

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/09/2025

General Information

Name: William M Gladson

CONFIDENTIAL

PID 69102

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Nominating Commission-5th Circuit	5th Judicial Circuit	Member
State Attorney; 5Th Circuit	Elected Constitutional Officer	State Attorney

Net Worth

My Net Worth as of May 1, 2025 was \$ 13,160,397.13.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 250,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Home	\$ 1,100,000.00
Daisy Mae Holdings, LLC 7101 SE Hwy 42, Summerfield, FL 34491	\$ 1,102,517.92
Perl Lee Properties, LLC 8550 A1A S. St. Augustine, FL 32080	\$ 508,012.00
Capital One Savings CD	\$ 516,901.74
Bank of America Account	\$ 39,561.74
Bank of America Savings	\$ 115,383.16
Wells Fargo Account	\$ 78,413.40
Voya Deferred Comp.	\$ 290,050.73
AIG Variable Universal Life Insurance	\$ 292,211.44
Mulberry Grove Animal Hospital, LLC	\$ 5,520,360.47
Fidelity Managed Account TIE	\$ 2,950,071.20
Fidelity	\$ 136,484.98
Fidelity Traditional IRA	\$ 60,067.94
Fidelity Roth IRA	\$ 44,622.05
BOA Adv. Savings Acct.	\$ 177,157.31

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

William M Gladson

Digitally signed: 06/09/2025

Filed with COE: 06/09/2025

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 . See separate instructions.

Your first name and middle initial
WILLIAM M. Last name
GLADSON Your social security number
[REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED] Apt. no.
[REDACTED] City, town, or post office. If you have a foreign address, also complete spaces below. State
FL ZIP code
[REDACTED] Foreign country name Foreign province/state/county Foreign postal 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

Filing Status ☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
 Check only one box.
 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 instructions):	
				Child tax credit	Credit for other dependents

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	330,182
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Household employee wages not reported on Form(s) W-2	1b	
If you did not get a Form W-2, see instructions.	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	330,182
Attach Sch. B if required.	2a	Tax-exempt interest	2a	21,969
	3a	Qualified dividends	3a	31,850
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Soc. sec. ben.	6a	
	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	-3,000
	8	Additional income from Schedule 1, line 10	8	1,272,587
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	1,749,592
	10	Adjustments to income from Schedule 1, line 26	10	0
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	1,749,592
	12	Standard deduction or itemized deductions (from Schedule A)	12	29,200
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	872
	14	Add lines 12 and 13	14	30,072
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	1,719,520

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	556,933
3	☐	17	
17	Amount from Schedule 2, line 3	18	556,933
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	2,363
20	Amount from Schedule 3, line 8	21	2,363
21	Add lines 19 and 20	22	554,570
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	2,227
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	556,797
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	52,592
b	Form(s) 1099	25b	29,619
c	Other forms (see instructions)	25c	139
d	Add lines 25a through 25c	25d	82,350
26	2024 estimated tax payments and amount applied from 2023 return	26	468,000
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	160,000
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	160,000
33	Add lines 25d, 26, and 32. These are your total payments	33	710,350

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	153,553
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	153,553

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 ☒ Yes. Complete below. ☐ No

Designee's name MICHAEL A. TORRES Phone no. 352-732-4260 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	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ATTORNEY	
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 instr.)

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
				05/29/25		

Paid

Preparer	Firm's name	CRIPPEN & CO.	Phone no.	352-732-4260
Use Only	Firm's address	1900 SE 18TH AVE.	Firm's EIN	
		OCALA		FL 34471-8312

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

Form 1040 (2024)

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

WILLIAM M. GLADSON &

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/1099.

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	1,272,587
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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
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	1,272,587

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

Schedule 1 (Form 1040) 2024

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

WILLIAM M. GLADSON &

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 (i)	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	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	1,037
12	Net investment income tax. Attach Form 8960	12	1,190
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)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**b** Recapture of federal mortgage subsidy, if you sold your home see instructions**c** Additional tax on HSA distributions. Attach Form 8889**d** Additional tax on an HSA because you didn't remain an eligible individual.

Attach Form 8889

e Additional tax on Archer MSA distributions. Attach Form 8853**f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**j** Section 72(m)(5) excess benefits tax**k** Golden parachute payments**l** Tax on accumulation distribution of trusts**m** Excise tax on insider stock compensation from an expatriated corporation**n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**q** Any interest from Form 8621, line 24**z** Any other taxes. List type and amount:

17a

17b

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17z

18 Total additional taxes. Add lines 17a through 17z**19** Recapture of net EPE from Form 4255, line 1d, column (f)**20** Section 965 net tax liability installment from Form 965-A**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

18

19

20

21

2,227

Schedule 2 (Form 1040) 2024

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

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

WILLIAM M. GLADSON &

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	2,363
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	2,363

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	160,000
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	160,000

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

Schedule 3 (Form 1040) 2024

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 08

Name(s) shown on return

WILLIAM M. GLADSON &

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:

BANK OF AMERICA

BANK OF AMERICA

CAPITAL ONE

MULBERRY GROVE ANIMAL HOSPITAL, INC

Amount

36

50

10,472

119

1

- 2 Add the amounts on line 1
- 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

10,677

3

10,677

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:

NATIONAL FINANCIAL SVCS-FIDELITY - ACCT

NATIONAL FINANCIAL SVCS-FIDELITY - ACCT

41,799

4,789

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

46,588

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign
Accounts
and Trusts

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

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.

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

WILLIAM M. GLADSON &

Your social security number

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

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B 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	223,891	234,117		-10,226
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	242	0	0	242
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (48,404)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -58,388

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	98,300	67,909		30,391
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	1,444	249	0	1,195
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1,506
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 33,092

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

Schedule D (Form 1040) 2024

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-25,296
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Social security number or taxpayer identification number

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Your social security number

WILLIAM M. GLADSON &

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 7101 SE HWY 42, SUMMERFIELD, FL 34491

B 8550 A1A SOUTH, UNIT 43230, SAINT AUGUSTINE, FL 32080

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	7		A		
B	3		B	45	
C			C		

Type of Property:

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

		Properties:		
		A	B	C
Income:				
3 Rents received	3	72,000	25,690	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9		1,271	
10 Legal and other professional fees	10	1,500	1,500	
11 Management fees	11		2,517	
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14		158	
15 Supplies	15			
16 Taxes	16	27,940	4,189	
17 Utilities	17		975	
18 Depreciation expense or depletion	18	19,463	8,633	
19 Other (list) SEE STATEMENT 1,2	19	139	6,447	
20 Total expenses. Add lines 5 through 19	20	49,042	25,690	
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	22,958		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	26,807	468	
23a Total of all amounts reported on line 3 for all rental properties	23a		97,690	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		28,096	
e Total of all amounts reported on line 20 for all properties	23e		74,732	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			22,958
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			27,275
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			-4,317

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

WILLIAM M. GLADSON & [REDACTED]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	MULBERRY GROVE ANIMAL HOSPITAL, INC	S		[REDACTED]	☒	
B	PET EMERGENCY TREATMENT SERVICES	S		[REDACTED]	☒	
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		0	17,045	1,289,632
B	0	4,317		
C				
D				
29a Totals		4,317		1,289,632
b Totals			17,045	

30 Add columns (h) and (k) of line 29a	30	1,293,949
31 Add columns (g), (i), and (j) of line 29b	31	(17,045)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31	32	1,276,904

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			

35 Add columns (d) and (f) of line 34a	35	
36 Add columns (c) and (e) of line 34b	36	
37 Total estate and trust income or (loss). Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39				

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	1,272,587
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2024

Attachment
Sequence No. 19Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

WILLIAM M. GLADSON

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. territory	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A OC	B	C	
OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST	8,899			1a 8,899
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions. ☐				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	29,200			
b Other dedts. (attach stmt.)				
c Add lines 3a and 3b	29,200			
d Gross foreign source income (see instructions)	13,206			
e Gross income from all sources (see instructions)	4,516,839			
f Divide line 3d by line 3e (see instructions)	0.0029			
g Multiply line 3c by line 3f	85			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	85			6 85
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 8,814

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (i) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A	1099 TAX					2,363				2,363
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 2,363

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2024)

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	2,363	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	2,363	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		2,363
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	8,814	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	8,814	
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	1,704,885	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0052
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20		556,933
21	Multiply line 20 by line 19 (maximum amount of credit)	21		2,879
22	Increase in limitation (section 960 (c)) (see instructions)	22		
23	Add lines 21 and 22	23		2,879
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV See instructions	24		2,363

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31	32		
33	Enter the smaller of line 20 or line 32	33		2,363
34	Reduction of credit for international boycott operations. See instructions for line 12	34		
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		2,363

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form6251 for instructions and the latest information.**2024**Attachment
Sequence No. **32**

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

WILLIAM M. GLADSON &

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	1,719,520
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	29,200
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	()
d	Depletion (difference between regular tax and AMT)	2d	()
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	()
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	3,853
h	Qualified small business stock, see instructions	2h	()
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	()
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	()
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	()
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	()
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	321
o	Circulation costs (difference between regular tax and AMT)	2o	()
p	Long-term contracts (difference between AMT and regular tax income)	2p	()
q	Mining costs (difference between regular tax and AMT)	2q	()
r	Research and experimental costs (difference between regular tax and AMT)	2r	()
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	()
3	Other adjustments, including income-based related adjustments	3	()
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$875,950, see instructions.)	4	1,752,894

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is... Single or head of household \$ 609,350 Married filing jointly or qualifying surviving spouse 1,218,700 Married filing separately 609,350 AND line 4 is not over... \$ 85,700 133,300 66,650 THEN enter on line 5... () () () If line 4 is over the amount shown above for your filing status, see instructions.	5	()
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	1,752,894
7	- If you are filing Form 2555, see instructions for the amount to enter. - If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result.	7	483,610
8	Alternative minimum tax foreign tax credit (see instructions)	8	2,363
9	Tentative minimum tax. Subtract line 8 from line 7	9	481,247
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	554,570
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0

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

Form **6251** (2024)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	1,752,894
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	31,850
14	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	31,850
16	Enter the smaller of line 12 or line 15	16	31,850
17	Subtract line 16 from line 12	17	1,721,044
18	If line 17 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result 18	18	477,240
19	Enter: \$94,050 if married filing jointly or qualifying surviving spouse, \$47,025 if single or married filing separately, or \$63,000 if head of household.	19	94,050
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	1,687,670
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0
22	Enter the smaller of line 12 or line 13	22	31,850
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	31,850
25	Enter: \$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, or \$551,350 if head of household.	25	583,750
26	Enter the amount from line 21	26	0
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	1,687,670
28	Add line 26 and line 27	28	1,687,670
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	0
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 23 and 30	32	
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33	Subtract line 32 from line 22	33	31,850
34	Multiply line 33 by 20% (0.20)	34	6,370
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	483,610
39	If line 12 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result	39	486,158
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	483,610

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

WILLIAM M. GLADSON &

Your taxpayer identification number

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 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 above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	PETS BUILDING	☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2 4,317		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3 863		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4 0		
5 Multiply line 4 by 50% (0.50)	5 0		
6 Multiply line 4 by 25% (0.25)	6 0		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7 25,616		
8 Multiply line 7 by 2.5% (0.025)	8 640		
9 Add lines 6 and 8	9 640		
10 Enter the greater of line 5 or line 9	10 640		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11 640		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13 640		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15 640		
16 Total qualified business income component. Add all amounts reported on line 15	16 640		

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

Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17 Enter the amounts from line 3	17		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19		
20 Taxable income before qualified business income deduction	20		
21 Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22 Subtract line 21 from line 20	22		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24 Phase-in percentage. Divide line 22 by line 23	24	%	
25 Total phase-in reduction. Multiply line 19 by line 24	25		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	640	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	1,161	
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	1,161	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31	232	
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		872
33 Taxable income before qualified business income deduction	33	1,720,392	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	31,850	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		1,688,542
36 Income limitation. Multiply line 35 by 20% (0.20)	36		337,708
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		872
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		872
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	0

Form 8995-A (2024)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

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.

OMB No. 1545-0074

2024Attachment
Sequence No. **71**

Name(s) shown on return

WILLIAM M. GLADSON &

Your social security number

Part I 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	365,204	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	365,204	
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 \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		115,204
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		1,037

Part II 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		
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 \$200,000	9	250,000	
10	Enter the amount from line 4	10	365,204	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
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		

Part III 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		
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 \$200,000	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		

Part IV 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		1,037
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Part V 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	5,434	
20	Enter the amount from line 1	20	365,204	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,295	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		139
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
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		139

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

Form **8959** (2024)

Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

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

OMB No. 1545-2227

2024Attachment
Sequence No. **72**

Name(s) shown on your tax return

WILLIAM M. GLADSON &

Your social security number or EIN

Part I 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	10,677
2	Ordinary dividends (see instructions)	2	46,588
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	1,272,587
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-1,295,545
c	Combine lines 4a and 4b	4c	-22,958
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	31,307

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III 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	31,307
13	Modified adjusted gross income (see instructions)	13	1,749,592
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	1,499,592
16	Enter the smaller of line 12 or line 15	16	31,307
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	1,190
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	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	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	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	

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

Form **8960** (2024)

Form 4562

Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment
Sequence No. 179

Name(s) shown on return

WILLIAM M. GLADSON &

Identifying number

Business or activity to which this form relates

PASS-THROUGH EXPENSE FROM K-1

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,220,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FROM SCHEDULE K-1 (FORM 1120-S)		17,045
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	17,045
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	17,045
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	1,220,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	17,045
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,045
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

Identifying number

A Name of S corporation

B Employer identification number

MULBERRY GROVE ANIMAL HOSPITAL, INC

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	783,594
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	1,289,632
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	119
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	1,289,751
5	Stock basis before distributions. Add lines 1, 2, and 4	5	2,073,345
6	Distributions (excluding dividend distributions)	6	1,291,274
Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	782,071
8a	Nondeductible expenses	8a	554
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	554
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	781,517
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	23,300
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	23,300
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	758,217

Part II Shareholder Debt Basis**Section A—Amount of Debt (If more than three debts, see instructions.)**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions	17,045		17,045		
42 Charitable contributions	6,255		6,255		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	23,300		23,300		

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

Identifying number

A Name of S corporation

B Employer identification number

PET EMERGENCY TREATMENT SERVICES

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	26,986
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	4,317
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	4,317
5	Stock basis before distributions. Add lines 1, 2, and 4	5	31,303
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	16,500
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	14,803
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	14,803
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	14,803

Part II Shareholder Debt Basis**Section A—Amount of Debt (If more than three debts, see instructions.)**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

Form **8582**Department of the Treasury
Internal Revenue Service**Passive Activity Loss Limitations**

See separate instructions.

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

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

OMB No. 1545-1008

2024Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

WILLIAM M. GLADSON &

Part I 2024 Passive Activity Loss

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

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

1a	Activities with net income (enter the amount from Part IV, column (a))	1a	22,958	
1b	Activities with net loss (enter the amount from Part IV, column (b))	1b		
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	678,027	
1d	Combine lines 1a, 1b, and 1c	1d		-655,069

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a	4,317	
2b	Activities with net loss (enter the amount from Part V, column (b))	2b		
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c		
2d	Combine lines 2a, 2b, and 2c	2d		4,317

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-650,752
---	---	---	--	----------

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

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

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

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

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	650,752
5	Enter \$150,000. If married filing separately, see instructions	5	150,000
6	Enter modified adjusted gross income, but not less than zero. See instructions. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	1,749,592
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	27,275
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	27,275

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
DAISY MAE HOLDINGS, LLC - COMMERCIAL	22,958		607,002		584,044
PERL LEE PROPERTIES, LLC - RESIDENT			71,025		71,025
Total. Enter on Part I, lines 1a, 1b, and 1c	22,958		678,027		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2024)

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
PET EMERGENCY TREATMENT SERVICES	-				
	4,317			4,317	
Total. Enter on Part I, lines 2a, 2b, and 2c	4,317				

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

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

Part VII Allocation of Unallowed Losses. See instructions

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
DAISY MAE HOLDINGS, LLC - COMMERCIAL	SCH E1	584,044	0.8916	580,195
PERL LEE PROPERTIES, LLC - RESIDENT	SCH E1	71,025	0.1084	70,557
Total		655,069	1.00	650,752

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
DAISY MAE HOLDINGS, LLC - COMMERCIAL	SCH E1	607,002	580,195	26,807
PERL LEE PROPERTIES, LLC - RESIDENT	SCH E1	71,025	70,557	468
Total		678,027	650,752	27,275

Federal Statements**Daisy Mae Holdings, LLC - Commercial Rental****Statement 1 - Schedule E, Line 19 - Other Expenses**

Description	Gross Amount	Business Use Percentage	Net Amount
BUSINESS LICENSES AND PERMITS	\$ 139		\$ 139
TOTAL	\$ 139		\$ 139

Perl Lee Properties, LLC - Residential Rental**Statement 2 - Schedule E, Line 19 - Other Expenses**

Description	Gross Amount	Business Use Percentage	Net Amount
CONDO DUES	\$ 10,004		\$ 10,004
BUSINESS LICENSES AND PERMITS	139	100.00	139
VACATION HOME ADJ FOR OTH EXP	-2,712		-2,712
VACATION HOME ADJUSTMENT	-984		-984
TOTAL	\$ 6,447		\$ 6,447

Form 1040

Shareholder's Basis Worksheet Page 1

2024

Name

Taxpayer Identification Number

Name of Entity MULBERRY GROVE ANIMAL HOSPITAL, INC

EIN

Passive Activity Type NOT PASSIVE

K1 Unit

1

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero 1. 783,594
- Increases to stock basis**
2. Capital contributions made or additional stock acquired 2.
3. Ordinary business income 3. 1,289,632
4. Net rental real estate income 4.
5. Other net rental income 5.
6. Interest, dividends and royalties 6. 119
7. Net capital gains 7.
8. Net section 1231 gain and ordinary business gain 8.
9. Tax-exempt interest, other tax-exempt income and recapture credits 9.
10. Other income 10.
11. Excess of deductions for depletion over basis of property (other than oil and gas) 11.
12. Other increases to stock basis 12.
13. Total increases to stock basis. Combine lines 2 through 12 13. 1,289,751
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here 14. 2,073,345
- Decreases to stock basis**
15. Distributions allowed 15. 1,291,274
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 - 16. 782,071
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2) 17. 23,854
18. Other decreases to stock basis 18.
19. Amount used to restore loan basis 19.
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19 20. 23,854
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero 21. 758,217

Shareholder Debt Basis

22. Debt basis at the beginning of corporation's tax year 22.
23. Additional loans 23.
24. Debt basis restoration 24.
25. Nontaxable debt repayment 25.
26. Debt basis before losses and deductions. Combine lines 22 through 25 26.
27. Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3) 27.
28. Debt basis at the end of year (Subtract line 27 from line 26). 28. 0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28) 29. 758,217

Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S) 30. 1,291,274
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18. 31. 2,073,345
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30) 32. 0
- Sch D/8949, short-term capital gain • Sch D/8949, long-term capital gain

Name	Id No.	K1 Unit
Entity Name MULBERRY GROVE ANIMAL HOSPITAL, INC EIN	Passive Activity Type NOT PASSIVE	1
BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS		

Loss Allocated to Shareholder Stock and Debt Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible expenses		554	554	1.0000	554					554
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense		17,045	17,045	0.7315	17,045					17,045
Cash contributions		6,255	6,255	0.2685	6,255					6,255
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		23,300	23,300	1.0000	23,300					23,300
Total nonded and deductible items		23,854	23,854		23,854					23,854

Form 1040

Shareholder's Basis Worksheet Page 1

2024

Name

Taxpayer Identification Number

Name of Entity PET EMERGENCY TREATMENT SERVICES

EIN

Passive Activity Type OTHER PASSIVE

K1 Unit

2

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero 1. 26,986
- Increases to stock basis**
2. Capital contributions made or additional stock acquired 2. _____
3. Ordinary business income 3. _____
4. Net rental real estate income 4. 4,317
5. Other net rental income 5. _____
6. Interest, dividends and royalties 6. _____
7. Net capital gains 7. _____
8. Net section 1231 gain and ordinary business gain 8. _____
9. Tax-exempt interest, other tax-exempt income and recapture credits 9. _____
10. Other income 10. _____
11. Excess of deductions for depletion over basis of property (other than oil and gas) 11. _____
12. Other increases to stock basis 12. _____
13. Total increases to stock basis. Combine lines 2 through 12 13. 4,317
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here 14. 31,303
- Decreases to stock basis**
15. Distributions allowed 15. 16,500
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 - 16. 14,803
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2) 17. _____
18. Other decreases to stock basis 18. _____
19. Amount used to restore loan basis 19. _____
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19 20. 0
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero 21. 14,803

Shareholder Debt Basis

22. Debt basis at the beginning of corporation's tax year 22. _____
23. Additional loans 23. _____
24. Debt basis restoration 24. _____
25. Nontaxable debt repayment 25. _____
26. Debt basis before losses and deductions. Combine lines 22 through 25 26. _____
27. Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3) 27. _____
28. Debt basis at the end of year (Subtract line 28 from line 27). 28. 0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28) 29. 14,803

Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S) 30. 16,500
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18. 31. 31,303
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30) 32. 0
- Sch D/8949, short-term capital gain _____ ● Sch D/8949, long-term capital gain _____

Year Ending: December 31, 2024

William M. Gladson &

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under IRC Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Year Ending: December 31, 2024

William M. Gladson & [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

The taxpayer hereby elects, pursuant to Regulation 1.263(a)-3(h), to apply the safe harbor provisions to all amounts paid during the tax year for repairs, maintenance, improvements, and similar activities performed on the following eligible building(s).

Schedule E: Daisy Mae Holdings, LLC - Commercial Rental

7101 SE HWY 42
Summerfield, FL 34491

Year Ending: December 31, 2024

William M. Gladson &

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

The taxpayer hereby elects, pursuant to Regulation 1.263(a)-3(h), to apply the safe harbor provisions to all amounts paid during the tax year for repairs, maintenance, improvements, and similar activities performed on the following eligible building(s).

Schedule E: Perl Lee Properties, LLC - Residential Rental

8550 A1A South, Unit 43230
St. Augustine, FL 32080

Form 1040	Form 8960 - Net Investment Income Worksheet 1	2024
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Name WILLIAM M. GLADSON & [REDACTED]	Taxpayer Identification Number [REDACTED]
--	---

Form 8960, Line 4b, Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business

Activity	Profit or loss on Sch C / Net Rental Income(Loss) on Sch E	Net Royalty Income(Loss) on Sch E	Net K-1 Nonpassive Income(Loss) on Sch E	Net K-1 Passive Income(Loss) on Sch E	Non-section 1411 Adjustment
DAISY MAE HOLDINGS, LLC - COMMERCIAL RENTAL	22,958				-22,958
MULBERRY GROVE ANIMAL HOSPITAL, INC			1,272,587		-1,272,587
Totals	22,958		1,272,587		
Additional adjustment					
Total adjustment. Enter on Form 8960, line 4b					-1,295,545

Form 8960, Line 5b, Net gain or loss from disposition of property not subject to net investment income tax

Description	Schedule D Short Term Gain(Loss)	Schedule D Long Term Gain(Loss)	Form 4797 Short Term Gain(Loss)	Form 4797 Long Term Gains (Losses)	Non-section 1411 Adjustment
Totals					
Adjustment for capital loss carryforward from 2023					
Total capital gain/(loss)			Total ordinary gain/(loss)		
Additional adjustment					
Total net gain or loss from disposition of property not subject to net investment income tax					
Adjustment for capital loss carryover to 2025. Lesser of line 3 or 4 from worksheet below, entered as a negative number					0
Total adjustment. Enter on Form 8960, line 5b					

Adjustment for capital loss carryover to 2025

Complete this worksheet if there is a capital loss carryover to next year

- | | |
|--|------------------|
| 1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a negative. If a loss, enter as a positive. | 1. _____ |
| 2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3 | 2. _____ |
| 3. Combine lines 1 and 2. If zero or less, enter -0- | 3. <u>0</u> |
| 4. Enter the amount of capital loss carried over to the following year, as a positive number | 4. <u>22,296</u> |

Schedule E	Qualified Business Income Calculation Worksheet	2024
-------------------	--	-------------

Name WILLIAM M. GLADSON & [REDACTED]		Taxpayer Identification Number [REDACTED]	
Property Description DAISY MAE HOLDINGS, LLC - COMMERCIAL REN		Form/Schedule E	Unit 1

1. Schedule E, Page 1, Net rental real estate income or (loss)	1.	-3,849
Additions for qualified business income:		
2. Form 4797, Ordinary income	2.	
Prior year suspended losses utilized this year:		
3. Passive suspended losses	3.	26,807
4. At-Risk suspended losses	4.	
5. Section 179 expense	5.	
6. Total additions to net profit or (loss). Add lines 2 through 5.	6.	26,807
Subtractions for qualified business income		
7. Form 4797, Ordinary loss (includes share of net 1231 loss)	7.	
8. Reserved	8.	
9. Reserved	9.	
10. Total subtraction to net profit or (loss). Add lines 7 through 9.	10.	
11. Qualified business income for this activity. Line 1 plus line 6 less line 10.	11.	22,958

	Beginning of Year			End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
Carryovers:						
Passive activity:						
Operating		607,002	26,807		580,195	26,807
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						
Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward						26,807

Schedule E

K-1 Reconciliation Worksheet - Qualified Business Income

2024

Name

MULBERRY GROVE ANIMAL HOSPITAL, INC

EIN

S CORPORATION

Entity Type

NOT PASSIVE

Passive Activity Type

Passive

Activity

Taxpayer Identification Number

Screen K1

K1 Unit

1

Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Passive Activity Type			Passive Limitation	Qualified Business Income	Entire disposition of activity	
			Basis Limit Adjustment	At-risk Adjustment	Passive Limitation			Prior Year Suspended QBI Losses Allowed	At-risk
Ordinary business inc/loss	1,289,632	1,289,632					1,289,632		
Net rental real estate inc/loss									
Other net rental income/loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense	17,045	-17,045					-17,045		
Disallowed Section 179 exp									
Other income (loss)									
Other income/loss Form 1040									
Reserved									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acqisiti									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans									
Ordinary gains on distribution									
Total Qualified Business Income							1,272,587		

Qualified business net (loss) carryforward from prior years Form 8995, line 3 or Form 8995-A (Schedule C), line 2

Name		Taxpayer Identification Number		Screen K-1		K-1 Unit	
Entity Name		PET EMERGENCY TREATMENT SERVICES		Entity Type		S CORPORATION	
Activity		PET EMERGENCY TREATMENT SERVICES		Entity Type		OTHER PASSIVE	
		EIN		Passive Activity Type		Entire disposition of activity	
		QBI Items from Schedule K-1		Basis Limit Adjustment		At-risk Adjustment	
Qualified Business Income		Screen K1QBI Amount		Passive Limitation		Qualified Business Income	
Ordinary business inc/loss		4,317					4,317
Net rental real estate inc/loss							
Other net rental income/loss							
Royalties							
Section 1231 gain (loss)							
Section 179 expense							
Disallowed Section 179 exp							
Other income (loss)							
Other income/loss Form 1040							
Reserved							
Other deductions							
4797 ordinary income / -loss							
Depletion							
UPE + Debt financed acqisit							
Deductible part of SE tax							
Self-employed health insurance							
Self-employed qualified plans							
Ordinary gains on distribution							
Total Qualified Business Income							4,317

Form 8995 or 8995-A

Qualified business net (loss) carryforward from prior years Form 8995, line 3 or Form 8995-A (Schedule C), line 2

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers
Ordinary business loss							
Net rental real estate loss							
Other net rental loss							
Section 179 expense							
Depletion							
Section 59(e)(2) expenditure							
Preproductive period exp							
Reforestation expense ded							
Other deductions							
Other losses - Schedule E							
Dependent care expense							
4797 - Ordinary loss							
Other losses - 1040 Sch 1							
Section 1231 loss							

Form **1040****Carryover Report****2024**

Name

WILLIAM M. GLADSON & [REDACTED]

Taxpayer Identification Number

[REDACTED]

Carryover Item	Available to 2024	2024 Amounts	Carryover to 2025
Minimum tax credit			
Investment interest			
Investment interest - AMT			
Short-term capital loss	48,404	UTILIZED	-26,108
Short-term capital loss - AMT	48,404	UTILIZED	-26,108
Long-term capital loss			
Long-term capital loss - AMT			
Residential energy efficient property			
D.C. first-time homebuyer credit			
Tax credit bonds			
Qualified business income loss			
Qualified REIT income and PTP loss			
Excess business loss portion of NOL			

Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2019 Amounts		
2020 Amounts		
2021 Amounts	GENERATED	1,506
2022 Amounts		
2023 Amounts		
Available to 2024		1,506
2024 Amounts		
Carryover to 2025		1,506

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2019 Amounts		
2020 Amounts		
2021 Amounts	GENERATED	1,334
2022 Amounts		
2023 Amounts		
Available to 2024		1,334
2024 Amounts		
Carryover to 2025		1,334

Name

WILLIAM M. GLADSON &

Taxpayer Identification Number

T/S	Payer	Box 7 Gross Distribution Code	1099-R Box 1	Taxable Amount 1099-R Box 2a (less rollover amount)	Qualified Charitable Distribution
A	S NATIONAL FINANCIAL SERVICES, LLC	4	92,558	92,558	
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
		Taxpayer			
		Spouse	92,558	92,558	
		Total	92,558	92,558	

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		29,619					
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp							
Sp		29,619					
Total		29,619					

Form 1040

Salaries & Wages Report

2024

Name

WILLIAM M. GLADSON &

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	STATE OF FLORIDA	191,418	27,686	168,600
B S	MULBERRY GROVE ANIMAL HOSPITAL, INC	138,764	24,906	149,814
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		191,418	27,686	168,600
Spouse		138,764	24,906	149,814
Totals		330,182	52,592	318,414

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	10,453	215,390	3,262				360
B	9,288	149,814	2,172				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	10,453	215,390	3,262				360
Spouse	9,288	149,814	2,172				
Totals	19,741	365,204	5,434				360

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Name WILLIAM M. GLADSON & Taxpayer Identification Number

		2023	2024	Differences
		MFJ	MFJ	
Filing Status				
Dependents		1	0	-1
1. Salaries and wages	1.	320,462	330,182	9,720
2. Interest income	2.	892	10,677	9,785
3. Tax exempt interest income	3.	17,031	21,969	4,938
4. Dividend income	4.	42,579	46,588	4,009
5. Qualified dividend income	5.	27,879	31,850	3,971
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.	-3,000	-3,000	
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.		92,558	92,558
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.	-4,576	-4,317	259
14. Partnership/S corp income	14.	1,153,728	1,276,904	123,176
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total income	20.	1,510,085	1,749,592	239,507
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	1,510,085	1,749,592	239,507
31. Medical	31.			
32. Taxes	32.	10,000	10,000	
33. Interest	33.			
34. Contributions	34.	4,560	9,505	4,945
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	14,560	19,505	4,945
38. Standard deduction	38.	27,700	29,200	1,500
		STANDARD	STANDARD	
39. Deduction taken	39.	27,700	29,200	1,500
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	1,482,385	1,720,392	238,007
41. QBID	41.	728	872	144
42. Taxable income	42.	1,481,657	1,719,520	237,863

Name WILLIAM M. GLADSON & Taxpayer Identification Number

		2023	2024	Differences
43.	Taxable income from 2YR page 1, line 42	1,481,657	1,719,520	237,863
44.	Tax on taxable income	473,388	556,933	83,545
45.	Alternative minimum tax			
46.	Excess advance premium tax credit & other advanced repayments			
47.	Child care credit			
48.	Education credits			
49.	Retirement savings credit			
50.	Child & other dependent tax credit			
51.	General business credit			
52.	Other credits	4,497	2,363	-2,134
53.	Total credits	4,497	2,363	-2,134
54.	Net tax liability	468,891	554,570	85,679
55.	Self-employment taxes			
56.	Other taxes	947	2,227	1,280
57.	Total tax	469,838	556,797	86,959
58.	Income tax withheld	51,860	82,350	30,490
59.	Estimated tax payments	348,000	468,000	120,000
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits			
63.	Other payments	205,000	160,000	-45,000
64.	Total payments	604,860	710,350	105,490
65.	Tax due/-refund	-135,022	-153,553	-18,531
66.	Penalties and interest	439		-439
67.	Net tax due/-refund	-134,583	-153,553	-18,970
68.	Refund applied to estimated tax payments	134,583	153,553	18,970
69.	Refund received			
70.	Effective tax rate	32.0 %	32.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023	2023 Marginal	2024	2024 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	1,453,778	37.0 %	1,687,670	37.0 %
Capital income	27,879	20.0 %	31,850	20.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Two Year Comparison Report - Schedule E Page 1****2023 & 2024**

Name

WILLIAM M. GLADSON & [REDACTED]

Taxpayer identification number

Property description

DAISY MAE HOLDINGS, LLC - COMMERCIAL RENTAL

Unit

1

Income		2023	2024	Differences
1. Total rents and royalties received	1.	72,000	72,000	
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.			
5. Commissions	5.			
6. Insurance	6.			
7. Legal and other professional fees	7.	1,250	1,500	250
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.			
12. Supplies	12.			
13. Taxes	13.	4,563	27,940	23,377
14. Utilities	14.			
15. Depreciation expense or depletion	15.	19,462	19,463	1
16. Other expenses	16.	139	139	
17. Total expenses	17.	25,414	49,042	23,628
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties	18.	46,586	22,958	-23,628
19. Deductible rental real estate loss	19.	-50,683	-26,807	23,876
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next yr	21.			

Form 1040	Two Year Comparison Report - Schedule E Page 1	2023 & 2024
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Name WILLIAM M. GLADSON & [REDACTED]	Taxpayer identification number [REDACTED]
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Property description PERL LEE PROPERTIES, LLC - RESIDENTIAL RENTAL	Unit 2
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Income		2023	2024	Differences
1. Total rents and royalties received	1.	13,971	25,690	11,719
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.			
5. Commissions	5.			
6. Insurance	6.	1,596	1,271	-325
7. Legal and other professional fees	7.	1,250	1,500	250
8. Management fees	8.	1,654	2,517	863
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.	626	158	-468
12. Supplies	12.			
13. Taxes	13.	5,379	4,189	-1,190
14. Utilities	14.	955	975	20
15. Depreciation expense or depletion	15.	11,420	8,633	-2,787
16. Other expenses	16.	6,289	6,447	158
17. Total expenses	17.	29,169	25,690	-3,479
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties	18.	-15,198		15,198
19. Deductible rental real estate loss	19.	-479	-468	11
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next yr	21.		984	984

Form 1040

Return Carryover Summary

2024

Name WILLIAM M. GLADSON & Taxpayer Identification Number

Activity/Form	Unit	Description	Carryover to 2025
E	1	DAISY MAE HOLDINGS, LLC - COMMERCIA	
		PASSIVE - OPERATING	580,195
		OPERATING AMT	580,196
E	2	PERL LEE PROPERTIES, LLC - RESIDENTIAL RENTAL	
		DISALLOWED VACATION HOME - CASUALTY/DEPRECIATION	984
		PASSIVE - OPERATING	70,557
		OPERATING AMT	70,557
D		SHORT-TERM CAPITAL LOSS	22,296
D		SHORT-TERM CAPITAL LOSS AMT	22,296
4797		NON-RECAPTURED NET SECTION 1231 LOSSES	1,506
4797		NON-RECAPTURED NET SECTION 1231 LOSSES AMT	1,334
IRA		TRADITIONAL IRA BASIS - TAXPAYER	1,100
IRA		SPOUSE	2,300
1040		OVERPAYMENT APPLIED TO NEXT YEAR'S ESTIMATES	153,553

Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2024**

Name

WILLIAM M. GLADSON &

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status MARRIED FILING JOINTLY Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) 32.0 %
 Tax Method QUALIFIED DIVIDENDS & CAPITAL GAIN TAX WORKSHEET

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	1,687,670	37.0 %	550,563	\$731,200 +	
Capital Income	31,850	20.0 %	6,370	\$731,200 +	
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$23,200	1a. 23,200	1b. 2,323
2. 12% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$71,100	2a. 71,100	2b. 8,535
3. 22% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$106,750	3a. 106,750	3b. 23,479
4. 24% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$182,850	4a. 182,850	4b. 43,884
5. 32% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$103,550	5a. 103,550	5b. 33,136
6. 35% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$243,750	6a. 243,750	6b. 85,313
7. 37% rate NO MAXIMUM TAXABLE INCOME PER THIS BRACKET	7a. 956,470	7b. 353,893
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 1,687,670	8b. 550,563

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate NO MAXIMUM TAXABLE INCOME PER THIS BRACKET	11a. 31,850	11b. 6,370
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a. 31,850	14b. 6,370

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 1,687,670
16. Total capital gains taxable income. Enter the amount from line 14a.	16. 31,850
17. Add lines 15 and 16.	17. 1,719,520
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 1,719,520

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 550,563
21. Total capital gains tax. Enter the amount from line 14b.	21. 6,370
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 556,933
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 556,933