



**2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025**

Prepared for	TIMOTHY D NELSON TATIANA S NELSON																
Tax Summary	<table> <tr> <td>Gross Income.....</td> <td>\$159346</td> </tr> <tr> <td>Adjusted Gross Income.....</td> <td>\$156414</td> </tr> <tr> <td>Total Deductions.....</td> <td>\$36670</td> </tr> <tr> <td>Total Taxable Income.....</td> <td>\$119744</td> </tr> <tr> <td>Total Tax.....</td> <td>\$15333</td> </tr> <tr> <td>Total Payments.....</td> <td>\$9577</td> </tr> <tr> <td>Refund Amount.....</td> <td>\$0</td> </tr> <tr> <td>Amount You Owe.....</td> <td>\$5957</td> </tr> </table>	Gross Income.....	\$159346	Adjusted Gross Income.....	\$156414	Total Deductions.....	\$36670	Total Taxable Income.....	\$119744	Total Tax.....	\$15333	Total Payments.....	\$9577	Refund Amount.....	\$0	Amount You Owe.....	\$5957
Gross Income.....	\$159346																
Adjusted Gross Income.....	\$156414																
Total Deductions.....	\$36670																
Total Taxable Income.....	\$119744																
Total Tax.....	\$15333																
Total Payments.....	\$9577																
Refund Amount.....	\$0																
Amount You Owe.....	\$5957																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Keep a copy of your return and supporting documents for your records.



**2025 STATE TAX RETURN FILING
INSTRUCTIONS
VIRGINIA
FOR THE YEAR ENDING
December 31, 2025**

Prepared for	TIMOTHY D NELSON and TATIANA S NELSON																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>156,414</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>22,150</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>134,264</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>7,204</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>5,832</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>0</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>1,413</td></tr></table>	Adjusted Gross Income.....	\$	156,414	Total Deductions.....	\$	22,150	Total Taxable Income.....	\$	134,264	Total Tax.....	\$	7,204	Total Payments.....	\$	5,832	Refund Amount.....	\$	0	Amount You Owe.....	\$	1,413
Adjusted Gross Income.....	\$	156,414																				
Total Deductions.....	\$	22,150																				
Total Taxable Income.....	\$	134,264																				
Total Tax.....	\$	7,204																				
Total Payments.....	\$	5,832																				
Refund Amount.....	\$	0																				
Amount You Owe.....	\$	1,413																				
Make check payable to	Virginia Department of Revenue																					
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																					

Special Instructions

Statement of Profit and Loss

For the year ended December 31, 2025

SAMSON PROPERTIES

Income	2025 Amounts	2024 Amounts	Difference
Gross receipts or sales	67,284		67,284
Returns and allowances			
Net sales	67,284	71,697	-4,413
Cost of goods sold	1,750		1,750
Gross profit	65,534	69,947	-4,413
Other income			
Gross Income	65,534	69,947	-4,413
Expenses			
Advertising			
Car and truck expenses	845	484	361
Commissions and fees	2,584	2,786	-202
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance			
Interest; Mortgage			
Interest; Other			
Legal and professional services	884	605	279
Office expenses	375	375	
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment			
Rent or lease: Other business property			
Repairs and maintenance	450	350	100
Supplies			
Taxes and licenses	385	710	-325
Travel			
Deductible meals	175	125	50
Utilities			
Wages	12,000	22,459	-10,459
Other expenses	6,343	3,219	3,124
Total expenses	24,041	31,113	-7,072
 Net income (loss)	 41,493	 38,834	 2,659

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

BUSINESS STRUCTURE ANALYSIS

TATIANA S NELSON

Keep for Your Records

Schedule C Business Name: **SAMSON PROPERTIES**

1. Net profit or (loss) from Schedule C Line 31 <small>If Line 1 is less than 0, stop, there is no self-employment tax due from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization, see below for discussion points.</small>	1.	41,493
2. Self-employment income from other sources (other Schedule Cs, Schedule Fs, or Partnership K-1s)	2.	
3. Total self-employment income (line 1 plus line 2)	3.	41,493
4. Total income subject to self-employment tax (multiply line 3 by 92.35%)	4.	38,319
5. Maximum self-employment income and wages subject to social security (or equivalent) tax	5.	160,200
6. Total wages, tips, and other amounts subject to social security tax	6.	
7. Remaining social security max (line 5 less sum of line 2 and line 6, enter 0 if 0 or less)	7.	160,200
8. Amount from line 1 subject to self-employment tax (multiply line 1 x 92.35%)	8.	38,319
9. Social security tax due from this business (smaller of line 7 or line 8 multiplied by 12.4%)	9.	4,752
10. Medicare tax due from this business (multiply line 8 by 2.9%)	10.	1,111
11. Total self-employment tax from this business (line 9 plus line 10)	11.	5,863
12. Total self-employment tax from Schedule SE line 12	12.	5,863
13. Estimated reasonable salary (multiply line 1 by 60%)	13.	24,896
14. Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary)	14.	
15. Employment taxes on reasonable salary (line 14 (or line 13 if line 14 is 0), multiplied by 15.3%, if reasonable salary is more than \$160,200, reasonable salary multiplied by 2.9% plus \$19,865)	15.	3,809
16. Self-employment income from other sources (from line 2 above)	16.	
17. Revised income subject to self-employment tax (multiply line 16 by 92.35%)	17.	0
18. Total previous wages, tips, and other amounts subject to social security tax (from line 6 above)	18.	0
19. Reasonable salary (line 14, or line 13 if line 14 is 0)	19.	24,896
20. Revised total wages, etc. subject to social security tax (line 18 plus line 19)	20.	24,896
21. Estimated social security withholding (multiply line 20 by 6.2%)	21.	1,544
22. If line 21 is greater than \$9,114, subtract 9,114 from line 21, otherwise enter 0. This is your estimated credit for excess social security tax withheld	22.	0
23. Revised remaining social security max (line 5 less line 20, enter 0 if 0 or less)	23.	135,304
24. Social security tax due on remaining self-employment income (multiply the smaller of line 17 or line 23 by 12.4%)	24.	0
25. Medicare tax due on remaining self-employment income (multiply line 17 by 2.9%)	25.	0
26. Revised self-employment tax (line 24 plus line 25)	26.	0
27. Estimated total employment and self-employment taxes paid (subtract line 22 from the sum of line 15 and line 26)	27.	3,809
28. Estimated savings in employment/self-employment taxes (subtract line 27 from line 12)	28.	2,054

Below are some additional points to consider when evaluating a change from a Schedule C to an S Corporation. Your tax professional may check some of the items that are specifically discussed, but others may apply.

Legal and organizational considerations include:

- The state may require regular corporate board meetings and minutes.
- A valid S Corporation election must be timely filed (usually by 3/15 of the first tax year).
- Articles of incorporation must be submitted to the proper state authorities.
- State registration fees must be paid and periodically renewed.
- The state may require annual reporting and fees, as well as a registered agent.
- There may be legal costs to transfer contracts, assets, and/or liabilities to the S Corporation.
- Retirement plans (if any) may need to be restructured/revisited including reviewing non-discrimination rules for any other employees.
- Health insurance plans may need to be restructured/revisited including impact to current and future employees if more than the owner is covered.

Business administration considerations include:

- Additional administrative costs for maintaining compliance with corporate rules (board meetings and minutes).
- Payroll administration and compliance costs if not currently paying wages to other employees.
- Additional tax preparation expenses for payroll tax filings and 1120S return filings in addition to 1040 return costs.
- Additional bookkeeping and accounting costs to accurately track corporate finances.
- Additional banking costs and rules may apply for S Corporations.

Tax considerations include:

- To be considered in the same tax year, your change to an S Corporation must be made either in the prior tax year, or within 2 months and 15 days of the current tax year.
- Providing yourself a reasonable salary can change your Qualified Business Income Deduction.
- Deductibility of your home office for business use can change when forming an S Corporation.
- Reimbursement must be provided to employees using their personal vehicles for business purposes.
- Any vehicle owned by the S Corporation will require tracking of actual expenses as opposed to the standard mileage rate.
- S Corporations and its owners must handle health insurance and retirement plans carefully to maintain deductibility.
- There could be impacts for the Net Investment Income Tax (Form 8960) and/or the Additional Tax on Medicare (Form 8959).
- Taxes for your S Corporation may differ to Schedule C filers based on federal and state tax laws.
- The S Corporations will need to file a Form 1120S before 3/15 (9/15 if extended) along with their 1040 return (4/15 or 10/15 if extended).
- Payroll taxes will be required for you and any other employees.
- Wages will likely be subject to federal and state unemployment taxes.
- Family members under the age of 18 who work for the S Corporation will pay Social Security/Medicare which could be avoided for a Schedule C business.
- Calculation of general business credits, if any, may be more complicated.

The decision to incorporate is an important one. These financial calculations and the considerations above are only some of the many factors to consider. You can schedule a full consultation where we can review your unique tax situation in more depth and provide a better estimate of tax savings. You may also want to seek the advice of an attorney to evaluate the full implications of entity selection and formation. Our services and advice are not a substitute for an attorney, and neither we nor our tax professionals provide legal advice or perform services performed by an attorney.

This worksheet is designed to estimate outcomes, but it does not predict actual results. Many additional factors could change the tax outcome, such as state taxes and other items mentioned below. The information is based on current year rates and limits and will change based on the tax year in which these changes are made.

When you are ready to form your entity, we can help! Visit blockadvisors.com/incorporate to learn more.

BUSINESS STRUCTURE ANALYSIS

TATIANA S NELSON

Keep for your records

Schedule C Business Name: SAMSON PROPERTIES

1. Net profit or (loss) from Schedule C Line 31	1.	41,493
If Line 1 is less than 0, stop , there is no savings from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization.		
2. Total self-employment tax from Schedule SE line 12	2.	5,863
3. Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary)	3.	24,896
4. Employment taxes on reasonable salary	4.	3,809
5. Estimated savings in employment/self-employment taxes	5.	2,054

This is an estimate based on your current year taxes. Overall tax results may vary based on additional factors such as changes in your tax situation or the payment of state taxes. You can schedule an appointment with your tax pro for additional information or a more in-depth analysis.

Here are some additional points to consider when evaluating a change from a Schedule C to an S Corporation:

_____ A properly filed S Corporation election is required before tax savings are available. Existing calendar year entities should elect by March 15 of the current year to see any benefits on next year's taxes. New entities should make the election within 2 months and 15 days of the start of their tax year.

_____ Providing yourself a reasonable salary can change your Qualified Business Income Deduction.

_____ Deductibility of your home office for business use can change when forming an S Corporation.

_____ There could be impacts for the Net Investment Income Tax (Form 8960) and/or the Additional Tax on Medicare (Form 8959).

_____ Taxes for your S Corporation may differ to Schedule C filers based on federal and state tax laws.

_____ The S Corporation will need to file a Form 1120S before 3/15 (9/15 if extended) along with their 1040 return (4/15 or 10/15 if extended).

_____ Payroll taxes will be required for you and any other employees.

_____ You'll have state-specific requirements for your entity such as filing annual reports or having a registered agent.

Tax savings and the additional points above are only some of many considerations. You may want to consult with an attorney to evaluate all relevant considerations. Our services and advice are not a substitute for an attorney and should not be construed as legal advice or legal services.

Still have questions?

Make an appointment
with your tax pro

Ready to get started?

Go to blockadvisors.com/
incorporate

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

Fold here for #10 envelope

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

Fold here for 6x9 envelope

Fold here for #10 envelope

2026 INCOME TAX ESTIMATOR/PLANNER

TIMOTHY D & TATIANA S NELSON

	Current 2025	Adjustments 2026	Keep for Your Records Estimated 2026
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	119,576		119,576
Interest income	1,240		1,240
Ordinary dividend income (excluding Qualified Dividends)			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)	-2,963		-2,963
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2025			
Business income or (loss) (Schedule C)	41,493		41,493
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total Income	159,346		159,346
ADDITIONAL DEDUCTIONS:			
Qualified tips deduction			
Qualified overtime compensation deduction			
Qualified vehicle loan interest deduction			
Senior deduction			
ADJUSTMENTS:			
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)	2,932		2,932
Self-employed SEP, SIMPLE and qualified plans deduction ..			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2025			
IRA deduction			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments	2,932		2,932
ADJUSTED GROSS INCOME:	156,414		156,414
DEDUCTIONS:			
Standard deduction	31,500		
Itemized deductions:		700	32,200
Medical and dental expenses			
Sales, income, and other taxes paid	5,832		5,832
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total Itemized deductions	5,832		5,832
Deduction actually claimed	31,500		32,200
Qualified business income deduction	5,170	700	5,170

2026 INCOME TAX ESTIMATOR/PLANNER

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

	Current 2025	Adjustments 2026	Estimated 2026
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	119,744	-700	119,044
Tax	16,170	-556	15,614
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Tax rate	22.00%		22.00%
CREDITS:			
Child and other dependents tax credit	3,200		3,200
Schedule 3 - Nonrefundable Credits			
Foreign tax credit			
Child care credit			
Education credit	3,500		3,500
Retirement savings contribution credit			
Other credits			
Total credits	6,700		6,700
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	5,863		5,863
Additional tax on IRAs			
Other taxes			
Total other taxes	5,863		5,863
PAYMENTS:			
Federal income tax withheld	8,577		8,577
Estimated payments			
Earned income credit			
Additional child tax credit			
Schedule 3 - Refundable Credits and Payments			
American opportunity credit	1,000		1,000
ACA premium tax credit			
Other payments			
Total payments	9,577		9,577
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due	5,756	-556	5,200

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2025 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2025 tax return prepared using the actual 2025 tax forms issued by the Internal Revenue Service and your actual 2025 source documents.

ADDITIONAL DISCLOSURES:

Subject to an adjusted withholding entry, the 2025 withholding is being used to calculate the 2026 estimated tax refund or balance Due. Beginning in January 2020 the IRS has changed the way W4 should be prepared reporting extra income, deductions and credits rather than exemption counts. These changes might cause some change in withholding. Advise client that employers may require a new W4 be filed under the new format.

Standard deduction limits increased to \$32,200 for MFJ and QSS filers \$24,150 for head of household (HOH) filers \$16,100 single
The child tax credit is increased to \$2,200 per child. The taxpayer (or spouse if MFJ) must have an SSN for child tax credit

FD# The State-Corridor Local EB Tax and Deduction is limited to \$10,000 (\$5,000 MRS) PERFORMANCE ANALYSIS 2

2025 TWO YEAR COMPARISON

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

	2025	2024	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	119,576	140,872	-21,296
Interest income	1,240	2,812	-1,572
Ordinary dividend income	37	123	-86
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)	-3,000	-3,000	
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)	41,493	38,834	2,659
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation		3,024	-3,024
Other income			
Total income	159,346	182,665	-23,319
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax	2,932	2,744	188
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments	2,932	2,744	188
ADJUSTED GROSS INCOME:	156,414	179,921	-23,507
DEDUCTIONS:			
Standard deduction or Itemized deductions	31,500	29,200	2,300
Charitable contributions if taking standard deduction	N/A		
if itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	5,832		5,832
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction	5,170	2,244	2,926
Schedule 1-A Additional deductions			
Qualified tips deduction			
Qualified overtime compensation deduction			
Qualified passenger vehicle loan interest deduction			
Enhanced deduction for seniors			
TAXABLE INCOME:	119,744	148,477	-28,733

2025 TWO YEAR COMPARISON

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

	2025	2024	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	16,170	22,766	-6,596
Tax calculation method	QDCGTW	QDCGTW	
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Total taxes	16,170	22,766	-6,596
Tax rate	22%	22%	
CREDITS:			
Child and other dependents tax credit	3,200	3,000	200
Schedule 3 - Non-Refundable Credits			
Foreign tax credit		2	-2
Child care credit			
Education credit	3,500	6	3,494
Retirement savings contribution credit			
Other credits			
Total credits	6,700	3,008	3,692
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	5,863	5,487	376
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	15,333	25,245	-9,912
PAYMENTS:			
Federal income tax withheld	8,577	10,286	-1,709
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit	1,000	4	996
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	9,577	10,290	-713
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due	5,957	15,085	-9,128
Penalty	201	130	71

Tax Calculation Methods:

Sch D = Sch D tax worksheet

Sch J = Inc Aver for Farmer/Fisherman

FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS

F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)

TABLE = Tax Table

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 20 **See separate instructions.**
 Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse
 Other

Your first name and middle initial: **TIMOTHY D** Last name: **NELSON** Your social security number: [REDACTED]
 If joint return, spouse's first name and middle initial: **TATIANA S** Last name: **NELSON** Spouse's social security number: [REDACTED]
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED] Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.
 City, town, or post office. If you have a foreign address, also complete spaces below. State: [REDACTED] ZIP code: [REDACTED] **Presidential Election Campaign**
 Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED] 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 Single Head of household (HOH) Qualifying surviving spouse (QSS)
 Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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

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

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 119,576
	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 31	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions). Enter type and amount:	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 119,576
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	2b Taxable interest 2b 1,240
	3a Qualified dividends 3a 37	3b Ordinary dividends 3b 37
	c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a 2 <input type="checkbox"/> Line 3b	
	4a IRA distributions 4a	4b Taxable amount 4b
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>	
	5a Pensions and annuities 5a	5b Taxable amount 5b
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>	
	6a Social security benefits 6a	6b Taxable amount 6b
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>	
	7a Capital gain or (loss). Attach Schedule D if required	7a -3,000
	b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)	
	8 Additional income from Schedule 1, line 10	8 41,493
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9 159,346
	10 Adjustments to income from Schedule 1, line 26	10 2,932
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a 156,414

Tax and Credits	11b Amount from line 11a (adjusted gross income)	11b	156,414
	12a Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent		
	b <input type="checkbox"/> Spouse itemizes on a separate return c <input type="checkbox"/> You were a dual-status alien		
	d You: <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind		
	Spouse: <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind		
	e Standard deduction or itemized deductions (from Schedule A)	12e	31,500
	13a Qualified business income deduction from Form 8995 or Form 8995-A	13a	5,170
	b Additional deductions from Schedule 1-A, line 38	13b	
	14 Add lines 12e, 13a, and 13b	14	36,670
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income.	15	119,744
16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	16,170	
17 Amount from Schedule 2, line 3	17		
18 Add lines 16 and 17	18	16,170	
19 Child tax credit or credit for other dependents from Schedule 8812	19	3,200	
20 Amount from Schedule 3, line 8	20	3,500	
21 Add lines 19 and 20	21	6,700	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	9,470	
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,863	
24 Add lines 22 and 23. This is your total tax.	24	15,333	

Payments and Refundable Credits	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	8,577
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	8,577
26 2025 estimated tax payments and amount applied from 2024 return	26		

Refund	27a Earned income credit (EIC)	27a	
	b Clergy filing Schedule SE (see instructions)		
	c If you do not want to claim the EIC, check here		
	28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
	29 American opportunity credit from Form 8863, line 8	29	1,000
	30 Refundable adoption credit from Form 8839, line 13	30	
	31 Amount from Schedule 3, line 15	31	
	32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits.	32	1,000
33 Add lines 25d, 26, and 32. These are your total payments.	33	9,577	

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	
	b Routing number XXXXXXXXXXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
36 Amount of line 34 you want applied to your 2026 estimated tax.	36		

Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,957
	38 Estimated tax penalty (see instructions)	38	201

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

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

Your signature	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. _____	Email address _____		

Paid Preparer Use Only	Preparer's name SHENA RAY	Preparer's signature	Date 03/15/2026	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name HRB TAX GROUP INC			Phone no.	
	Firm's address			Firm's EIN	

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2025)

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

TIMOTHY D & TATIANA S NELSON

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	41,493
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a ()	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	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	41,493

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here <input type="checkbox"/>		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	2,932
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. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	2,932

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 (i)		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	5,863

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2025

Attachment
Sequence No. 03

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
TIMOTHY D & TATIANA S NELSON

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	3,500
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
5b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8936	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	3,500

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	

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

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

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

2025

Attachment
Sequence No. 09

Name of proprietor
TATIANA S NELSON

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.)

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2025, check here

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <u>Attachment</u> <input type="checkbox"/>	1	67,284
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	67,284
4 Cost of goods sold (from line 42)	4	1,750
5 Gross profit. Subtract line 4 from line 3	5	65,534
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	65,534

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	845	19 Pension & profit-sharing plans.	19	
10 Commissions and fees	10	2,584	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	450
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	385
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	175
17 Legal and professional services	17	884	25 Utilities	25	
18 Office expense (see instructions).	18		26 Wages (less employment credits) ..	26	12,000
19 Pension & profit-sharing plans.	19		27 a Energy efficient commercial bldgs deduction (attach Form 7205) ..	27a	
20 Rent or lease (see instructions):			b Other expenses (from line 48) ..	27b	6,343
a Vehicles, machinery, and equipment	20a		28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	24,041
b Other business property	20b		29 Tentative profit or (loss). Subtract line 28 from line 7	29	41,493
21 Repairs and maintenance	21		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 filters 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	
22 Supplies (not included in Part III) ..	22		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	41,493
23 Taxes and licenses	23		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	<input type="checkbox"/> All investment is at risk.
24 Travel and meals:				32b	<input type="checkbox"/> Some investment is not at risk.
a Travel	24a				
b Deductible meals (see instr.) ..	24b				
25 Utilities	25				
26 Wages (less employment credits) ..	26				
27 a Energy efficient commercial bldgs deduction (attach Form 7205) ..	27a				
b Other expenses (from line 48) ..	27b				

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	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 2025, enter the number of miles you used your vehicle for:
 a Business 1,207 b Commuting (see instructions) _____ c Other _____

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

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

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

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

TAX RETURN 2023	1,055
INTERNET VERZION	3,376
MISCELLANEOUS	1,000
BUSINESS TELEPHONE	912
48 Total other expenses. Enter here and on line 27a	48 6,343

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

2025

Attachment
Sequence No. 12

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (48,922)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -48,922

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 or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
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				13 307
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (144,981)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -144,674

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

Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 -193,596

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.

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 7a, 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
(Form 1040)

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
2025
Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number

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 2025 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 [REDACTED]
 C [REDACTED]

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		Personal Use		QJV
		Days	Days	Days	Days	
A 1		A 365				
B 1		B 365				
C		C				

Type of Property:

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

Properties:

Income:	A	B	C
3 Rents received.....	3 20,784	23,056	
4 Royalties received.....	4		

Expenses:

5 Advertising.....	5 75		
6 Auto and travel (see instructions).....	6		
7 Cleaning and maintenance.....	7 350		
8 Commissions.....	8		
9 Insurance.....	9 2,907	622	
10 Legal and other professional fees.....	10	3,608	
11 Management fees.....	11	2,634	
12 Mortgage interest paid to banks, etc. (see instructions).....	12 9,229	3,360	
13 Other interest.....	13		
14 Repairs.....	14 35	7,815	
15 Supplies.....	15 875	980	
16 Taxes.....	16 6,582	5,465	
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 23,326	33,223	
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 -2,542	-10,167	
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 43,840	
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 12,589	
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 56,549	

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

For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040) 2025 Created 5/6/25

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2025
Attachment
Sequence No. 17

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

Social security number of person
with self-employment income

TATIANA S NELSON

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	41,493
3 Combine lines 1a, 1b, and 2	3	41,493
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	38,319
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	38,319
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	38,319
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025	7	\$176,100
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	176,100
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	4,752
11 Multiply line 6 by 2.9% (0.029)	11	1,111
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	5,863
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	2,932

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

Schedule SE (Form 1040) 2025 Created 5/7/25

SCHEDULE 8812
(Form 1040)

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

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 a of your Form 1040, 1040-SR, or 1040-NR	1	156,414		
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	156,414		
4	Number of qualifying children under age 17 with the required social security no. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>4</td><td></td></tr></table>	4		4	1
4					
5	Multiply line 4 by \$2,200	5	2,200		
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	3,200		
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	3,200		
<input type="checkbox"/> No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.					
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from Credit Limit Worksheet A	13	12,670		
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	3,200		

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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

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

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number

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; or \$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 11b. 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	156,414	
4 Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit.	4	23,586	
5 Enter \$20,000 if married filing jointly; or \$10,000 if single, head of household, or qualifying surviving spouse.	5	20,000	
6 If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6; or • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places). 	6		1.00000
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 <input type="checkbox"/>	7		2,500
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		1,000

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		1,500
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		30,202
11 Enter the smaller of line 10 or \$10,000	11		10,000
12 Multiply line 11 by 20% (0.20).	12		2,000
13 Enter \$180,000 if married filing jointly; or \$90,000 if single, head of household, or qualifying surviving spouse	13	180,000	
14 Enter the amount from Form 1040 or 1040-SR, line 11b. 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	156,414	
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	23,586	
16 Enter \$20,000 if married filing jointly; or \$10,000 if single, head of household, or qualifying surviving spouse.	16	20,000	
17 If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18; or • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places). 	17		1.000
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet. See instructions	18		2,000
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		3,500

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

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) **21** Student social security number (as shown on page 1 of your tax return)
 [REDACTED] NELSON [REDACTED]

22 Educational institution information (see instructions)

a Name of first educational institution **b** Name of second educational institution (if any)
 UVA MEDICAL CENTER

(1) Address, number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
 1001 EMMET ST N
 CHARLOTTESVILLE VA 22903

(2) Did the student receive Form 1098-T from this institution for 2025? Yes No **(2)** Did the student receive Form 1098-T from this institution for 2025? Yes No

(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked? Yes No **(3)** Did the student receive Form 1098-T from this institution for 2024 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] **(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 2025 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 2025? 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 2025, 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	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0
29 Multiply line 28 by 25% (0.25)	29	
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	

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	30,202
---	-----------	--------

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) **21** Student social security number (as shown on page 1 of your tax return)
 [REDACTED] NELSON [REDACTED]

22 Educational institution information (see instructions)

<p>a Name of first educational institution UNIVERSITY OF CALIFORNIA IRVINE</p> <p>(1) Address, Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. TAX REPORTING OFFICE IRVINE CA 92697</p> <p>(2) Did the student receive Form 1098-T from this institution for 2025? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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]</p>	<p>b Name of second educational institution (if any)</p> <p>(1) Address, Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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.</p>
---	---

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 2025 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 2025? 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 2025, 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**

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Your taxpayer identification number

TIMOTHY D & TATIANA S NELSON

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
I	SINGLE FAMILY HOUSE SCH E #1	[REDACTED]	-2,542
II	APARTMENT SCH E #2	[REDACTED]	-10,167
III	SAMSON PROPERTIES	[REDACTED]	38,561
IV			
V			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	25,852	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . .	25,852	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5,170
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . .	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		5,170
11	Taxable income before qualified business income deduction (see instructions)	124,914	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	37	
13	Subtract line 12 from line 11. If zero or less, enter -0-	124,877	
14	Income limitation. Multiply line 13 by 20% (0.20)		24,975
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)		5,170
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		()

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

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

Paid Preparer's Due Diligence Checklist

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

Taxpayer name(s) shown on return
TIMOTHY D & TATIANA S NELSON
Preparer's name
Shena Ray

Taxpayer identification number
[REDACTED]
Preparer tax identification number
[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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: <u>School Records or Statement</u> _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

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

2025 Attachment Sequence No. 179

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Business or activity to which this form relates

SCH E P1 SINGL FMLY RESIDENCE

Identifying number

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.

Table with 13 rows for Part I. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2026.

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.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2025. Line 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 2025 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-j list property types like 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, 50-year, Residential rental, and Nonresidential real property.

Section C -- Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-e list class lives: 12-year, 30-year, 40-year, 50-year.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

Part IV Summary (See instructions.)

Table with 2 columns: Description and Amount. Row 21: Listed property. Row 22: Total. Row 23a: For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f). Row 23b: For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f).

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Rows 24a-24c: Questions about evidence and ownership. Row 25: Special depreciation allowance. Row 26: Property used more than 50% in a qualified business use. Row 27: Property used 50% or less in a qualified business use. Row 28: Add amounts in column (h). Row 29: Add amounts in column (i).

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 7 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-33: Total business/investment miles, commuting miles, other personal miles, and total miles. Row 34-36: Availability for personal use during off-duty hours, primarily by a more than 5% owner, and another vehicle available.

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

2025

Attachment
Sequence No. **179**

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Business or activity to which this form relates

SCH E P1 SINGL FMLY RESIDENCE

Identifying number

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 2024 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 2026. 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 2025	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 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(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 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2025 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	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025) Created 10/9/25

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
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions	<input type="checkbox"/> Own	<input type="checkbox"/> Lease <input type="checkbox"/> Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:		%			S/L-			
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28		
29 Add amounts in column (i), line 26. Enter here and on line 7							29	

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	<input type="checkbox"/>											
35 Was the vehicle used primarily by a more than 5% owner or related person?	<input type="checkbox"/>											
36 Is another vehicle available for personal use?	<input type="checkbox"/>											

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

2025

Attachment
Sequence No. **858**

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Identifying number

Part I 2025 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	(10,167)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(12,262)		
d Combine lines 1a, 1b, and 1c	1d			-22,429

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	(2,542)		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(12,667)		
d Combine lines 2a, 2b, and 2c	2d			-15,209

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			-37,638
--	----------	--	--	---------

- 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			22,429
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	159,346		
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 2025. 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		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
APARTMENT		10,167	12,262		22,429
Total. Enter on Part I, lines 1a, 1b, and 1c		10,167	12,262		

For Paperwork Reduction Act Notice, see instructions.

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		2,542	12,667		15,209
Total. Enter on Part I, lines 2a, 2b, and 2c		2,542	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	15,209	0.40409	15,209
APARTMENT	SCH E LN22	22,429	0.59591	22,429
Total		37,638	1.00	37,638

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	15,209	15,209	
APARTMENT	SCH E LN22	22,429	22,429	
Total		37,638	37,638	

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

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

Part I Tax Return Information — Tax Year Ending December 31, 2025 (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	156,414
2 Total tax.....	2	15,333
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	8,577
4 Amount you want refunded to you.....	4	
5 Amount you owe.....	5	5,957

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 signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ SIGNATURE AND DATE ON FILE Date ▶ 03-15-2026

Spouse's PIN: check one box only

- I authorize HRB TAX GROUP INC to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ SIGNATURE AND DATE ON FILE Date ▶ 03-15-2026

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 ▶ 03-15-2026

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

2025 WAGES AND SALARIES SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON

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	119,576	8,577	7,414	VA	119,576	5,832	

Total 119,576 8,577 7,414 119,576 5,832

2024 MERCHANT PAYMENTS SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON

Filer's Name	Filer's Federal ID Number	T or S	Activity	Gross Amount (Box 1a)	Card Not Present Transactions (Box 1b)	Merchant Code (Box 2)	Federal Tax Withheld (Box 4)	State	State Withholding (Box 8)
AIRBNB INC		T		20,784				VA	

2025 MISCELLANEOUS/NEC INCOME SUMMARY ATTACHMENT

TIMOTHY D & TATIANA S NELSON

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 Income (Box 18)	State Tax Withheld (Box 16)
SAMSON PROPERTIES LLC	[REDACTED]	S	NEC	SchC				14,314			
TRUEALTY CONSTRUCTION	[REDACTED]	S	NEC	SchC				52,970			

TOTAL

67,284

2025 FEDERAL TAX WITHHOLDINGS ATTACHMENT

TIMOTHY D & TATIANA S NELSON

W-2

US DEPT OF STATE

8,577

Total to Form 1040/1040-SR line 25d

8,577

2025 Education Expense Worksheet

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

Student name [REDACTED] NELSON
 Education type UNDERGRADUATE
 Type of education benefit Lifetime Learning Credit

A. Eligible Institution	B. Payments rcvd for qualified tuition & related exp	C. Scholarships or grants	D. Taxable scholarships/grants
UVA MEDICAL CENTER	30,738	786	
Total	30,738	786	

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.	30,738
2. Qualified books, supplies, and equipment purchased from education institutions (eligible for Lifetime and AOC) ..	2.	250
3. Qualified books, supplies, and equipment NOT purchased from education institutions (eligible for AOC only)	3.	
4. Room and board	4.	6,891
5. Other education expenses	5.	52
6. Total Education expenses (total of lines 1-5)	6.	37,931

Sources of Education Expenses Funding

7. Scholarships or Grants (total from column C above)	7.	786
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.	37,145
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.	37,931

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.	30,988	30,988
21. Tax free education benefits restricted to qualified expenses (total lines 7-8)	21.	786	786
22. Net qualified education expense for credit (line 20 less line 21)	22.	30,202	30,202
23. Non qualified expenses (line 6 less line 20)	23.	6,943	6,943
24. Total Non-restricted education benefits (total lines 13-17)	24.		
25. Non-restricted education benefits used to pay non qual expenses (Lesser of line 23 or 24) ..	25.		
26. Non-restricted tax free 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.	30,202	30,202

28. Credit reported on Form 8863, line 30 or 31 28. Lifetime Learning Credit 30,202

2025 Education Expense Worksheet

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

Student name [REDACTED] NELSON
 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 CALIFORNIA IRVINE	35,999	25,068	
Total	35,999	25,068	

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 #70 for additional details.

Education Expenses

1. Payments received for qualified tuition and related expenses (total from column B above)	1.	35,999
2. Qualified books, supplies, and equipment purchased from education institutions (eligible for Lifetime and AOC) ..	2.	_____
3. Qualified books, supplies, and equipment NOT purchased from education institutions (eligible for AOC only)	3.	28,252
4. Room and board	4.	_____
5. Other education expenses	5.	_____
6. Total Education expenses (total of lines 1-5)	6.	64,251

Sources of Education Expenses Funding

7. Scholarships or Grants (total from column C above)	7.	25,068
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.	39,183
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.	64,251

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.	64,251	35,999
21. Tax free education benefits restricted to qualified expenses (total lines 7-8)	21.	25,068	25,068
22. Net qualified education expense for credit (line 20 less line 21)	22.	39,183	10,931
23. Non qualified expenses (line 6 less line 20)	23.		28,252
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 free 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.	39,183	10,931

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

2025 FORM 8863 CREDIT LIMIT WORKSHEET - LINE 19

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

NONREFUNDABLE CREDIT WORKSHEET

- 1. Enter the amount from Form 8863, line 18 1. 2,000
- 2. Enter the amount from Form 8863, line 9 2. 1,500
- 3. Add lines 1 and 2 3. 3,500
- 4. Enter the amount from:
Form 1040 or 1040-SR, line 18 4. 16,170
- 5. Enter the total of your credits from:
Schedule 3 (Form 1040), lines 1 and 2,
6d and 6l 5. _____
- 6. Subtract line 5 from line 4 6. 16,170
- 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 7. 3,500

2025 EDUCATION OPTIMIZATION SUMMARY

TIMOTHY D & TATIANA S NELSON

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
██████ NELSON	██████████	30,202	LIFETIME
██████ NELSON	██████████	2,500	AMERICAN OPPORTUNITY

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

2025 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET - LINE 16

TIMOTHY D & TATIANA S NELSON

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.		119,744
2. Enter the amount from Form 1040 or 1040-SR, line 3a* ..	2.		37
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-	3.		0
No. Enter the amt from Fm 1040 or 1040-SR, ln 7.			
4. Add lines 2 and 3	4.		37
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.		119,707
6. Enter: \$48,350 if single or married filing separately, \$96,700 if married filing jointly or Qualifying surviving spouse, \$64,750 if head of household.			
	6.		96,700
7. Enter the smaller of line 1 or line 6	7.		96,700
8. Enter the smaller of line 5 or line 7	8.		96,700
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.		37
11. Enter the amount from line 9	11.		0
12. Subtract line 11 from line 10	12.		37
13. Enter: \$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or Qualifying surviving spouse, \$566,700 if head of household.			
	13.		600,050
14. Enter the smaller of line 1 or line 13	14.		119,744
15. Add lines 5 and 9	15.		119,707
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.		37
17. Enter the smaller of line 12 or line 16	17.		37
18. Multiply line 17 by 15% (0.15)	18.		6
19. Add lines 9 and 17	19.		37
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.		16,164
23. Add lines 18, 21, and 22	23.		16,170
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.		16,172
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, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.		16,170

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

2025 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

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

1 16,170

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

- Schedule 3, line 1
Schedule 3, line 2
Schedule 3, line 3
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 3,500

3. Subtract line 2 from line 1

3 12,670

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 12,670

2025 AUTO EXPENSE WORKSHEET

TIMOTHY D NELSON

Keep for Your Records

VEHICLE INFORMATION

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

CALCULATION OF BUSINESS USE PERCENTAGE

- | | | |
|--|-----|-------------------|
| 5. Total business mileage driven during the year | 5. | <u>1,207</u> |
| 6. Total commuting mileage driven during the year | 6. | _____ |
| 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. | <u>1,207</u> |
| 11. Business use percentage (Line 5 divided by Line 10) | 11. | <u>100.0000 %</u> |

CALCULATION OF THE STANDARD MILEAGE RATE METHOD

- | | Input | | | Deduction Allowed |
|--|--------------------|------|--|-------------------|
| 12. Business miles driven | <u>1,207</u> x .70 | 12. | | <u>845</u> |
| 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. | | <u>845</u> |
| 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) | _____ x Line 11 | 16. | | _____ |
| 17. Property tax to Schedule A, Line 5c (Line 16 input less Line 16 deduction allowed) | | 17. | | _____ |
| 18. Total expenses using SMR Method (Line 14 through Line 16) | | 18. | | <u>845</u> |
| Standard Mileage Rate Depreciation Allowance | | | | |
| 19. Total business mileage driven during the year | <u>1,207</u> x .30 | 19. | | <u>362</u> |
| 20. Prior depreciation allowance | | 20. | | <u>8,292</u> |
| 21. Accumulated depreciation allowance (Line 19 + 20) | | 21. | | <u>8,654</u> |

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 | _____ x Line 11 | 24. | | _____ |
| 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. | | _____ |
| 30. Property tax (carries to taxes line of form on Line 2) | _____ x Line 11 | 30. | | _____ |
| 31. Property tax to Schedule A, Line 5c (Line 30 input less Line 30 deduction allowed) | | 31. | | _____ |
| 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. | | <u>6,460</u> |
| 39. Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2) | | 39. | | <u>6,460</u> |
| 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. | | <u>6,460</u> |

* Not subject to business use percentage.

** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 845 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.

2025 DEPRECIATION AND MILEAGE RECORDS

TIMOTHY D NELSON

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. 2024	33.333	723	8,509	
A. Total		32,490	9,344	
B. Total miles in prior years for months of business use		45,326		
C. Total business miles included in Line B miles		32,490		
D. Months of business use this year				
E. Total miles in this year for months of business use		1,207		
F. Total business miles included in Line E miles		1,207		
G. Line F / Line E x Line D / months owned in year				

2025 SCHEDULE D TAX WORKSHEETS

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

CAPITAL LOSS CARRYOVER WORKSHEET – LINES 6 and 14

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, 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 amount from your 2024 Form 1040, line 15, or your Form 1040NR, line 15. If a loss, enclose the amount in parentheses	1.	<u>148,477</u>
2. Enter the loss from your 2024 Schedule D, line 21, as a positive amount.	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>151,477</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of your 2024 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.	<u>51,922</u>
6. Enter any gain from your 2024 Schedule D, line 15. If a loss, enter -0-	6.	<u>0</u>
7. Add lines 4 and 6	7.	<u>3,000</u>
8. Short-term capital loss carryover for 2025. 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.	<u>48,922</u>
If line 15 of your 2024 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.	<u>144,981</u>
10. Enter any gain from your 2024 Schedule D, line 7. If a loss, enter -0-	10.	<u>0</u>
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	<u>0</u>
12. Add lines 10 and 11	12.	<u>0</u>
13. Long-term capital loss carryover for 2025. 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.	<u>144,981</u>

AMT CAPITAL LOSS CARRYOVER WORKSHEET – LINES 6 and 14

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if your 2022 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, 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 amount from your 2024 Form 1040, line 15, or your Form 1040NR, line 15. If a loss, enclose the amount in parentheses	1.	<u>148,477</u>
2. Enter the loss from your 2024 Schedule D, line 21, as a positive amount.	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>151,477</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of your 2024 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.	<u>51,922</u>
6. Enter any gain from your 2024 Schedule D, line 15. If a loss, enter -0-	6.	<u>0</u>
7. Add lines 4 and 6	7.	<u>3,000</u>
8. Short-term capital loss carryover for 2025. 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.	<u>48,922</u>
If line 15 of your 2024 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.	<u>144,981</u>
10. Enter any gain from your 2024 Schedule D, line 7. If a loss, enter -0-	10.	<u>0</u>
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	<u>0</u>
12. Add lines 10 and 11	12.	<u>0</u>
13. Long-term capital loss carryover for 2025. 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.	<u>144,981</u>

2025 SCHEDULE D TAX WORKSHEETS

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

CAPITAL LOSS CARRYFORWARD WORKSHEET*

Use this worksheet to figure your capital loss carryovers from 2025 to 2026 if your 2025 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2025 Schedule D, line 16, or **(b)** the amount on your 2025 Form 1040 or 1040-SR, line 15 (or your 2025 Form 1040NR, line 15, if applicable) is less than zero. Otherwise, you do not have any carryovers.

1. Enter the amt from your 2025 Form 1040 or 1040-SR, line 15. If a loss, enclose the amt in parentheses	1.	119,744
2. Enter the loss from your 2025 Schedule D, line 21, as a positive amount	2.	3,000
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	122,744
4. Enter the smaller of line 2 or line 3	4.	3,000
If line 7 of your 2024 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 2025 Schedule D, line 7, as a positive amount	5.	48,922
6. Enter any gain from your 2025 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 2026. Subtract line 7 from line 5. If zero or less, enter -0-	8.	45,922
If line 15 of your 2024 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from your 2025 Schedule D, line 15, as a positive amount	9.	144,674
10. Enter any gain from your 2025 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 2026. Subtract line 12 from line 9. If zero or less, enter -0-	13.	144,674

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

2025
Attachment
Sequence No. 12

Name(s) shown on return **TIMOTHY D & TATIANA S NELSON** Your social security number XXXXXXXXXX

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 (a) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6 (48,922)
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 -48,922

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 or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked.				
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.				13 307
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 (144,981)
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 -144,674

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

Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-193,596
<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then go to line 22. 			
17	Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.			
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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: <ul style="list-style-type: none"> ● 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

2025
Attachment
Sequence No. 13

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Your social security number

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 2025 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 [REDACTED]

C [REDACTED]

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	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.	A 365		
B	1		B 365		
C			C		

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	20,784	23,056	
4 Royalties received			
Expenses:			
5 Advertising	75		
6 Auto and travel (see instructions)			
7 Cleaning and maintenance	350		
8 Commissions			
9 Insurance	2,907	622	
10 Legal and other professional fees		3,608	
11 Management fees		2,634	
12 Mortgage interest paid to banks, etc. (see instructions)	9,229	3,360	
13 Other interest			
14 Repairs	35	7,815	
15 Supplies	875	980	
16 Taxes	6,582	5,465	
17 Utilities	375		
18 Depreciation expense or depletion		6,555	
19 Other (list)			
20 Total expenses. Add lines 5 through 19	20,428	31,039	
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	356	-7,983	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(356)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a 43,840		
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 12,589		
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 51,467		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24 356		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (356)		
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		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2025 Created 5/6/25

2025 INVESTMENT INCOME WORKSHEET FOR EIC

TIMOTHY D & TATIANA S NELSON

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. | 1,240 |
| 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. | 37 |
| 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. | 1,277 |

15. Is the amount on line 14 more than \$11,950?

- Yes. You can't take the credit.
- 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.

2025 FEDERAL DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON

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	38486	2898	41384	38316

Subtotals: 430000
 1 ASSET Totals: 430000

79700 38486 2898 41384 38316
 79700 38486 2898 41384 38316

2025 FEDERAL DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON

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	SIMM-30.0	291200					262200	185520	8739	194259	67941

Subtotals: 291200

1 ASSET Totals: 291200

262200 185520 8739 194259 67941

262200 185520 8739 194259 67941

2025 FEDERAL AMT DEPRECIATION SCHEDULE

TIMOTHY D & TATIANA S NELSON

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
 1 ASSET Totals: 430000

2025 FEDERAL AMT DEPRECIATION SCHEDULE

TIMOTHY D & TAFIANA S NELSON

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	130827	6555	137382	124818

Subtotals: 291200

1 ASSET Totals: 291200

262200 130827 6555 137382 124818
 262200 130827 6555 137382 124818

DO NOT FILE

Form 8582 AMT

Passive Activity Loss Limitations

FOR AMT PURPOSES ONLY

Department of the Treasury Internal Revenue Service

See separate instructions.

2025

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

TIMOTHY D & TATIANA S NELSON

Identifying number

Part I 2025 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.)

Table with 4 rows (1a-1d) for Rental Real Estate Activities. 1a: Activities with net income; 1b: Activities with net loss (7,983); 1c: Prior years' unallowed losses (10,078); 1d: Combine lines 1a, 1b, and 1c (-18,061).

All Other Passive Activities

Table with 4 rows (2a-2d) for All Other Passive Activities. 2a: Activities with net income (356); 2b: Activities with net loss; 2c: Prior years' unallowed losses (11,778); 2d: Combine lines 2a, 2b, and 2c (-11,422).

Line 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. (-29,483)

- 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.

Table with 9 rows (4-9) for Special Allowance. 4: Enter the smaller of the loss on line 1d or the loss on line 3 (18,061); 5: Enter \$150,000; 6: Enter modified adjusted gross income (159,346); 7: Subtract line 6 from line 5; 8: Multiply line 7 by 50% (0.50); 9: Enter the smaller of line 4 or line 8 (0).

Part III Total Losses Allowed

Table with 2 rows (10-11) for Total Losses Allowed. 10: Add the income, if any, on lines 1a and 2a and enter the total (356); 11: Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return (356).

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

Table with 5 columns: Name of activity, Current year (a) Net income, (b) Net loss, Prior years (c) Unallowed loss, Overall gain or loss (d) Gain, (e) Loss. Row 1: APARTMENT, 7,983, 10,078, 18,061. Row 2: Total. Enter on Part I, lines 1a, 1b, and 1c. 7,983, 10,078.

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2025) Created 5/8/25

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	356		11,778		11,422
Total. Enter on Part I, lines 2a, 2b, and 2c	356		11,778		

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	11,422	0.38741	11,422
APARTMENT	SCH E LN22	18,061	0.61259	18,061
Total		29,483	1.00	29,483

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	11,778	11,422	356
APARTMENT	SCH E LN22	18,061	18,061	
Total		29,839	29,483	356

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 2025. 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

Form Software Copyright 1996 - 2026 HRB Tax Group, Inc.
25 1040VS1 BWO 1040

Form **1040-V** (2025) Created 12/22/25

Separate here and mail with your payment and return.

Department of the Treasury Internal Revenue Service	2025 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

5,957

1735

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



TIMOTHY D & TATIANA S NELSON

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

CF NELS 30 0 202512 610

**2025 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS**

TIMOTHY D & TATIANA S NELSON

Schedule/Form: SchC # 1 Sche # 1 Sche # 2
 Business Name: SAMSON P SINGLE F APARTMEN
 EIN/SSN: [REDACTED]
 Business Type: Non-Spec Specifie Specifie

Included in Aggregation #	No	No	No
PTP Income			
Qualified Business Income (QBI)			
1. Specified Business Income/Loss from Sch/Form	41,493	-2,542	-101,67
2. Non-Specified Business Income/Loss from Sch/Form <small>Less applicable adjustments from 1040 Schedule 1 & 1A (includes SE Tax, SEHIN, Qual Retirement plans & qualified Tips deductions)</small>			
3. QBIID Qualified Losses and ST Gains from Asset Disposition			
4. Net Qualified Business Income (QBI) (sum L1 - L3) Qualified Other Income (QOI)	38,561	-2,542	-101,67
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s			
6. Qualified Other Income from PTPs			
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP			
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)	38,561	-2,542	-101,67
9. Net QBI and QOI (L4 + L8)			

2025 FORM 8867 DUE DILIGENCE

TIMOTHY D & TATIANA S NELSON
[REDACTED]

Keep for Your Records

CLIENT HAS WRITTEN EXPENCES
DATE INFORMATION WAS OBTAINED: 03-15-2026
INFORMATION WAS OBTAINED FROM: TIMOTHY D NELSON

Taxpayer Signature

Date

Spouse Signature

Date

2026 CARRYFORWARD INFORMATION

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

Itemized Returns Only - 2025 state and local tax refund (this amount will be proforma'd to Taxable Refund Worksheet directly and may not be taxable in 2026)

Charitable contributions carryover to 2026	_____
Estimated short-term capital loss carryover	45,922
Estimated long-term capital loss carryover	144,674
2025 tax liability (for 2026 Form 2210 purposes)	15,333
Form 8839: 2025 carryover of unqualified expenses	_____
Refund amount applied to 2026	_____
Disallowed investment interest in 2025	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2023	_____
Mortgage interest credit from 2024	_____
Mortgage interest credit from 2025	_____
Form 8801: Minimum tax credit carryforward	0
Foreign Tax Credit carryforward to 2026	_____
General Business Credit carryforward to 2026	_____
Potential 2026 IRA contribution from 2025 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax			
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	_____
from 2014	_____	from 2024	_____	from 2014	_____	from 2024	_____
Gross NOL generated in 2025	_____			Gross AMT NOL generated in 2025	_____		
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____		
Net carryforward from 2025	_____			Net carryforward from 2025	_____		
Total carryforward to 2026	_____			Total carryforward to 2026	_____		

- Amounts from Schedule E (Pages 1 and/or 2) that are eligible for carryforward to the next tax year are reported on Form 8582. Any associated Alternative Minimum Tax (AMT) carryforward amounts are reflected on the AMT version of Form 8582.
- 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.
- Gross NOL generated in CY and Total carryforward to NY includes the excess business loss from Form 461, line 16.

2025 CAPITAL GAIN DISTRIBUTION SUMMARY ATTACHMENT

TIMOTHY D NELSON

[REDACTED]

PRIMERICA SHAREHOLDER 307
 TOTAL CAP GAIN DISTRIBUTION 307

Supporting Schedules 2025
 Name : TATIANA S NELSON SSN : [REDACTED]

SCHEDULE C - TATIANA S NELSON

Line 1-GROSS RECEIPT OR SALES

Description Amount

SAMSON PROPERTIES LLC 14,314

TOTAL 67,284

Supporting Schedules 2025
 Name : TATIANA S NELSON SSN : [REDACTED]

SCHEDULE C - TATIANA S NELSON

Line 1-GROSS RECEIPT OR SALES

Description Amount

TRUEALTY CONSTRUCTION SERVICES 52,970

TOTAL 67,284

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

Description Owner Amount

Centiary lock Spouse 789

NVAR Spouse 127

MLS Spouse 480

desk membership Spouse 1188

Total 2584

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

Description Owner Amount

notary cert Spouse 125

real estate software Spouse 759

Total 884

2025 VIRGINIA TWO YEAR COMPARISON

TIMOTHY D & TATIANA S NELSON

Keep for Your Records

	2025	2024	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	156,414	179,921	-23,507
Additions to Federal Income		2,184	-2,184
Subtractions from Federal Income		3,024	-3,024
Virginia Income	156,414	179,081	-22,667
Itemized/Standard Deduction	17,500	17,000	500
Exemption Amount (Allowance) / Personal Exemptions	4,650	4,650	
Taxable Income	134,264	157,431	-23,167
TAX, CREDIT AND PAYMENTS:			
Virginia Tax	7,463	8,795	-1,332
Credit for Taxes Paid to Another State			
Other Credits	259	259	
Net Tax	7,204	8,536	-1,332
Income Tax Withheld	5,832	6,909	-1,077
Estimated Tax Payments			
Amount Paid with Extension			
Total Payments	5,832	6,909	-1,077
REFUND OR BALANCE DUE:			
Balance Due	1,372	1,627	-255
Underpayment Penalty	41	51	-10
Amount You Owe	1,413	1,678	-265
Overpayment			
Overpayment Applied to Estimated Payments			
Amount to be Refunded			