7.	0

Royalties and Rental Income From Personal Property

8.	Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l	8.			
9.	Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b	9.			
10.	Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter -0-.)			10.	0

Passive Activities

11.	Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.)	11.			
12.	Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.)	12.	0		
13.	Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter -0-.)			13.	
14.	Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income**			14.	2,935

15. Is the amount on line 14 more than **$11,600**?

- [ ] **Yes.** You can't take the credit.
- [X] **No.** Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7 next).

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2024 FEDERAL DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON

[redacted]

For Form Schedule E # 1

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
SINGLE FAMILY HOM	01/01/2017	SLMM-27.5	430000					79700	35588	2898	38486	41214

Subtotals:		430000							
1 ASSET	Totals:	430000	79700	35588	2898	38486	41214		

2024 FEDERAL DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON
[redacted]
For Form Schedule E # 2

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
APARTMENT	01/01/2005	SLMM-30.0	291200					262200	176781	8739	185520	76680

Subtotals:		291200	262200	176781	8739	185520	76680		
1 ASSET	Totals:	291200	262200	176781	8739	185520	76680		

2024 FEDERAL AMT DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON

[redacted]

For Form Schedule E # 1

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
SINGLE FAMILY HOM	01/01/2017	200DBMM-27	430000									

Subtotals:		430000		0	
1 ASSET	Totals:	430000			

2024 FEDERAL AMT DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON
[redacted]
For Form Schedule E # 2

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
APARTMENT	01/01/2005	SLMM-40	291200					262200	124272	6555	130827	131373

Subtotals:		291200	262200	124272	6555	130827	131373		
1 ASSET	Totals:	291200	262200	124272	6555	130827	131373		

DO NOT FILE

Form **8582** AMT

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

FOR AMT PURPOSES ONLY

2024

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Identifying number [redacted]

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(10,078)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d -10,078

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(9,769)	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(2,009)	
d	Combine lines 2a, 2b, and 2c			2d -11,778
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -21,856

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4 10,078
5	Enter $150,000. If married filing separately, see instructions	5	150,000	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	182,665	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			9 0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
APARTMENT		10,078			10,078
Total. Enter on Part I, lines 1a, 1b, and 1c		10,078			

2024 FORM 8582AMT PART V ATTACHMENT (See the instructions)

TIMOTHY D & TATIANA S NELSON

[redacted]

Caution: The worksheets must be filed with your tax return.
Keep a copy of the worksheets for your records.

Name of Activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
SINGLE FAMILY HOUSE		9,769	2,009		11,778
Total. Enter on Form 8582, Part I, lines 2a, 2b, and 3c ▶		9,769	2,009		

2024 FORM 8582AMT PART VII – ALLOCATION OF UNALLOWED LOSSES (See the instructions)

TIMOTHY D & TATIANA S NELSON

[redacted]

Caution: The worksheets must be filed with your tax return.
Keep a copy of the worksheets for your records.

Instructions for Part VII

On Part VII, enter the name of each activity and the form or schedule and line number on which the loss will be reported.

Column (a): Enter the amounts, if any, from column (d) of Part VI (from column (e) of Part IV if you did not have complete Part VI). Also enter the losses, if any, from column (e) of Part V.

Column (b): Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios must equal 1.00.

Column (c): Complete the following computation:

A. Enter as a positive amount Part I, line 3 of Form 8582 . . . . ________

B. Enter Part II, line 9 of Form 8582 . . . . ________

C. Subtract line **B** from line **A** . . . . ________

Multiply each ratio in column (b) by the amount on line C above, and enter the result in column (c).

Name of Activity	Form or Schedule and Line Number to be Reported on (See Instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
SINGLE FAMILY HOUSE	SCH E LN22	11,778	0.53889	11,778
APARTMENT	SCH E LN22	10,078	0.46111	10,078
	Total ▶	21,856	**1.00**	21,856

2024 FORM 8582AMT PART VIII - ALLOWED LOSSES (See the instructions)

TIMOTHY D & TATIANA S NELSON

[redacted]

Caution: The worksheets must be filed with your tax return.
Keep a copy of the worksheets for your records.

Instructions for Part VIII

Column (a): For each activity entered in Part VIII, enter the net loss plus the prior year unallowed loss for the activity. Figure this amount by adding the losses in columns (b) and (c) of Part IV and V.

Column (b): For each activity entered in Part VIII, enter the amount from column (c) of Part VII for the activity. These are your unallowed losses for 2024. Keep a record of these amounts so the losses can be used to figure your passive activity loss (PAL) next year.

Column (c): Subtract column (b) from column (a). These are your allowed losses for 2024. Report the amounts in this column on the forms and schedules normally used.

Name of Activity	Form or Schedule and Line Number to be Reported on (See Instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SINGLE FAMILY HOUSE	SCH E LN22	11,778	11,778	
APARTMENT	SCH E LN22	10,078	10,078	
	Total ▶	21,856	21,856	

A voucher is printed at the bottom of this page.

NOTE: This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2024. This is different than the voucher that is on the IRS website.

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury".
- ▶ Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

24 1040VS1 BWO 1040

Form **1040-V** (2024)

Separate here and mail with your payment and return.

Department of the Treasury **Internal Revenue Service**	**2024** OMB No. 1545-0074	**Form 1040-V Payment Voucher**

▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
▶ Enter your SSN on your check or money order
▶ If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	Dollars
	15,085

1735 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

TIMOTHY D & TATIANA S NELSON
[redacted]

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

[redacted] [redacted]

2024 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS

TIMOTHY D & TATIANA S NELSON [redacted]

	SchC # 1	SchE # 1	SchE # 2	DIV # 1
Schedule/Form				
Business Name	SAMSON P	SINGLE F	APARTMEN	ETRADE S
EIN/SSN	[redacted]	[redacted]	[redacted]	[redacted]
Business Type	Non-Spec	Specifie	Specifie	Non-Spec
Included in Aggregation #				
PTP Income	No	No	No	No
Qualified Business Income (QBI)				
1. Specified Business Income/Loss from Sch/Form		-12667	-12262	
2. Non-Specified Business Income/Loss from Sch/Form	38834			
Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)	-2744			
3. QBID Qualifed Losses and ST Gains from Asset Disposition				
4. Net Qualifed Business Income (QBI) (sum L1 - L3)	36090	-12667	-12262	
Qualified Other Income (QOI)				
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s				62
6. Qualfied Other Income from PTPs				
7. QOI Qualifed Losses and ST Gains from Disposition incl Sale of PTP				
8. Net Qualfied Other Income (QOI) (L5 + L6 + L7)				62
9. Net QBI and QOI (L4 + L8)	36090	-12667	-12262	62

2024 FORM 8867 DUE DILIGENCE

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records

TAXPAYER AND SPOUCE PAY ALL FEES AND TUITION TO UVA
TAXPAYER HAS WRITTEN EXPECES FOR HER BUSINESSS
DATE INFORMATION WAS OBTAINED: 04-15-2025
INFORMATION WAS OBTAINED FROM: TIMOTHY D NELSON

Taxpayer Signature Date

Spouse Signature Date

2025 CARRYFORWARD INFORMATION

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records

Itemized Returns Only – 2024 state and local tax refund (this amount will be proforma'd to Taxable Refund Worksheet directly and may not be taxable in 2025)	
Charitable contributions carryover to 2025	
Estimated short-term capital loss carryover	48,922
Estimated long-term capital loss carryover	144,981
2024 tax liability (for 2025 Form 2210 purposes)	25,245
Form 8839: 2024 carryover of unqualified expenses	
Refund amount applied to 2025	
Disallowed investment interest in 2024	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2022	
Mortgage interest credit from 2023	
Mortgage interest credit from 2024	
Form 8801: Minimum tax credit carryforward	0
Potential 2025 IRA contribution from 2024 tax refund	

NOL carryforward:

	Regular Tax			AMT Tax	
from 2004		from 2014	from 2004		from 2014
from 2005		from 2015	from 2005		from 2015
from 2006		from 2016	from 2006		from 2016
from 2007		from 2017	from 2007		from 2017
from 2008		from 2018	from 2008		from 2018
from 2009		from 2019	from 2009		from 2019
from 2010		from 2020	from 2010		from 2020
from 2011		from 2021	from 2011		from 2021
from 2012		from 2022	from 2012		from 2022
from 2013		from 2023	from 2013		from 2023
Gross NOL generated in 2024			Gross AMT NOL generated in 2024		
To be absorbed in carryback period			To be absorbed in carryback period		
Net carryforward from 2024			Net carryforward from 2024		
Total carryforward to 2025			Total carryforward to 2025		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2025
- General Business Credit carryforward to 2025
- First-Time Homebuyer Credit Repayment carryforward to 2025
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2025.

2024 CAPITAL GAIN DISTRIBUTION SUMMARY ATTACHMENT

TIMOTHY D NELSON

[redacted]

ETRADE SECURITIES	20
TOTAL CAP GAIN DISTRIBUTION	327

2024 CAPITAL GAIN DISTRIBUTION SUMMARY ATTACHMENT

TIMOTHY D NELSON

[redacted]

PRIMERICA SHAREHOLDER	307
TOTAL CAP GAIN DISTRIBUTION	327

Supporting Schedules 2024

Name : TATIANA S NELSON SSN : [redacted]

SCHEDULE C - TATIANA S NELSON

Line 1-GROSS RECEIPT OR SALES

Description	Amount
SAMSON PROPERTIES LLC	31,459
TOTAL	71,697

Supporting Schedules 2024

Name : TATIANA S NELSON SSN : [redacted]

SCHEDULE C - TATIANA S NELSON

Line 1-GROSS RECEIPT OR SALES

Description	Amount
TRUEALTY CONSTRUCTION SERVICES	40,238
TOTAL	71,697

Schedule C- Profit or Loss From Business - Commissions and Fees

Description	Owner	State	Amount
Centiary lock	Spouse	VA	140
NVAR	Spouse	VA	703
MLS	Spouse	VA	755
desk membership	Spouse	VA	1188
Total			2786

Schedule C- Profit or Loss From Business - Legal & Professional Services

Description	Owner	State	Amount

Schedule C- Profit or Loss From Business - Legal & Professional Services

Description	Owner	State	Amount
notary cert	Spouse	VA	125
real estate software	Spouse	VA	480
Total			605

Schedule C- Profit or Loss From Business - Material and Supplies

Description	Owner	State	Amount
home seller gifts	Spouse	VA	550
Total			550

2024 VIRGINIA TWO YEAR COMPARISON

TIMOTHY D & TATIANA S NELSON

[redacted]

Keep for Your Records

	2024	2023	Difference
Filing status	MFJ	MFJ	
Residency status	Resident	Resident	
Number of exemptions claimed	5	5	
State Base Form Filed	VA 760CG	VA 760CG	
INCOME, DEDUCTIONS AND ADJUSTMENTS:			
Federal Adjusted Gross Income	179,921	155,340	24,581
Additions to Federal Income	2,184		2,184
Subtractions from Federal Income	3,024	9,336	-6,312
Virginia Income	179,081	146,004	33,077
Itemized/Standard Deduction	17,000	16,000	1,000
Exemption Amount (Allowance) / Personal Exemptions	4,650	4,650	
Taxable Income	157,431	125,354	32,077
TAX, CREDIT AND PAYMENTS:			
Virginia Tax	8,795	6,950	1,845
Credit for Taxes Paid to Another State			
Other Credits	259	259	
Net Tax	8,536	6,691	1,845
Income Tax Withheld	6,909	7,535	-626
Estimated Tax Payments			
Amount Paid with Extension			
Total Payments	6,909	7,535	-626
REFUND OR BALANCE DUE:			
Balance Due	1,627		1,627
Underpayment Penalty	51		51
Amount You Owe	1,678		1,678
Overpayment		844	-844
Overpayment Applied to Estimated Payments			
Amount to be Refunded		844	-844