

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning 2025, ending §88 separate instructions

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

Your first name and middle initial: **Randall S** Last name: **Richardson** Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial: **Gretha C** Last name: **Solorzano** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] 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 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

Foreign country name: [REDACTED] Foreign province/state/country: [REDACTED] Foreign postal code: [REDACTED]

Filing Status
 Single Head of household (HOH)
 Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)
 Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
 If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

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

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input 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 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	<input 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 type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input 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 leg separated according to your state law under a written separation agreement or a decree of separate maintenance and you 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	185,275
	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 2e	1e	
	f Employer-provided adoption benefits from Form 8839, line 3f	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions). Enter type and amount:	1h	0
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	185,275
	2a Tax-exempt interest	2a	0
	b Taxable interest	2b	3,354
	3a Qualified dividends	3a	9,127
	b Ordinary dividends	3b	9,194
	c Check if your child's dividends are included: <input type="checkbox"/> Line 3a <input type="checkbox"/> Line 3b		
	4a IRA distributions	4a	
	b Taxable amount	4b	80,840
	c Check if (see instructions): <input type="checkbox"/> Rollover <input type="checkbox"/> 2 <input type="checkbox"/> QCD <input type="checkbox"/> 3		
	5a Pensions and annuities	5a	
	b Taxable amount	5b	19,380
	c Check if (see instructions): <input type="checkbox"/> Rollover <input type="checkbox"/> 2 <input type="checkbox"/> PSO <input type="checkbox"/> 3		
	6a Social security benefits	6a	32,412
	b Taxable amount	6b	27,550
	c If you elect to use the lump-sum election method, check here (see instructions)		
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here		
	7a Capital gain or (loss). Attach Schedule D if required	7a	2,933
	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	0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	328,526
	10 Adjustments to income from Schedule 1, line 26	10	0
	11a Subtract line 10 from line 9. This is your adjusted gross income.	11a	328,526

Tax and Credits

11b Amount from line 11a (adjusted gross income) **11b** 328,526

12a Someone can claim You as a dependent Your spouse as a dependent
 b Spouse itemizes on a separate return c You were a dual-status alien
 d You: Were born before January 2, 1961 Are blind
 Spouse: Was born before January 2, 1961 Is blind

e Standard deduction or itemized deductions (from Schedule A) **12e** 42,861

13a Qualified business income deduction from Form 8995 or Form 8995-A **13a** 14
 b Additional deductions from Schedule 1-A, line 38 **13b** 0
 14 Add lines 12e, 13a, and 13b **14** 42,875
 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income **15** 285,651
 16 Tax (see instructions). Check if any from Form(s) 8814 4972 **16** 53,165
 17 Amount from Schedule 2, line 3 **17** 0
 18 Add lines 16 and 17 **18** 53,165
 19 Child tax credit or credit for other dependents from Schedule 8812 **19**
 20 Amount from Schedule 3, line 8 **20** 208
 21 Add lines 19 and 20 **21** 208
 22 Subtract line 21 from line 18. If zero or less, enter -0- **22** 52,957
 23 Other taxes, including self-employment tax, from Schedule 2, line 21 **23** 570
 24 Add lines 22 and 23. This is your total tax **24** 53,527

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2	25a	31,379
b Form(s) 1099	25b	24,252
c Other forms (see instructions)	25c	146
d Add lines 25a through 25c	25d	55,777

26 2025 estimated tax payments and amount applied from 2024 return
 If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): **26** 0

Other Payments and Credits

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** 0
 29 American opportunity credit from Form 8863, line 8 **29**
 30 Refundable adoption credit from Form 8839, line 13 **30**
 31 Amount from Schedule 3, line 15 **31** 0
 32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits **32** 0
 33 Add lines 25d, 26, and 32. These are your total payments **33** 55,777

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid **34** 2,250
 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here **35a** 2,250
 b Routing number c Type: Checking Savings
 d Account number

36 Amount of line 34 you want applied to your 2026 estimated tax **36** 0

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. 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 knowledge.

Your signature	Date	Your occupation Software Development	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 Retired	If the IRS sent your spouse an identity protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

SCHEDULE 1-A
(Form 1040)

Additional Deductions

OMB No. 1545-0074

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

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

2025
Attachment
Sequence No. 1A

Department of the Treasury
Internal Revenue Service

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

Your social security number

Randall S Richardson

Part I Modified Adjusted Gross Income (MAGI) Amount			
1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	328,526
2a	Enter any income from Puerto Rico that you excluded	2a	0
b	Enter the amount from Form 2555, line 45	2b	0
c	Enter the amount from Form 2555, line 50	2c	0
d	Enter the amount from Form 4563, line 15	2d	0
e	Add lines 2a, 2b, 2c, and 2d	2e	0
3	Add lines 1 and 2e	3	328,526

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a	
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	0
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		0
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions.		
6	Add lines 4c and 5	6	
7	Enter the smaller of the amount on line 6 or \$25,000	7	
8	Enter the amount from line 3	8	
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11	
12	Multiply line 11 by \$100.	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, see instructions.	14a	
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b	
c	Add lines 14a and 14b	14c	0
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15	
16	Enter the amount from line 3	16	
17	Enter \$150,000 (\$300,000 if married filing jointly)	17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18	
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19	
20	Multiply line 19 by \$100.	20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21	

No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan in (QPVL). Column (iii) is the total QPVL paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			
23	Add lines 22a and 22b, column (iii)	.23	
24	Enter the smaller of the amount on line 23 or \$10,000	.24	
25	Enter the amount from line 3	.25	
26	Enter \$100,000 (\$200,000 if married filing jointly).	.26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30.	.27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	.28	
29	Multiply line 28 by \$200	.29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	.30	

Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	.31	328,526
32	Enter \$75,000 (\$150,000 if married filing jointly)	.32	150,000
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35.	.33	178,526
34	Multiply line 33 by 6% (0.06)	.34	10,712
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	.35	0
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	.36a	0
36b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	.36b	0
37	Enhanced deduction for seniors. Add lines 36a and 36b	.37	0

Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	.38	0
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SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2025

Attachment
Sequence No. 02

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

Randall S Richardson

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	0
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	0
d	Recapture of net EPE from Form 4255, line 2a, column (I)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1f	
y	Other additions to tax (see instructions):	1y	0
z	Add lines 1a through 1y	1z	0
2	Alternative minimum tax. Attach Form 6251	2	0
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Other Taxes			
4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	0
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
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	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	0
9	Household employment taxes. Attach Schedule H	9	0
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	.570
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
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)

Other taxes (continued)

17 Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a	0
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	0
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	0
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	0
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	0
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	0
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	0
18	Total additional taxes. Add lines 17a through 17z	18	0
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	570

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2025

Department of the Treasury
Internal Revenue Service

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

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

Attachment
Schedule No. 07

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

Your social security number

Randall		S Richardson			
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	518	
	2	Enter amount from Form 1040 or 1040-SR, line 11b	2	328,526	
	3	Multiply line 2 by 7.5% (0.075)	3	24,639	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0	
Taxes You Paid	5 State and local taxes (SALT).				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	21,468	
	b	State and local real estate taxes (see instructions)	5b	12,346	
	c	State and local personal property taxes	5c	237	
	d	Add lines 5a through 5c	5d	34,051	
	e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e	34,051	
	6	Other taxes. List type and amount:	6	0	
	7	Add lines 5e and 6	7	34,051	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	8,000	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address.	8b	0	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	0	
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	8,000	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10	8,000	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions				
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	805
		13	Carryover from prior year.	13	0
	14	Add lines 11 through 13	14	810	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.	15	0	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:	16	0	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e	17	42,861	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>	18		

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2025

Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

Names shown on return

Randall S Richardson

Your social security number

Part I
Interest

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

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

1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address	Amount
	Charles Schwab (Joint)	1
	Texas Capital Bank (Bask Bank)	3,349
	UBS Financial	4
2	Add the amounts on line 1	3,354
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	3,354

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

Part II
Ordinary Dividends

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

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

5	List name of payer:	Amount
	Computershare (SE Stock)	825
	Charles Schwab (Joint)	364
	Computershare (Home Depot)	7,213
	Computershare (MetLife)	49
	UBS FINANCIAL SERVICES INC.	743
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	9,194

Note: If line 6 is over \$1,500, you must complete Part III.
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Part III
Foreign Accounts and Trusts

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

	Yes	No
7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.		X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.		X
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Capital Gains and Losses

2025

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. 12

Name(s) shown on return

Randall S Richardson

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.

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

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	8,551	11,273		-2,722
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked	0	0	0	0
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked	0	0	0	0
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked	0	0	0	0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	0
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	0
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 III below. Otherwise, go to Part III on page 2			7	-2,722

Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	26,683	21,028		5,655
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked	0	0	0	0
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked	0	0	0	0
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked	0	0	0	0
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	0
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	0
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	0
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	5,655

Summary

16 Combine lines 7 and 15 and enter the result. 16 2,933

- 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 0

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 0

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 Forms 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 ()

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 Forms 1040, line 16.

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

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

Randall S Richardson

Your taxpayer identification number

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade 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 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			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 . 0	
3	Qualified business net (loss) carryforward from the prior year	3 (0)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 -0- 0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 . . . 0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 . 68	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (. 0)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 . . 68	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 . 14
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 . . 14
11	Taxable income before qualified business income deduction (see instructions)	11 285,665	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 12,060	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 273,605	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 54,721
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 14
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (. 0)

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Randall S Richardson

Your social security number

[REDACTED]

Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	216,275	
2	Unreported tips from Form 4137, line 6	2	0	
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	216,275	
5	Enter the following amount for your filing status:			
	Married filing jointly		\$250,000	
	Married filing separately		\$125,000	
	Single, Head of household, or Qualifying surviving spouse	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	0	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7	0	

Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	0	
9	Enter the following amount for your filing status:			
	Married filing jointly		\$250,000	
	Married filing separately		\$125,000	
	Single, Head of household, or Qualifying surviving spouse	9	250,000	
10	Enter the amount from line 4	10	216,275	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	33,725	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13	0	

Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14	0	
15	Enter the following amount for your filing status:			
	Married filing jointly		\$250,000	
	Married filing separately		\$125,000	
	Single, Head of household, or Qualifying surviving spouse	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	0	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17	0	

Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	0	
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Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,282	
20	Enter the amount from line 1	20	216,275	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,136	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22	146	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23	0	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24	146	

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment
Sequence No. 72

Name(s) shown on your tax return: **Randall S Richardson**

Your social security number or EIN

Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	3,354
2	Ordinary dividends (see instructions)		2	9,194
3	Annuities (see instructions)		3	0
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	0	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	0	
4c	Combine lines 4a and 4b	4c	0	
5a	Net gain or loss from disposition of property (see instructions)	5a	2,933	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
5d	Combine lines 5a through 5c	5d	2,933	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6		
7	Other modifications to investment income (see instructions)	7	0	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	15,481	

Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	0	
9b	State, local, and foreign income tax (see instructions)	9b	471	
9c	Miscellaneous investment expenses (see instructions)	9c		
9d	Add lines 9a, 9b, and 9c	9d	471	
10	Additional modifications (see instructions)	10	0	
11	Total deductions and modifications. Add lines 9d and 10	11	471	

Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	15,010
13	Modified adjusted gross income (see instructions)	13	328,526
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	78,526
16	Enter the smaller of line 12 or line 15	16	15,010
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	570
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
18c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 36

Name(s) shown on your income tax return

Identifying number

Randall S Richardson

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—In this section only an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	Goodwill Industries 15810 Indianola Dr. Rockville MD 20855	<input type="checkbox"/>	Used Clothing / Household Items
B	Goodwill Industries 15810 Indianola Dr. Rockville MD 20855	<input type="checkbox"/>	Used Clothing / Household Items
C	Goodwill Industries 15810 Indianola Dr. Rockville MD 20855	<input type="checkbox"/>	Used Clothing / Household Items
D		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	02/16/25				479	Thrift shop value
B	05/29/25				123	Thrift shop value
C	05/17/25				203	Thrift shop value
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

Information on Donated Property

2 Check the box that describes the type of property donated. See instructions for definitions.

a Art (contribution of \$20,000 or more) Other real estate Vehicles

b Qualified conservation contribution Equipment Clothing and household items

b(1) Certified historic structure Securities Digital assets

NPS # _____ Collectibles Other

c Art (contribution of less than \$20,000) Intellectual property

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the appraisal	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

Name(s) shown on your income tax return

Identifying number

Randall S Richardson

Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) — Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest. If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I, for this tax year. (1) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept

e Name of any person, other than the donee organization, having actual possession of the property

5a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Table with 2 columns: Yes, No. Rows for questions 5a, 5b, and 5c.

Taxpayer (Donor) Statement—List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

Date

Declaration of Appraiser—See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to an individual who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other than the donor, donee, or party to the transaction.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being appraised. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value in the qualified appraisal on this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6635A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time during the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 3729.

Sign Appraiser signature

Date

Here Appraiser name

Title

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Donee Acknowledgment—See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property in Section B, Part I, above on the following date

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I, above within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date