Form **1040** Department of the Treasury - Internal Revenue Service
**U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending See separate instructions.

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| SAM | FREIBERGER | |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

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

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

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

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

**Filing Status** Check only one box.
- ☒ Single
- ☐ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

**Dependents** (see instructions): If more than four dependents, see instr. and check here ☐

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instr.): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | |
| b | Household employee wages not reported on Form(s) W-2 | 1b | |
| c | Tip income not reported on line 1a (see instructions) | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) | 1h | |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | |
| 2a | Tax-exempt interest 2a | b Taxable interest 2b | |
| 3a | Qualified dividends 3a | b Ordinary dividends 3b | |
| 4a | IRA distributions 4a | b Taxable amount 4b | |
| 5a | Pensions and annuities 5a | b Taxable amount 5b | |
| 6a | Social security benefits 6a | b Taxable amount 6b | |
| c | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ | 7 | |
| 8 | Additional income from Schedule 1, line 10 | 8 | 22,106. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 22,106. |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | 4,847. |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 17,259. |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 14,600. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 532. |
| 14 | Add lines 12 and 13 | 14 | 15,132. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 2,127. |

Attach Sch. B if required.

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

| | | | | |
|---|---|---|---|---|
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | 16 | 214. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 214. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 214. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 3,088. |
| | 24 | Add lines 22 and 23. This is your **total tax** | 24 | 3,302. |
| **Payments** | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 — 25a | | |
| | b | Form(s) 1099 — 25b | | |
| | c | Other forms (see instructions) — 25c | | |
| | d | Add lines 25a through 25c | 25d | |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2024 estimated tax payments and amount applied from 2023 return | 26 | |
| | 27 | Earned income credit (EIC) NO — 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 — 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 — 29 | | |
| | 30 | Reserved for future use — 30 | | |
| | 31 | Amount from Schedule 3, line 15 — 31 — 660. | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | 32 | 660. |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | 33 | 660. |
| **Refund** | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | 34 | |
| | 35a | Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐ | 35a | |
| Direct deposit? See instructions. | b | Routing number — c Type: ☐ Checking ☐ Savings | | |
| | d | Account number | | |
| | 36 | Amount of line 34 you want **applied to your 2025 estimated tax** — 36 | | |
| **Amount You Owe** | 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | 37 | 2,762. |
| | 38 | Estimated tax penalty (see instructions) — 38 — 120. | | |

**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 PAMELA A. JENNINGS 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: CREATIVE CONSULTANT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. | Email address

**Paid Preparer Use Only**
Preparer's name: PAMELA A. JENNINGS | Preparer's signature | Date | PTIN | Check if: ☐ Self-employed

Firm's name | Phone no.

Firm's address | Firm's EIN

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

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. 01

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

Your social security number:

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

**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 | 21,859. |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | 247. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| v | Digital assets received as ordinary income not reported elsewhere. See instructions | 8v | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 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 | 22,106. |



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



LHA 414141 12-08-24

## Part II Adjustments to Income

| | | | | | |
|---|---|---|---|---|---|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | 15 | 1,544. |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | 3,263. |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction STATEMENT 1 | | | 21 | 40. |
| 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 | 4,847. |

**SCHEDULE 2** (Form 1040)

Department of the Treasury Internal Revenue Service

# Additional Taxes

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

OMB No. 1545-0074

**2024**

Attachment Sequence No. **02**

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

Your social security number:

## Part I Tax

| | | | | | |
|---|---|---|---|---|---|
| 1 | Additions to tax: | | | | |
| a | Excess advance premium tax credit repayment. Attach Form 8962 | 1a | | | |
| b | Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) | 1b | | | |
| c | Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) | 1c | | | |
| d | Recapture of net EPE from Form 4255, line 2a, column (l) | 1d | | | |
| e | Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n) | 1e | | | |
| f | 20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o) | 1f | | | |
| y | Other additions to tax (see instructions): | 1y | | | |
| z | Add lines 1a through 1y | | | 1z | |
| 2 | Alternative minimum tax. Attach Form 6251 | | | 2 | |
| 3 | Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | | | 3 | 0. |

## Part II Other Taxes

| | | | | | |
|---|---|---|---|---|---|
| 4 | Self-employment tax. Attach Schedule SE | | | 4 | 3,088. |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | | | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | | | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | | | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐ | | | 8 | |
| 9 | Household employment taxes. Attach Schedule H | | | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | | | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | | | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | | | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | | | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | | | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000 | | | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | | | 16 | |

(continued on page 2)

## Part II Other Taxes *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 17 | Other additional taxes: | | | | |
| a | Recapture of other credits. List type, form number, and amount | 17a | | | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | | | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | | |
| k | Golden parachute payments | 17k | | | |
| l | Tax on accumulation distribution of trusts | 17l | | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | | |
| q | Any interest from Form 8621, line 24 | 17q | | | |
| z | Any other taxes. List type and amount: | 17z | | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | | 18 | |
| 19 | Recapture of net EPE from Form 4255, line 1d, column (l) | | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | | |
| 21 | Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | 21 | 3,088. |

**SCHEDULE 3** (Form 1040)

Department of the Treasury Internal Revenue Service

# Additional Credits and Payments

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

OMB No. 1545-0074

**2024**

Attachment Sequence No. **03**

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

Your social security number:

## Part I Nonrefundable Credits

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

## Part II Other Payments and Refundable Credits

| | | | | | |
|---|---|---|---|---|---|
| 9 | Net premium tax credit. Attach Form 8962 | | | 9 | 660. |
| 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 | 660. |

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



LHA 414161 12-08-24

Form **2210**

Department of the Treasury
Internal Revenue Service

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

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

**Go to www.irs.gov/Form2210 for instructions and the latest information.**

OMB No.1545-0140

**2024**

Attachment Sequence No. **06**

Name(s) shown on tax return: SAM FREIBERGER

**Identifying number**

## Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000? — **Yes** → **Don't file Form 2210.** You don't owe a penalty.

**No** ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? — **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

**No** ↓

You may owe a penalty. Does any box in Part II below apply? — **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply? — **Yes** → You must figure your penalty.

**No** ↓ (left): **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

**No** ↓ (right): You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**



## Part I Required Annual Payment

| | | | |
|---|---|---|---|
| 1 | Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.) | 1 | 214. |
| 2 | Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) | 2 | 3,088. |
| 3 | Other payments and refundable credits (see instructions) | 3 | ( 660. ) |
| 4 | Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210 | 4 | 2,642. |
| 5 | Multiply line 4 by 90% (0.90) — 5: 2,378. | | |
| 6 | Withholding taxes. **Don't** include estimated tax payments. See instructions | 6 | |
| 7 | Subtract line 6 from line 4. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210 | 7 | 2,642. |
| 8 | Maximum required annual payment based on prior year's tax (see instructions) | 8 | 6,071. |
| 9 | **Required annual payment.** Enter the **smaller** of line 5 or line 8 | 9 | 2,378. |

**Next:** Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

## Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method.** You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☐ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Form 2210 (2024) SAM FREIBERGER Page 2

**Part III** **Penalty Computation** (See the instructions if you're filing Form 1040-NR.)

| Section A - Figure Your Underpayment | | Payment Due Dates (a) 4/15/24 | (b) 6/15/24 | (c) 9/15/24 | (d) 1/15/25 |
|---|---|---|---|---|---|
| 10 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions | 10 | 595. | 595. | 595. | 593. |
| 11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. **Don't file Form 2210 unless you checked a box in Part II** | 11 | | | | |

**Complete lines 12 through 18 of one column before going to line 12 of the next column.**

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| 12 Enter the amount, if any, from line 18 in the previous column | 12 | | | | |
| 13 Add lines 11 and 12 | 13 | | | | |
| 14 Add the amounts on lines 16 and 17 in the previous column | 14 | | 595. | 1,190. | 1,785. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11 | 15 | 0. | 0. | 0. | 0. |
| 16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 595. | 1,190. | |
| 17 **Underpayment.** If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 595. | 595. | 595. | 593. |
| 18 **Overpayment.** If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | | | | |

**Section B - Figure the Penalty** (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

| | | |
|---|---|---|
| 19 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. **Don't file Form 2210 unless you checked a box in Part II** | 19 | 120. |

Form **2210** (2024)

SEE ATTACHED WORKSHEET

# UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| Name(s) | Identifying Number |
|---|---|
| SAM FREIBERGER | |

| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
|---|---|---|---|---|---|
| | | -0- | | | |
| 04/15/24 | 595. | 595. | 61 | .000218579 | 8. |
| 06/15/24 | 595. | 1,190. | 92 | .000218579 | 24. |
| 09/15/24 | 595. | 1,785. | 107 | .000218579 | 42. |
| 12/31/24 | 0. | 1,785. | 15 | .000191781 | 5. |
| 01/15/25 | 593. | 2,378. | 90 | .000191781 | 41. |

Penalty Due (Sum of Column F). .......... 120.

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

# Profit or Loss From Business

(Sole Proprietorship)

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

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

Name of proprietor: SAM FREIBERGER

Social security number (SSN):

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

B Enter code from instructions: 711410

C Business name. If no separate business name, leave blank.: SAM FREIBERGER

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2024, check here — [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

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

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 3 [ ] | 1 | 35,800. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 35,800. |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 35,800. |
| 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 | 35,800. |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | 1,715. |
| 9 | Car and truck expenses (see instructions) STMT 2 | 9 | 7,714. | 19 | Pension and profit-sharing plans | 19 | |
| | | | | 20 | Rent or lease (see instructions): | | |
| 10 | Commissions and fees | 10 | | a | Vehicles, machinery, and equipment | 20a | |
| 11 | Contract labor (see instructions) | 11 | | b | Other business property | 20b | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | 21 | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 22 | Supplies (not included in Part III) | 22 | |
| | | | | 23 | Taxes and licenses | 23 | |
| | | | | 24 | Travel and meals: | | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | a | Travel | 24a | 4,173. |
| 15 | Insurance (other than health) | 15 | | b | Deductible meals (see instructions) | 24b | 339. |
| 16 | Interest (see instructions): | | | 25 | Utilities | 25 | |
| a | Mortgage (paid to banks, etc.) | 16a | | 26 | Wages (less employment credits) | 26 | |
| b | Other | 16b | | 27 a | Other expenses (from line 48) | 27a | |
| 17 | Legal and professional services | 17 | | b | Energy efficient commercial bldgs deduction (attach Form 7205) | 27b | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27b | 28 | 13,941. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 21,859. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | 21,859. |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited. | 32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk. | |

**Part III Cost of Goods Sold** (see instructions)

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

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

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

**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) 01/01/24

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

a Business 11,280 b Commuting c Other 3,150

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

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

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

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

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

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

**SCHEDULE E** (Form 1040)

Department of the Treasury Internal Revenue Service

# Supplemental Income and Loss

**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

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

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

OMB No. 1545-0074

**2024**

Attachment Sequence No. **13**

Name(s) shown on return: SAM FREIBERGER

**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 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

| 1a | Physical address of each property (street, city, state, ZIP code) |
|---|---|
| A | |
| B | |
| C | |

| 1b | Type of Property (from list below) |
|---|---|
| A | 6 |
| B | |
| C | |

**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

| | Fair Rental Days | Personal Use Days | QJV |
|---|---|---|---|
| A | | | ☐ |
| B | | | ☐ |
| 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 A | B | C |
|---|---|---|---|---|---|
| **Income:** | | | | | |
| 3 | Rents received | 3 | | | |
| 4 | Royalties received | 4 | 247. | | |
| **Expenses:** | | | | | |
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | | | |
| 8 | Commissions | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | | | |
| 15 | Supplies | 15 | | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities | 17 | | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | | |
| 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 | 247. | | |
| 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 | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | 247. | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | |
| 24 | **Income.** Add positive amounts shown on line 21. **Do not** include any losses | | 24 | 247. |
| 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 | 247. |

**SCHEDULE SE (Form 1040)**

Department of the Treasury Internal Revenue Service

# Self-Employment Tax

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

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

OMB No. 1545-0074

**2024**

Attachment Sequence No. **17**

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

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

**Part I — Self-Employment Tax**

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

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

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

| | | | |
|---|---|---|---|
| 1a | Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. 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 SEE STATEMENT 5 | 2 | 21,859. |
| 3 | Combine lines 1a, 1b, and 2 | 3 | 21,859. |
| 4a | If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | 4a | 20,187. |
| | **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 | 20,187. |
| 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 | |
| 6 | Add lines 4c and 5b | 6 | 20,187. |
| 7 | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024 | 7 | 168,600 |
| 8a | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11 — 8a | | |
| b | Unreported tips subject to social security tax from Form 4137, line 10 — 8b | | |
| c | Wages subject to social security tax from Form 8919, line 10 — 8c | | |
| d | Add lines 8a, 8b, and 8c | 8d | |
| 9 | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 168,600. |
| 10 | Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) | 10 | 2,503. |
| 11 | Multiply line 6 by 2.9% (0.029) | 11 | 585. |
| 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 | 3,088. |
| 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 — 1,544. | | |

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



LHA 424501 10-23-24

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

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

| | | | |
|---|---|---|---|
| 14 | Maximum income for optional methods | 14 | 6,920 |
| 15 | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above | 15 | |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

| | | | |
|---|---|---|---|
| 16 | Subtract line 15 from line 14 | 16 | |
| 17 | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above | 17 | |

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8995** Department of the Treasury Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

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

OMB No. 1545-2294
**2024**
Attachment Sequence No. **55**

| Name(s) shown on return | Your taxpayer identification number |
|---|---|
| SAM FREIBERGER | |

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

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

| 1 | **(a)** Trade, business, or aggregation name | **(b)** Taxpayer identification number | **(c)** Qualified business income or (loss) |
|---|---|---|---|
| i | SAM FREIBERGER | | 17,052. |
| ii | ROYALTY | | 247. |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | 17,299. | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | ( ) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 17,299. | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 | 3,460. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | ( ) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 | 3,460. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 2,659. | | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 2,659. | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 532. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | | 15 | 532. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 | ( ) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 | ( ) |

## Qualified Business Income After Deductions

Activity: SAM FREIBERGER

| | | | |
|---|---|---|---|
| 1. | Qualified business income before deductions | | 21,859. |
| 2. | Deductible part of self-employment income: | | |
| a. | Net income subject to self-employment tax from this activity | 21,859. | |
| b. | Total income subject to self-employment tax | 21,859. | |
| c. | Line 2a divided by line 2b (not greater than 1.000) | 1.000000000 | |
| d. | Amount from Schedule 1 (Form 1040), line 15 | 1,544. | |
| e. | Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | 1,544. |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| a. | Net income subject to self-employment tax from this activity | | |
| b. | Net earnings from | | |
| c. | Line 3a divided by line 3b (not greater than 1.000) | | |
| d. | Amount from Schedule 1 (Form 1040), line 16 | | |
| e. | Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | |
| 4. | Self-employed health insurance deduction: | | |
| a. | Health insurance payments from this activity | 3,263. | |
| b. | Health insurance limits for activity above | 3,263. | |
| c. | Lesser of line 4a or line 4b | 3,263. | |
| d. | Reserved | | |
| e. | Reserved | | |
| f. | Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | 3,263. |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | 17,052. |



Activity:

| | | | |
|---|---|---|---|
| 1. | Qualified business income before deductions | | |
| 2. | Deductible part of self-employment income: | | |
| a. | Net income subject to self-employment tax from this activity | | |
| b. | Total income subject to self-employment tax | | |
| c. | Line 2a divided by line 2b (not greater than 1.000) | | |
| d. | Amount from Schedule 1 (Form 1040), line 15 | | |
| e. | Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity | | |
| 3. | Self-employed SEP, SIMPLE and qualified plans: | | |
| a. | Net income subject to self-employment tax from this activity | | |
| b. | Net earnings from | | |
| c. | Line 3a divided by line 3b (not greater than 1.000) | | |
| d. | Amount from Schedule 1 (Form 1040), line 16 | | |
| e. | Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity | | |
| 4. | Self-employed health insurance deduction: | | |
| a. | Health insurance payments from this activity | | |
| b. | Health insurance limits for activity above | | |
| c. | Lesser of line 4a or line 4b | | |
| d. | Reserved | | |
| e. | Reserved | | |
| f. | Amount from line 4c. This is the allocated SE health insurance deduction for this activity | | |
| 5. | Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions | | |

Form **8962**

Department of the Treasury Internal Revenue Service

# Premium Tax Credit (PTC)

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to www.irs.gov/Form8962 for instructions and the latest information.**

OMB No. 1545-0074
**2024**
Attachment Sequence No. 73

Name shown on your return: SAM FREIBERGER | Your social security number

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. If you qualify, check the box ☐

## Part I Annual and Monthly Contribution Amount

| | | | | | |
|---|---|---|---|---|---|
| 1 | Tax family size. Enter your tax family size. See instructions | | | 1 | 1 |
| 2a | Modified AGI. Enter your modified AGI. See instructions | 2a | 17,259. | | |
| b | Enter the total of your dependents' modified AGI. See instructions | 2b | | | |
| 3 | Household income. Add the amounts on lines 2a and 2b | | | 3 | 17,259. |
| 4 | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC | | | 4 | 14,580. |
| 5 | Household income as a percentage of federal poverty line (see instructions) | | | 5 | 118 % |
| 6 | Reserved for future use | | | | |
| 7 | Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | | | 7 | |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount | 8a | | | |
| 8b | Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount | | | 8b | |

## Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Annual PTC allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) |
|---|---|---|---|---|---|---|
| 11 Annual Totals | 7,531. | 4,268. | | 4,268. | 4,268. | 3,608. |

| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Monthly PTC allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
|---|---|---|---|---|---|---|
| 12 January | | | | | | |
| 13 February | | | | | | |
| 14 March | | | | | | |
| 15 April | | | | | | |
| 16 May | | | | | | |
| 17 June | | | | | | |
| 18 July | | | | | | |
| 19 August | | | | | | |
| 20 September | | | | | | |
| 21 October | | | | | | |
| 22 November | | | | | | |
| 23 December | | | | | | |

| | | | |
|---|---|---|---|
| 24 | Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | 24 | 4,268. |
| 25 | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | 25 | 3,608. |
| 26 | Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | 26 | 660. |

## Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|---|---|---|---|
| 27 | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here | 27 | |
| 28 | Repayment limitation (see instructions) | 28 | |
| 29 | Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a | 29 | |

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



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**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

| | | | | |
|---|---|---|---|---|
| 30 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

**Allocation 2**

| | | | | |
|---|---|---|---|---|
| 31 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

**Allocation 3**

| | | | | |
|---|---|---|---|---|
| 32 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

**Allocation 4**

| | | | | |
|---|---|---|---|---|
| 33 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

| | | | | | |
|---|---|---|---|---|---|
| 35 | **Alternative entries for your SSN** | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |
| 36 | **Alternative entries for your spouse's SSN** | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |

Worksheet W. **Figuring the Limit on the Self-Employed Health Insurance Deduction for Specified Premiums** *Keep for Your Records*

**Caution.** If you have more than one trade or business under which a qualified health plan is established, complete lines 4 through 13 separately for each trade or business. Add the amounts on line 13 for all the trades or businesses. Then, complete lines 14 through 17 once for all trades or businesses.

| | | | |
|---|---|---|---|
| 1. | Enter your specified premiums. See *Specified Premiums* under *Instructions for Worksheet P*, earlier | 1. | 7,531. |
| 2. | Enter the APTC from Form 1095-A, Part III, column C, that is attributable to the premiums on line 1 | 2. | 3,608. |
| 3. | Subtract line 2 from line 1 | 3. | 3,923. |
| 4. | Enter your net profit* and any other earned income** from the business under which the qualified health plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11 | 4. | 21,859. |
| 5. | Enter the total of all net profits* from: Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or box 14, code A, of Schedule K-1 (Form 1065), plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). **Do not** include any net losses shown on these schedules | 5. | 21,859. |
| 6. | Divide line 4 by line 5 | 6. | 1.00000 |
| 7. | Multiply line 15 of Schedule 1 (Form 1040) by line 6 | 7. | 1,544. |
| 8. | Subtract line 7 from line 4 | 8. | 20,315. |
| 9. | Enter the amount, if any, from line 16 of Schedule 1 (Form 1040) attributable to the same business for which the qualified health plan is established | 9. | |
| 10. | Subtract line 9 from line 8 | 10. | 20,315. |
| 11. | Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the qualified health plan is established | 11. | |
| 12. | Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or line 11 above<br>**Note.** If you are not filing Form 2555, enter -0-. | 12. | 0. |
| 13. | Subtract line 12 from line 10 or 11, whichever applies | 13. | 20,315. |
| 14. | Enter your self-employed health insurance deduction for nonspecified premiums from Worksheet P, line 3, or Form 7206, line 14 | 14. | |
| 15. | Subtract line 14 from line 13 | 15. | 20,315. |
| 16. | Enter the smaller of line 3 or line 15 | 16. | 3,923. |
| 17. | Add lines 14 and 16 | 17. | 3,923. |
| 18. | Is line 2 blank or -0-?<br>☐ **Yes.** Skip line 19 and Worksheet X. Use one of the methods that follow Worksheet X to figure the PTC and self-employed health insurance deduction for specified premiums.<br>☒ **No.** Go to line 19. | 18. | |
| 19. | Subtract line 16 from line 15. Then, go to Worksheet X | 19. | 16,392. |

*If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it does not include capital gain income.

Worksheet X. **Figuring Household Income and the Repayment Limitation**

*Keep for Your Records*

Complete this worksheet only if APTC was paid to your insurer on your behalf for the months you were self-employed.

| | | | |
|---|---|---|---|
| **Part I: Taxpayer's Modified AGI** | | | |
| **1.** | Combine the amounts from: • Form 1040, 1040-SR, or 1040-NR, lines 2a, 9, and the excess, if any, of line 6a over line 6b. **Note.** See the instructions if you are filing Form 8582, 8814, or 8815. | **1.** | 22,106. |
| **2.** | Enter any amounts from Form 2555, lines 45 and 50 | **2.** | |
| **3.** | Add lines 1 and 2 | **3.** | 22,106. |
| **4.** | Enter the total of the amounts from: • Schedule 1 (Form 1040), lines 11 through 16, 18, and 19a, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 26. **Note.** See the instructions if you made contributions to a traditional IRA. | **4.** | 1,544. |
| **5.** | Enter the amount from Worksheet W, line 14 | **5.** | |
| **6.** | Enter the amount from Worksheet W, line 16 | **6.** | 3,923. |
| **7.** | Add lines 4, 5, and 6 | **7.** | 5,467. |
| **8.** | Subtract line 7 from line 3. Then, go to Part II if you are claiming dependents on your tax return. If you are not claiming any dependents on your tax return, skip Part II and go to Part III | **8.** | 16,639. |
| **Part II: Dependents' Modified AGI** | | | |
| **13.** | Total dependents' modified AGI | **13.** | |
| **Part III: Repayment Limitation** | | | |
| **14.** | Household income. Add lines 8 and 13 | **14.** | 16,639. |
| **15.** | Enter the smaller of Worksheet W, line 19, or $750 ($375 if your filing status is single) | **15.** | 375. |
| **16.** | Subtract line 15 from line 14. If zero or less, enter -0- | **16.** | 16,264. |
| **17a.** | Enter the number of qualifying individuals in your tax family (including yourself) **17a** 1 | | |
| **17b.** | Enter the federal poverty line amount as determined by the family size on line 17a and federal poverty Table 1-1, 1-2, or 1-3 for your state of residence during 2024 in the Form 8962 instructions | **17b.** | 14,580. |
| **18** | Divide line 16 by line 17b. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 • If the result is less than 200, enter $750 ($375 if your filing status is single) on line 25. Skip lines 19 through 24. • If the result is 200 or more, go to line 19. | **18.** | 111% |
| **19.** | Enter the smaller of Worksheet W, line 19, or $1,900 ($950 if your filing status is single) | **19.** | |
| **20.** | Subtract line 19 from line 14. If zero or less, enter -0- | **20.** | |
| **21.** | Divide line 20 by line 17b. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 • If the result is less than 300, enter $1,900 ($950 if your filing status is single) on line 25. Skip lines 22 through 24. • If the result is 300 or more, go to line 22. | **21.** | % |
| **22.** | Enter the smaller of Worksheet W, line 19, or $3,150 ($1,575 if your filing status is single) | **22.** | |
| **23.** | Subtract line 22 from line 14. If zero or less, enter -0- | **23.** | |
| **24.** | Divide line 23 by line 17b. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 • If the result is less than 400, enter $3,150 ($1,575 if your filing status is single) on line 25. • If the result is 400 or more, enter the amount from Worksheet W, line 2, on line 25. | **24.** | % |
| **25.** | Enter the amount you were instructed to enter here by line 18, 21, or 24 | **25.** | 375. |

Worksheet X. **Figuring Household Income and the Repayment Limitation (continued)** *Keep for Your Records*

| | | | |
|---|---|---|---|
| **Part IV: Maximum Self-Employed Health Insurance Deduction** | | | |
| **26.** | Add lines 6 and 25 | **26.** | 4,298. |
| **27.** | Enter the amount from Worksheet W, line 1 | **27.** | 7,531. |
| **28.** | Enter the smaller of line 26 or line 27 | **28.** | 4,298. |
| **29.** | Enter the amount from Worksheet W, line 15 | **29.** | 20,315. |
| **30.** | Enter the smaller of line 28 or line 29 | **30.** | 4,298. |
| **31.** | Add lines 5 and 30. Then, use one of the methods that follow to figure the PTC and the self-employed health insurance deduction for specified premiums | **31.** | 4,298. |

**Step 3.** Figure your self-employed health insurance deduction by completing the following worksheet.

### Step 3 Worksheet

| | | | |
|---|---|---|---|
| 1. | Enter the amount from Worksheet W, line 1 | 1. | 7,531.00 |
| | **Caution.** *If the amounts on lines 12 through 23, column (e), of your Step 2 Form 8962 are not the same for each month and you had specified premiums for less than 12 months, skip lines 2 through 5 below and enter on line 6 the total of those column (e) amounts for the months you paid specified premiums.* | | |
| 2. | Enter the total PTC (Form 8962, line 24) you figured in Step 2, earlier | 2. | 4,268.00 |
| 3. | Enter the number of months in 2024 for which specified premiums were paid | 3. | 12.00 |
| | **Note.** Self-employment for part of a month counts as a full month of self-employment. | | |
| 4. | Enter the number of months someone in your coverage family was enrolled in the qualified health plan | 4. | 12.00 |
| 5. | Divide line 3 by line 4 | 5. | 1.0000 |
| 6. | Multiply line 5 by line 2 | 6. | 4,268.00 |
| 7. | Subtract line 6 from line 1 | 7. | 3,263.00 |
| 8. | Enter the amount from Worksheet X, line 30. If you did not complete Worksheet X, enter the amount from Worksheet W, line 16 WORKSHEET Y, LINE 20 | 8. | 4,298.00 |
| 9. | Enter the smaller of line 7 or line 8 | 9. | 3,263.00 |
| 10. | Enter the amount from Worksheet W, line 14 | 10. | |
| 11. | Add lines 9 and 10. Use this amount as your self-employed health insurance deduction in Step 4 next. Also enter this amount on line 17 of Schedule 1 (Form 1040) | 11. | |



**Step 5.** Refigure your self-employed health insurance deduction for specified premiums by completing the Step 5 Worksheet.

### Step 5 Worksheet

Enter amounts in dollars and cents. Do not round to whole dollars.

| | | | |
|---|---|---|---|
| 1. | Enter the amount from line 1 of the Step 3 Worksheet | 1. | 7,531.00 |
| | **Caution.** *If you skipped lines 2 through 5 of the Step 3 Worksheet, skip lines 2 and 3 below and enter on line 4 the total of the column (e) amounts from your Step 4 Form 8962 for the months you paid specified premiums.* | | |
| 2. | Enter the total PTC (Form 8962, line 24) you figured in Step 4, earlier | 2. | 4,268.00 |
| 3. | Enter the amount from line 5 of the Step 3 Worksheet | 3. | 1.0000 |
| 4. | Multiply line 3 by line 2 | 4. | 4,268.00 |
| 5. | Subtract line 4 from line 1 | 5. | 3,263.00 |
| 6. | Enter the amount from Worksheet X, line 30. If you did not complete Worksheet X, enter the amount from Worksheet W, line 16 WORKSHEET Y, LINE 20 | 6. | 4,298.00 |
| 7. | Enter the smaller of line 5 or line 6. Then, go to Step 6 next | 7. | 3,263.00 |

Worksheet Y. **Refiguring Household Income and the Repayment Limitation When Claiming Certain Deductions or Exclusions** STUDENT LOAN INTEREST

*Keep for Your Records*

| | | | |
|---|---|---|---|
| **1.** | Enter the amount from Worksheet X, line 14 | **1.** | 16,639. |
| **2.** | Enter the deduction or exclusion | **2.** | 40. |
| **3.** | Revised household income. Subtract line 2 from line 1 | **3.** | 16,599. |
| **4.** | Enter the smaller of Worksheet W, line 19, or $750 ($375 if your filing status is single) | **4.** | 375. |
| **5.** | Subtract line 4 from line 3. If zero or less, enter -0- | **5.** | 16,224. |
| **6.** | Enter the amount from Worksheet X, line 17b | **6.** | 14,580. |
| **7.** | Divide line 5 by line 6. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 | **7.** | 111% |
| | • If the result is less than 200, enter $750 ($375 if your filing status is single) on line 14. Skip lines 8 through 13.<br>• If the result is 200 or more, go to line 8. | | |
| **8.** | Enter the smaller of Worksheet W, line 19, or $1,900 ($950 if your filing status is single) | **8.** | |
| **9.** | Subtract line 8 from line 3. If zero or less, enter -0- | **9.** | |
| **10.** | Divide line 9 by line 6. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 | **10.** | % |
| | • If the result is less than 300, enter $1,900 ($950 if your filing status is single) on line 14. Skip lines 11 through 13.<br>• If the result is 300 or more, go to line 11. | | |
| **11.** | Enter the smaller of Worksheet W, line 19, or $3,150 ($1,575 if your filing status is single) | **11.** | |
| **12.** | Subtract line 11 from line 3. If zero or less, enter -0- | **12.** | |
| **13.** | Divide line 12 by line 6. If the result is not a whole percentage, do **not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399 | **13.** | % |
| | • If the result is less than 400, enter $3,150 ($1,575 if your filing status is single) on line 14.<br>• If the result is 400 or more, enter the amount from Worksheet W, line 2, on line 14. | | |
| **14.** | Enter the amount you were instructed to enter here by line 7, 10, or 13. Also, enter this amount on line 28 of the Form 8962 you attach to your tax return if you are required to complete that line and you do not complete Worksheet Z. Do not enter an amount from Table 5 in the Form 8962 instructions | **14.** | 375. |
| **15.** | Enter the amount from Worksheet X, line 6 | **15.** | 3,923. |
| **16.** | Add lines 14 and 15 | **16.** | 4,298. |
| **17.** | Enter the amount from Worksheet X, line 27 | **17.** | 7,531. |
| **18.** | Enter the smaller of line 16 or line 17 | **18.** | 4,298. |
| **19.** | Enter the amount from Worksheet X, line 29 | **19.** | 20,315. |
| **20.** | Enter the smaller of line 18 or line 19 | **20.** | 4,298. |
| **21.** | Enter the amount from Worksheet X, line 5 | **21.** | |
| **22.** | Add lines 20 and 21. Then, see *Next* below for further instructions | **22.** | 4,298. |

**Next.** Repeat the Iterative Calculation Method or Simplified Calculation Method, whichever applies. In Step 1 of either method, use the amount on line 22 above as your self-employed health insurance deduction. Also, use the amount on line 2 above in any step that requires you to figure AGI, modified AGI, and household income. If the amount on line 2 above is the only deduction/exclusion on the list that you are claiming, complete either method through the last step. If you are claiming another deduction/exclusion on the list, do the following.

- When you repeat either method as explained above, complete the Iterative Calculation Method through Step 6 or complete the Simplified Calculation Method through Step 3. Enter "400" on the interim Form 8962, line 5, if you answer "Yes" on Worksheet 2, line 3, in the Form 8962 instructions.
- Figure the other deduction/exclusion using the appropriate form or the worksheet provided in your tax return instructions. Use the self-employed health insurance deduction you figured in either Step 6 of the Iterative Calculation Method or Step 3 of the Simplified Calculation Method to figure modified AGI for the other deduction/exclusion.
- Then, complete Worksheet Z, for the other deduction/exclusion.

## Form 8962, Iterative/Simplified Method Recalculations

| Form 8962: | Steps 2 and 3 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 |
|---|---|---|---|---|---|---|---|---|
| 2a. Modified AGI | 16,264. | 17,299. | | | | | | |
| 2b. Dependent's AGI | | | | | | | | |
| 3. Household income | 16,264. | 17,299. | | | | | | |
| 5. Percentage of poverty line | 111. | 118. | | | | | | |
| 7. Applicable figure | | | | | | | | |
| 8a. Annual contribution | | | | | | | | |
| 8b. Monthly contributions | | | | | | | | |
| 11E. Annual PTC allowed | 4,268. | 4,268. | | | | | | |
| 12E. January PTC allowed | | | | | | | | |
| 13E. February PTC allowed | | | | | | | | |
| 14E. March PTC allowed | | | | | | | | |
| 15E. April PTC allowed | | | | | | | | |
| 16E. May PTC allowed | | | | | | | | |
| 17E. June PTC allowed | | | | | | | | |
| 18E. July PTC allowed | | | | | | | | |
| 19E. August PTC allowed | | | | | | | | |
| 20E. September PTC allowed | | | | | | | | |
| 21E. October PTC allowed | | | | | | | | |
| 22E. November PTC allowed | | | | | | | | |
| 23E. December PTC allowed | | | | | | | | |
| 24. Total Premium Tax Credit | 4,268. | 4,268. | | | | | | |

| Step 3 Worksheet: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Specified premiums | 7,531.00 | | | | | | | |
| 2. Total PTC | 4,268.00 | | | | | | | |
| 3. Months specified premiums | 12.00 | | | | | | | |
| 4. Months someone enrolled | 12.00 | | | | | | | |
| 5. Divide line 3 by line 4 | 1.0000 | | | | | | | |
| 6. Multiply line 5 by line 2 | 4,268.00 | | | | | | | |
| 7. Subtract line 6 from 1 | 3,263.00 | | | | | | | |
| 8. Worksheet X, line 30 | 4,298.00 | | | | | | | |
| 9. Smaller of line 7 or line 8 | 3,263.00 | | | | | | | |
| 10. Worksheet W, line 14 | | | | | | | | |
| 11. Add lines 9 and 10 | | | | | | | | |

| Step 5 Worksheet: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Step 3, line 1 | | 7,531.00 | | | | | | |
| 2. Total PTC (Form 8962, line 24) | | 4,268.00 | | | | | | |
| 3. Step 3, line 5 | | 1.0000 | | | | | | |
| 4. Multiply line 3 by line 2 | | 4,268.00 | | | | | | |
| 5. Subtract line 4 from line 1 | | 3,263.00 | | | | | | |
| 6. Worksheet X, line 30 | | 4,298.00 | | | | | | |
| 7. Smaller of line 5 or line 6 | | 3,263.00 | | | | | | |

# Form 8962, Iterative/Simplified Method Recalculations

WORKS

| Form 8962: | Steps 2 and 3 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 | Steps 4 and 5 |
|---|---|---|---|---|---|---|---|---|
| 2a. Modified AGI | 16,224. | 17,259. | | | | | | |
| 2b. Dependent's AGI | | | | | | | | |
| 3. Household income | 16,224. | 17,259. | | | | | | |
| 5. Percentage of poverty line | 111. | 118. | | | | | | |
| 7. Applicable figure | | | | | | | | |
| 8a. Annual contribution | | | | | | | | |
| 8b. Monthly contributions | | | | | | | | |
| 11E. Annual PTC allowed | 4,268. | 4,268. | | | | | | |
| 12E. January PTC allowed | | | | | | | | |
| 13E. February PTC allowed | | | | | | | | |
| 14E. March PTC allowed | | | | | | | | |
| 15E. April PTC allowed | | | | | | | | |
| 16E. May PTC allowed | | | | | | | | |
| 17E. June PTC allowed | | | | | | | | |
| 18E. July PTC allowed | | | | | | | | |
| 19E. August PTC allowed | | | | | | | | |
| 20E. September PTC allowed | | | | | | | | |
| 21E. October PTC allowed | | | | | | | | |
| 22E. November PTC allowed | | | | | | | | |
| 23E. December PTC allowed | | | | | | | | |
| 24. Total Premium Tax Credit | 4,268. | 4,268. | | | | | | |

| Step 3 Worksheet: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Specified premiums | 7,531.00 | | | | | | | |
| 2. Total PTC | 4,268.00 | | | | | | | |
| 3. Months specified premiums | 12.00 | | | | | | | |
| 4. Months someone enrolled | 12.00 | | | | | | | |
| 5. Divide line 3 by line 4 | 1.0000 | | | | | | | |
| 6. Multiply line 5 by line 2 | 4,268.00 | | | | | | | |
| 7. Subtract line 6 from 1 | 3,263.00 | | | | | | | |
| 8. Worksheet X, line 30 Y, LN 20 | 4,298.00 | | | | | | | |
| 9. Smaller of line 7 or line 8 | 3,263.00 | | | | | | | |
| 10. Worksheet W, line 14 | | | | | | | | |
| 11. Add lines 9 and 10 | | | | | | | | |

| Step 5 Worksheet: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Step 3, line 1 | | 7,531.00 | | | | | | |
| 2. Total PTC (Form 8962, line 24) | | 4,268.00 | | | | | | |
| 3. Step 3, line 5 | | 1.0000 | | | | | | |
| 4. Multiply line 3 by line 2 | | 4,268.00 | | | | | | |
| 5. Subtract line 4 from line 1 | | 3,263.00 | | | | | | |
| 6. Worksheet X, line 30 Y, LN 20 | | 4,298.00 | | | | | | |
| 7. Smaller of line 5 or line 6 | | 3,263.00 | | | | | | |

SAM FREIBERGER

# VEHICLE EXPENSES OPTIMIZATION WORKSHEET

2024

ENTITY NAME: SCH C - SAM FREIBERGER

DESCRIPTION:

VEHICLE 1

MILEAGE INFORMATION

| | | |
|---|---|---|
| 1. Date vehicle was placed in service | 01/01/24 | |
| 2. Total miles vehicle was driven during 2024 | 14,430 | |
| 3. Business miles included on line 2 | 11,280 | |
| 4. Percent of business use. Divide line 3 by line 2 | 78.17 % | |
| 5. Commuting miles included on line 2 | | |
| 6. Other personal miles. Add lines 3 and 5 and subtract the total from line 2 | 3,150 | |

MILEAGE RATE

| | | |
|---|---|---|
| 7. Multiply business miles by 67 cents | | 7,558. |

ACTUAL EXPENSES

| | | |
|---|---|---|
| 8. Gasoline, oil, repairs, vehicle insurance, etc. | 9,781. | |
| 9. Net lease amount | | |
| 10. Total actual business use auto expenses not including depreciation. Add lines 8 and 9 and multiply by percentage on line 4 | 7,646. | |

DEPRECIATION

| | | |
|---|---|---|
| 11. Unadjusted cost or basis less Section 179/special allowance | | |
| 12. Basis for depreciation (business use only) multiply line 11 by line 4 | | |
| 13. Method of figuring depreciation | | |
| 14. Depreciation percentage | % | |
| 15. Multiply line 12 by percentage on line 14 | | |
| 16. Section 179/special allowance | | |
| 17. Multiply line 16 by percentage on line 4 | | |
| 18. Add lines 15 and 17 | | |
| 19. Limitation amount | | |
| 20. Business percent limit. Multiply line 19 by line 4 | | |
| 21. Total depreciation taken on auto. Enter the smaller of line 18 or line 20 | | |
| 22. Total actual business use auto expenses. Add line 10 and line 21 | | 7,646. |
| 23. Actual auto or mileage taken. Enter the greater of line 7 or line 22 | | 7,646. |

SAM FREIBERGER

| SCHEDULE 1 | STUDENT LOAN INTEREST DEDUCTION | STATEMENT 1 |
|---|---|---|

| | | |
|---|---|---|
| 1. | ENTER THE TOTAL INTEREST PAID IN 2024 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN $2,500 | 40. |
| 2. | ENTER THE AMOUNT FROM FORM 1040, LINE 9 | 22,106. |
| 3. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 | 4,807. |
| 4. | SUBTRACT LINE 3 FROM LINE 2 | 17,299. |
| 5. | ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.<br>* SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE-$80,000<br>* MARRIED FILING JOINTLY-$165,000 | 80,000. |
| 6. | IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?<br>[X] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9<br>[ ] YES. SUBTRACT LINE 5 FROM LINE 4 | |
| 7. | DIVIDE LINE 6 BY $15,000 ($30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 | |
| 8. | MULTIPLY LINE 1 BY LINE 7 | 0. |
| 9. | STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 21. DON'T INCLUDE THIS AMOUNT IN FIGURING ANY OTHER DEDUCTION ON YOUR RETURN (SUCH AS ON SCHEDULE A, C, E, ETC.) | 40. |



| SCHEDULE C | CAR AND TRUCK EXPENSES | STATEMENT 2 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| VEHICLE NUMBER 1 - $9781 GAS, OIL, REPAIRS, ETC. AT 78.17% | 7,646. |
| PARKING AND TOLLS | 68. |
| TOTAL TO SCHEDULE C, LINE 9 | 7,714. |

SAM FREIBERGER

| SCHEDULE C | GROSS RECEIPTS | STATEMENT 3 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| ANORA - FROM 1099-NEC | 1,800. |
| ORWA - FROM 1099-NEC | 34,000. |
| TOTAL TO SCHEDULE C, LINE 1 | 35,800. |

| SCHEDULE E | OTHER INCOME | STATEMENT 4 |
|---|---|---|

ROYALTY

| DESCRIPTION | AMOUNT |
|---|---|
| WRITERS GUILD OF AMERICA - ROYALTIES FROM 1099-MI | 247. |
| TOTAL TO SCHEDULE E, PAGE 1 | 247. |

| SCHEDULE SE | NON-FARM INCOME | STATEMENT 5 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| CREATIVE CONSULTANT | 21,859. |
| TOTAL TO SCHEDULE SE, LINE 2 | 21,859. |