

General Information

Name: Mr Daniel Frank Martell

PID 309024

AGENCY INFORMATION

Organization	Suborganization	Title
Florida Housing Finance Corporation	Board of Directors	

Net WorthMy Net Worth as of June 1, 2025 was \$ 4,004,530.00.**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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1863 WOODMERE DRIVE, JACKSONVILLE FL 32210	\$ 1,600,000.00
1865 WOODMERE DRIVE, JACKSONVILLE, FL 32210	\$ 500,000.00
Bank of American - Checking & Savings	\$ 18,000.00
Wells Fargo - Checking and Savings	\$ 2,500.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/07/2025

Description of Asset	Value of Asset
Nextera Energy Vested Options	\$ 15,000.00
Nextera Energy Cash Balance Pension Plan	\$ 137,000.00
ADP	\$ 1,300.00
AMT	\$ 1,010.00
ci	\$ 1,270.00
TJX	\$ 1,270.00
ETN	\$ 1,025.00
FANG	\$ 1,025.00
LCII	\$ 7,850.00
MMC	\$ 1,160.00
WMT	\$ 4,440.00
PH	\$ 1,330.00
HUM	\$ 1,070.00
SPGI	\$ 1,025.00
RTX	\$ 1,360.00
T	\$ 1,100.00
INTU	\$ 1,500.00
PG	\$ 2,040.00
UNP	\$ 1,100.00
COP	\$ 1,025.00
PLD	\$ 1,010.00
ITW	\$ 1,225.00
PRU	\$ 1,040.00
ADBE	\$ 1,250.00
NOW	\$ 2,022.00
TT	\$ 1,700.00
CL	\$ 1,400.00
DG	\$ 1,400.00
HON	\$ 1,200.00

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Description of Asset	Value of Asset
NXPI	\$ 1,400.00
ROST	\$ 1,400.00
UPS	\$ 1,400.00
BSX	\$ 2,100.00
GD	\$ 1,400.00
KKR	\$ 1,820.00
MPWR	\$ 1,300.00
SCHW	\$ 1,770.00
MCO	\$ 1,900.00
NEE	\$ 1,400.00
QCOM	\$ 1,160.00
MSCI	\$ 1,120.00
SNPS	\$ 1,400.00
AMGN	\$ 1,730.00
PDBC	\$ 1,840.00
ABBV	\$ 2,200.00
CH	\$ 1,900.00
CRM	\$ 2,120.00
AMD	\$ 1,330.00
DHR	\$ 2,000.00
PFE	\$ 2,000.00
FTGC	\$ 2,070.00
PEP	\$ 2,070.00
ANSS	\$ 2,200.00
BANK DEPOSIT	\$ 2,250.00
TSLA	\$ 6,000.00
CVX	\$ 2,400.00
ISRG	\$ 2,400.00
SYK	\$ 2,670.00

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Description of Asset	Value of Asset
V	\$ 3,280.00
CHH	\$ 3,500.00
FI	\$ 2,500.00
SMG	\$ 2,500.00
TDY	\$ 4,500.00
EXPO	\$ 2,300.00
THO	\$ 2,350.00
AMAT	\$ 2,190.00
BFAM	\$ 3,750.00
HD	\$ 3,300.00
WM	\$ 1,205.00
SITE	\$ 2,340.00
MA	\$ 4,010.00
MRK	\$ 1,150.00
BJ	\$ 4,075.00
SAIA	\$ 2,980.00
ALLE	\$ 5,000.00
CHE	\$ 3,450.00
RTHSX	\$ 3,400.00
DLB	\$ 3,500.00
UNH	\$ 3,500.00
ZWS	\$ 4,300.00
CRL	\$ 3,750.00
XOM	\$ 3,280.00
BKNG	\$ 5,500.00
AZPN	\$ 3,800.00
JKHY	\$ 4,200.00
NFLX	\$ 7,240.00
EFX	\$ 4,500.00

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Description of Asset	Value of Asset
ROL	\$ 3,900.00
FICO	\$ 1,730.00
ZBRA	\$ 3,770.00
IJH	\$ 27,300.00
NDSN	\$ 3,800.00
XLFR	\$ 1,100.00
CIVIX	\$ 4,500.00
IBKR	\$ 5,900.00
PCLIX	\$ 4,500.00
WRB	\$ 6,350.00
BANK DEPOSIT	\$ 14,300.00
WSO	\$ 4,435.00
IEMG	\$ 22,050.00
LLY	\$ 4,400.00
COST	\$ 6,240.00
POOL	\$ 4,210.00
LPLA	\$ 7,000.00
IEFA	\$ 5,200.00
AVGO	\$ 9,700.00
COO	\$ 3,800.00
BRKB	\$ 6,500.00
LII	\$ 3,950.00
TER	\$ 5,500.00
BSY	\$ 5,300.00
ITOT	\$ 6,130.00
PCRIX	\$ 6,500.00
FZFX	\$ 7,000.00
JPM	\$ 9,000.00
RLVSX	\$ 7,650.00

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Description of Asset	Value of Asset
IVE	\$ 8,100.00
IVW	\$ 8,400.00
META	\$ 11,650.00
VWO	\$ 8,500.00
IVV	\$ 9,540.00
TROX	\$ 9,600.00
DODGX	\$ 9,800.00
IWM	\$ 21,500.00
VO	\$ 10,000.00
AMZN	\$ 13,100.00
JENIX	\$ 11,500.00
VEA	\$ 12,000.00
BSFIX	\$ 12,200.00
GOOGL	\$ 12,700.00
FSNXX	\$ 13,600.00
TQMIX	\$ 14,400.00
BANK DEPOSIT	\$ 10,500.00
AMZN	\$ 19,000.00
JVMIX	\$ 16,900.00
NFFFX	\$ 18,500.00
AEPFX	\$ 19,000.00
ODVYX	\$ 19,200.00
IEMG	\$ 19,800.00
VSOIX	\$ 20,250.00
BANK DEPOSIT	\$ 20,400.00
NVDA	\$ 25,670.00
IWM	\$ 21,600.00
AAPL	\$ 22,900.00
MSFT	\$ 24,400.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Description of Asset	Value of Asset
IJH	\$ 26,500.00
JEPI	\$ 28,500.00
GFFFX	\$ 28,900.00
RTNSX	\$ 33,750.00
ORLY	\$ 1,370.00
RTSSX	\$ 28,000.00
WMFFX	\$ 39,700.00
CBLDX	\$ 11,000.00
RETSX	\$ 41,000.00
IEFA	\$ 50,000.00
FRBBX	\$ 56,000.00
EV Floating Rate & High Income	\$ 58,000.00
AF Europac Growth	\$ 92,600.00
Large Growth Fund by TRP	\$ 104,500.00
EMPIX	\$ 104,000.00
BTC Equity Index	\$ 121,000.00
Nextera Energy ESOP	\$ 175,500.00
NEE	\$ 487,500.00
FDRR	\$ 27,000.00
GSIMX	\$ 31,000.00
HLNE	\$ 2,500.00
OLLI	\$ 3,120.00
ROL	\$ 4,980.00
TTAN	\$ 1,550.00
OLED	\$ 4,730.00
ACN	\$ 1,901.00
T	\$ 1,700.00
BK	\$ 1,330.00
BA	\$ 1,037.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Description of Asset	Value of Asset
BMY	\$ 2,400.00
BXP	\$ 1,010.00
CHTR	\$ 1,180.00
CVX	\$ 2,050.00
CB	\$ 2,080.00
KO	\$ 1,080.00
ECL	\$ 1,060.00
FI	\$ 2,700.00
GE	\$ 1,230.00
IDXX	\$ 1,030.00
JCI	\$ 1,014.00
KMG	\$ 1,006.00
NTRS	\$ 1,060.00
ORCL	\$ 1,650.00
PLTR	\$ 1,300.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
TD BANK	Corporate Office, 1701 Route 70 East, Cherry Hill, NJ 08003	\$ 826,000.00

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Daniel Frank Martell

Digitally signed: 07/07/2025

Filed with COE: 07/07/2025

FOR TAX YEAR 2024

CHERYL & DANIEL MARTELL

Scott Tax Resources

PO Box 134

Glenville, PA 17329

(717) 310-6338

Scott Tax Resources

PO Box 134
Glenville, PA 17329
travis@scotttaxresources.com
Phone: (717)310-6338

June 30, 2025

Cheryl & Daniel Martell
1854 San Marco Blvd
Jacksonville, FL 32207

Cheryl & Daniel Martell:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$21,833 Balance Due	Direct Debit from [REDACTED]

The following returns were e-filed and accepted:

* Federal Income Tax - accepted April 11, 2025

Sincerely,

Travis Scott
Scott Tax Resources

Scott Tax Resources

PO Box 134
Glenville, PA 17329
travis@scotttaxresources.com
Phone: (717)310-6338

June 30, 2025

Cheryl & Daniel Martell
1854 San Marco Blvd
Jacksonville, FL 32207

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (717)310-6338.

Sincerely,

Travis Scott
Scott Tax Resources

Scott Tax Resources

PO Box 134
Glenville, PA 17329
travis@scotttaxresources.com
Phone: (717)310-6338

Statement of Account

Date	Invoice #
June 30, 2025	

Cheryl & Daniel Martell
1854 San Marco Blvd
Jacksonville, FL 32207

Description	Fee	Payments	Balance
Tax Preparation	0.00		0.00
		Total Due	0.00

Send payments to: Scott Tax Resources
PO Box 134
Glenville, PA 17329

Send questions to travis@scotttaxresources.com or call (717)310-6338.

Thank you for your business!

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

CHERYL & DANIEL MARTELL

Taxpayer address (optional)

1854 SAN MARCO BLVD

JACKSONVILLE, FL 32207

1. ☒ Your federal income tax return for **2024** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Scott Tax Resources**.
2. ☒ Your return was accepted on **04-11-2025** using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is **[REDACTED]**.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☒ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

See separate instructions.

Your first name and middle initial
CHERYL

Last name
MARTELL

Your social security number
XXX-XX-XXXX

If joint return, spouse's first name and middle initial
DANIEL

Last name
MARTELL

Spouse's social security number
XXX-XX-XXXX

Home address (number and street). If you have a P.O. box, see instructions.
1854 SAN MARCO BLVD

Apt. no.

Presidential Election Campaign

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

State
FL

ZIP code
32207

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS)

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

(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 556,258

b Household employee wages not reported on Form(s) W-2 **1b**

c Tip income not reported on line 1a (see instructions) **1c**

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**

e Taxable dependent care benefits from Form 2441, line 26 **1e**

f Employer-provided adoption benefits from Form 8839, line 29 **1f**

g Wages from Form 8919, line 6 **1g**

h Other earned income (see instructions) **1h**

i Nontaxable combat pay election (see instructions) **1i**

z Add lines 1a through 1h **1z** 556,258

2a Tax-exempt interest **2a** 396

3a Qualified dividends **3a** 19,360

4a IRA distributions **4a**

5a Pensions and annuities **5a** 101,137

6a Social security benefits **6a**

b Taxable interest **2b** 0

b Ordinary dividends **3b** 38,747

b Taxable amount **4b**

b Taxable amount **5b** 31,137

b Taxable amount **6b**

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **7** (3,000)

8 Additional income from Schedule 1, line 10 **8** 31,947

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9** 655,089

10 Adjustments to income from Schedule 1, line 26 **10**

11 Subtract line 10 from line 9. This is your **adjusted gross income** **11** 655,089

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** 7

14 Add lines 12 and 13 **14** 29,207

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15** 625,882

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

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

Attach Sch. B if required.

Standard Deduction for-

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

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

Form **1040** (2024)

EEA

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	156,904
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	156,904
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	108
21	Add lines 19 and 20	21	108
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	156,796
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	8,619
24	Add lines 22 and 23. This is your total tax .	24	165,415

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	113,401
b	Form(s) 1099	25b	3,114
c	Other forms (see instructions)	25c	1,614
d	Add lines 25a through 25c	25d	118,129
26	2024 estimated tax payments and amount applied from 2023 return	26	15,000
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	10,453
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	10,453
33	Add lines 25d, 26, and 32. These are your total payments .	33	143,582

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	0
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	21,833
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 **Travis Scott** Phone no. **717-310-6338** Personal identification number (PIN) XXXXXXXXXX

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 inst.)
XXXXXXXXXX	04-11-2025	TRAVEL ADVISOR	XXXXXXXXXX
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
XXXXXXXXXX	04-11-2025	EXECUTIVE	XXXXXXXXXX
Phone no. 561-262-5820	Email address CHERYLMARTELL@MAC.COM		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Travis Scott	06-30-2025	XXXXXXXXXX	☐ Self-employed
Preparer's name Travis Scott	Phone no. 717-310-6338		
Firm's name Scott Tax Resources			
Firm's address PO Box 134			
Glenville, PA 17329	Firm's EIN 93-4412498		

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

CHERYL & DANIEL MARTELL

Your social security number

XXX-XX-XXXX

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . .	5	31,947
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	31,947

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	0

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

CHERYL & DANIEL MARTELL

Your social security number

XXX-XX-XXXX

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	0

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	3,114
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	2,963
12	Net investment income tax. Attach Form 8960	12	2,542
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:

17a

b Recapture of federal mortgage subsidy, if you sold your home see instructions

17b

c Additional tax on HSA distributions. Attach Form 8889

17c

d Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889

17d

e Additional tax on Archer MSA distributions. Attach Form 8853

17e

f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853

17f

g Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property

17g

h Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A

17h

i Compensation you received from a nonqualified deferred compensation plan
described in section 457A

17i

j Section 72(m)(5) excess benefits tax

17j

k Golden parachute payments

17k

l Tax on accumulation distribution of trusts

17l

m Excise tax on insider stock compensation from an expatriated corporation

17m

n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866

17n

o Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR

17o

p Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund

17p

q Any interest from Form 8621, line 24

17q

z Any other taxes. List type and amount:

17z

18 Total additional taxes. Add lines 17a through 17z

18

19 Recapture of net EPE from Form 4255, line 1d, column (I)

19

20 Section 965 net tax liability installment from Form 965-A

20

21 Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040
or 1040-SR, line 23, or Form 1040-NR, line 23b

21

8,619

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

CHERYL & DANIEL MARTELL

Your social security number

XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	108
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	108

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	10,453
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	10,453

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

Schedule 3 (Form 1040) 2024

Underpayment of Estimated Tax by
Individuals, Estates, and Trusts

OMB No. 1545-0140

2024

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form2210 for instructions and the latest information.Attachment
Sequence No. 06

Name(s) shown on tax return

CHERYL & DANIEL MARTELL

Identifying number

XXX-XX-XXXX

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?

Yes

Don't file Form 2210. You don't owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes

You **don't** owe a penalty. **Don't** file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.

No

You may owe a penalty. Does any box in Part II below apply?

Yes

You **must** file Form 2210. Does box B, C, or D in Part II apply?

No

Yes

You must figure your penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment

1 Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	156,796
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	8,619
3 Other payments and refundable credits (see instructions)	3	()
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	165,415
5 Multiply line 4 by 90% (0.90)	5	148,874
6 Withholding taxes. Don't include estimated tax payments. See instructions	6	128,582
7 Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210.	7	36,833
8 Maximum required annual payment based on prior year's tax (see instructions)	8	143,402
9 Required annual payment. Enter the smaller of line 5 or line 8	9	143,402

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

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

- A ☒ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty. **Statement #1**
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☒ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2024)

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

Attachment
Sequence No. **08**

XXX-XX-XXXX

CHERYL & DANIEL MARTELL

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:

[illegible]

1

2 Add the amounts on line 1

2

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

1

Attach Form 8815

23

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

4

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

Amount

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 SERVICES LLC 2993

37,668

WELLS FARGO CLEARING SERVICES 6090

1.079

DIVIDEND SUBTOTAL

38,747

4

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

6

38,747

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

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.

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.

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

Yes	No
-----	----

No

X

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

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

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

X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2024

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

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 . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	70,843	71,986		(1,143)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (1,143)

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 . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	34,325	35,169		(844)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	147,016		(151,238)	(4,222)
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 1,121
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 page 2				15 (3,945)

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 • 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 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 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. 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.	16 18 19 21	(5,088) (3,000)
---	---	---

Name(s) shown on return

Social security number or taxpayer identification number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY X2993	VARIOUS	12-31-2024	70,843	71,986			(1,143)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)				70,843	71,986			(1,143)

Note: If you checked Box A 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.

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

Form 8949 (2024)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (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

[illegible]

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY X2993 - NEE	VARIOUS	12-31-2024	147,016		0	(151,238)	(4,222)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				147,016			(151,238)	(4,222)

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.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

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	CM TRAVEL LLC	S	☐	88-1119683	☐	☐
B			☐		☐	☐
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					31,947
B					
C					
D					
29a Totals					31,947
b Totals					
30 Add columns (h) and (k) of line 29a				30	31,947
31 Add columns (g), (i), and (j) of line 29b				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	31,947

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	31,947
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)
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 **CHERYL & DANIEL MARTELL** Identifying number as shown on page 1 of your tax return **XXX-XX-XXXX**

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) **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	B	C	
VARIOUS				
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDEND				
	577			1a 577
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 deductions (attach statement)				
c Add lines 3a and 3b	29,200			
d Gross foreign source income (see instructions)	577			
e Gross income from all sources (see instructions)	659,210			
f Divide line 3d by line 3e (see instructions)	0.00088			
g Multiply line 3c by line 3f	26			
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	26			6 26
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 551

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A						108				108
B										
C										
8										8 108

For Paperwork Reduction Act Notice, see instructions.

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	108	
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	108	
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		108
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	551	
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 Form 1116, you must complete line 20.)	17	551	
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	18	616,986	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0009
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	20		156,904
Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)	21		141
22	Increase in limitation (section 960(c)) (see instructions)	22		
23	Add lines 21 and 22	23		141
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		108

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		108
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		108

Foreign Tax Carryover Reconciliation (<i>continued</i>)	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))							
2 Adjustments to line 1 (enter description-see instructions):							
a Carryback adjustment (see instructions)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.							
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.							

FOR ALT MIN TAX PURPOSES ONLY

Foreign Tax Credit

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service

AMT

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.

2024

Attachment
Sequence No. **19**

Name

CHERYL & DANIEL MARTELL

Identifying number as shown on page 1 of your tax return

XXX-XX-XXXX

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) **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)

		Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
		A	B	C	
i Enter the name of the foreign country or U.S. territory		VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDEND					
		577			1a 577
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)					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income (see instructions)		577			
e Gross income from all sources (see instructions)		577			
f Divide line 3d by line 3e (see instructions)		1.00000			
g Multiply line 3c by line 3f					
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					6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2					7 577

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued		Foreign taxes paid or accrued								
			In foreign currency				In U.S. dollars				
	(l) Date paid or accrued	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
		(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest			
A										108	108
B											
C											
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2											8 108

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2024)

FOR ALT MIN TAX PURPOSES ONLY

Form 1116 (2024)

Page **2**

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	108	
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	108	
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		108
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	577	
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 Form 1116, you must complete line 20.)	17	577	
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	18	649,571	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0009
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	20		139,904
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.				
21	Multiply line 20 by line 19 (maximum amount of credit)	21		126
22	Increase in limitation (section 960(c)) (see instructions)	22		
23	Add lines 21 and 22	23		126
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		108

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		108
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		108

EEA

Form 1116 (2024)

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Foreign Tax Carryover Reconciliation Schedule**For calendar year 20²⁴, or other tax year beginning _____, 20____, and ending _____, 20____.

See separate instructions.

Attach to Form 1116.

For 1116 AMT

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

OMB No. 1545-0121

Name

Identifying number as shown
on page 1 of your tax return
XXX-XX-XXXX**CHERYL & DANIEL MARTELL**

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** ☐ Reserved for future use **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 If box e is checked, enter the country code for the sanctioned country. See instructions
i If box f is checked, enter the country code for the treaty country. See instructions

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))							
2 Adjustments to line 1 (enter description-see instructions):							
a Carryback adjustment (see instructions)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)							
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-						

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule B (Form 1116) (Rev. 12-2022)

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

CHERYL MARTELL

XXX-XX-XXXX

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	31,137
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	31,137
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	3,114

Part II Additional Tax on Certain Distributions From Education Accounts and ABL Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABL account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABL account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2024 than is allowable or you had an amount on line 17 of your 2023 Form 5329.

9	Enter your excess contributions from line 16 of your 2023 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2024 traditional IRA distributions included in income (see instructions)	11	
12	2024 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2024 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2024 than is allowable or you had an amount on line 25 of your 2023 Form 5329.

18	Enter your excess contributions from line 24 of your 2023 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2024 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2024 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2024 were more than is allowable or you had an amount on line 33 of your 2023 Form 5329.

26	Enter the excess contributions from line 32 of your 2023 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2024 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2024 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2024 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2024 than is allowable or you had an amount on line 41 of your 2023 Form 5329.

34	Enter the excess contributions from line 40 of your 2023 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2024 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2024 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2024 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2024 than is allowable or you had an amount on line 49 of your 2023 Form 5329.

42	Enter the excess contributions from line 48 of your 2023 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2024 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2024 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2024 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2024 were more than is allowable.

50	Excess contributions for 2024 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2024. Include this amount on Schedule 2 (Form 1040), line 8	51	

Part IX

Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52a	Minimum required distribution for 2024 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	52a	
b	Minimum required distribution for 2024 from all other plans	52b	
53a	Amount distributed to you during 2024 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	53a	
b	Amount distributed to you during 2024 from all other plans	53b	
54a	Subtract line 53a from line 52a and multiply the result by 10% (0.10). If zero or less, enter -0-	54a	
b	Subtract line 53b from line 52b and multiply the result by 25% (0.25). If zero or less, enter -0-	54b	
55	Add lines 54a and 54b. Include the total on Schedule 2 (Form 1040), line 8, or Form 1041, Schedule G, line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer Use Only

Preparer's signature	Date	Check ☐ if self-employed	PTIN
Print/Type preparer's name			
Firm's name		Firm's EIN	
Firm's address		Phone no.	

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	☐ Self-only	☒ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3	8,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	8,300
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6	8,300
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	8,300
9	Employer contributions made to your HSAs for 2024	9	8,300
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	8,300
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	
13	HSA deduction (see instructions)	13	

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	5,189
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	5,189
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	5,189
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2024**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

CHERYL & DANIEL MARTELL**XXX-XX-XXXX**

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

Use this form if your taxable income, before your qualified business income deduction, is 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	K1S: CM TRAVEL LLC	☐	☐	88-1119683	☐
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	0	
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	0	
4 Allocable share of W-2 wages from the trade, business, or aggregation	4	0	
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	0	
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9	0	
10 Enter the greater of line 5 or line 9	10	0	
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0	
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	0	
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	0	
16 Total qualified business income component. Add all amounts reported on line 15	16	0	

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	0	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	34	
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	34	
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	7	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		7
33	Taxable income before qualified business income deduction	33	625,889	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	19,360	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		606,529
36	Income limitation. Multiply line 35 by 20% (0.20)	36		121,306
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		7
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		7
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0)	

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Attach to Form 8995-A.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

XXX-XX-XXXX

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

Client Copy

2	Qualified business net (loss) carryforward from prior years. See instructions	2	(53,702)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(53,702)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	31,947
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)	5	(31,947)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(21,755)

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

2024

Attachment
Sequence No. **71**

Your social security number
XXX-XX-XXXX

CHERYL & DANIEL MARTELL

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	579,258	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	579,258	
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		329,258
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		2,963

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		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
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		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
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		2,963
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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	10,013	
20	Enter the amount from line 1	20	579,258	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	8,399	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,614
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		1,614

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

Form 8959 (2024)

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.

2024

Attachment
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

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	
2	Ordinary dividends (see instructions)		2	38,747
3	Annuities (see instructions)		3	31,137
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	31,947	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	(31,947)	
c	Combine lines 4a and 4b		4c	0
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	66,884

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	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

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	66,884
Individuals:				
13	Modified adjusted gross income (see instructions)	13	655,089	
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	405,089	
16	Enter the smaller of line 12 or line 15		16	66,884
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	2,542
Estates and Trusts:				
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)

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attachment
Sequence No. **203**

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Name of shareholder CHERYL MARTELL		Identifying number XXX-XX-XXXX
A Name of S corporation CM TRAVEL LLC		B Employer identification number 88-1119683

C Stock block (see instructions): _____

D Check applicable box(es) to indicate how stock was acquired:
 (1) ☒ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (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	10,555
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	31,947
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	
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	31,947
5	Stock basis before distributions. Add lines 1, 2, and 4	5	42,502
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	
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	42,502
8a	Nondeductible expenses	8a	6,356
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	6,356
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	36,146
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	36,146

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. Combine 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 line 19 from line 18				

For Paperwork Reduction Act Notice, see separate instructions.

Form **7203** (12-2022)

Federal Supporting Statements**2024 PG01**

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

2210 WAIVER EXPLANATION

Statement #1

TAXPAYER IS RETIRED AND RESIDES IN AN AREA DECLARED
A FEDERAL DISASTER ZONE DUE TO HURRICANE HELENE.
RELIEF PROVIDED UNDER IRS NOTICE. REQUESTING FULL
WAIVER OF FORM 2210 PENALTY DUE TO FEDERALLY
DECLARED DISASTER, PURSUANT TO IRC §6654 (E) (3) (B)

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Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

CHERYL & DANIEL MARTELL

Your Social Security Number

XXX-XX-XXXX

Form 8960 Line 4b Item Detail

K-1: CM TRAVEL LLC

(31,947)

Total

(31,947)

Client Copy

Tax-exempt Interest

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Screen	Payer Name	Amount received	Total
DIV	WELLS FARGO CLEARING SERVICES	396	
	Total tax-exempt interest to flow to Form 1040, line 2a.		396

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2024 PG01

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Description

Amount

W2 - FLORIDA POWER LIGHT COMPANY

73,702

W2 - NEXTERA ENERGY RESOURCES LLC

39,699

W-2 Subtotal

113,401

1099R - FIDELITY INVESTMENT LIFE INS

3,114

1099 Subtotal

3,114

Form 8959

1,614

Other Withholding Subtotal

1,614

Total Withholdings

118,129

Client Copy

9898

☐ VOID☐ CORRECTEDPAYER'S name, street address, city or town, state or province,
country, ZIP or foreign postal code, and telephone no.

FIDELITY INVESTMENT LIFE INS

PO BOX 28010

ALBUQUERQUE

NM 87125

1 Gross distribution

\$ 101,137

2a Taxable amount

\$ 31,137

OMB No. 1545-0119

2024

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

PAYER'S TIN

04-3174484

RECIPIENT'S TIN

XXX-XX-XXXX

RECIPIENT'S name

CHERYL MARTELL

Street address (including apt. no.)

1854 SAN MARCO BLVD

City or town, state or province, country, and ZIP or foreign postal code

JACKSONVILLE

FL 32207

3 Capital gain (included in
box 2a)

\$

4 Federal income tax
withheld

\$ 3,114

5 Employee contributions/
Designated Roth
contributions or
insurance premiums

\$

6 Net unrealized
appreciation in
employer's securities

\$

7 Distribution
code(s)

1 D

IRA/
SEP/
SIMPLE☐

8 Other

\$

%

9a Your percentage of total
distribution

%

9b Total employee contributions

\$

10 Amount allocable to IRR
within 5 years

\$

11 1st year of desig.
Roth contrib.12 FATCA filing
requirement☐

14 State tax withheld

\$

15 State/Payer's state no.

\$

17 Local tax withheld

\$

18 Name of locality

\$

Account number (see instructions)

13 Date of
payment

\$

19 Local distribution

\$

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2024 General
Instructions for
Certain
Information
Returns.

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on this Form 1099R was used to prepare the taxpayer's 2024 Federal tax return by Scott Tax Resources

		a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
				OMB No. 1545-0008							
b Employer identification number (EIN) 59-0247775				1 Wages, tips, other compensation 348,319		2 Federal income tax withheld 73,702					
c Employer's name, address, and ZIP code FLORIDA POWER LIGHT COMPANY 700 UNIVERSE BLVD MAIL STOPC4AJB A JUNO BEACH FL 33408				3 Social security wages 168,600		4 Social security tax withheld 10,453					
				5 Medicare wages and tips 357,641		6 Medicare tax withheld 6,605					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial DANIEL MARTELL 1854 SAN MARCO BLVD JACKSONVILLE FL 32207				11 Nonqualified plans		12a See instructions for box 12 C 60					
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b D 9,322					
				14 Other		12c W 2,682					
						12d DD 8,397					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

		a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
				OMB No. 1545-0008							
b Employer identification number (EIN) 65-0947582				1 Wages, tips, other compensation 207,939		2 Federal income tax withheld 39,699					
c Employer's name, address, and ZIP code NEXTERA ENERGY RESOURCES LLC 700 UNIVERSE BLVD JUNO BEACH FL 334080420				3 Social security wages 168,600		4 Social security tax withheld 10,453					
				5 Medicare wages and tips 221,617		6 Medicare tax withheld 3,408					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. DANIEL MARTELL 1854 SAN MARCO BLVD JACKSONVILLE FL 32207				11 Nonqualified plans		12a See instructions for box 12 C 120					
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b D 13,678					
				14 Other		12c W 5,618					
						12d DD 19,056					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS

IF TAXABLE INCOME IS				OF THE	
OVER	BUT NOT	PAY	PLUS	% ON EXCESS	AMOUNT OVER
0	23,200	0.00		10%	0
23,200	94,300	2,320.00		12%	23,200
94,300	201,050	10,852.00		22%	94,300
201,050	383,900	34,337.00		24%	201,050
383,900	487,450	78,221.00		32%	383,900
487,450	731,200	111,357.00		35%	487,450
731,200		196,669.50		37%	731,200

$\$111,357.00 + ((\$625,882.00 - \$487,450.00) \times 35.0\%) = \$159,808$

TAX FROM TAX RATE SCHEDULE \$ 159,808

TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEET \$ 156,904

\$ 156,904 TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	625,882
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	19,360
3. Are you filing Schedule D?*		
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	19,360
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	606,522
6. Enter:		
\$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household.	6.	94,050
7. Enter the smaller of line 1 or line 6	7.	94,050
8. Enter the smaller of line 5 or line 7	8.	94,050
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	19,360
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	19,360
13. Enter:		
\$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household.	13.	583,750
14. Enter the smaller of line 1 or line 13	14.	583,750
15. Add lines 5 and 9	15.	606,522
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	
17. Enter the smaller of line 12 or line 16	17.	
18. Multiply line 17 by 15% (0.15)	18.	
19. Add lines 9 and 17	19.	
20. Subtract line 19 from line 10	20.	19,360
21. Multiply line 20 by 20% (0.20)	21.	3,872
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	153,032
23. Add lines 18, 21, and 22	23.	156,904
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	159,808
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	156,904

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

Qualified Dividends and Capital Gain Tax Worksheet - Line 14, Sch AI (Form 2210)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 2210, Sch AI, Line 11 Column 4.	1.	625,882
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	19,360
3. Are you filing Schedule D? [*]		
☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-	3.	
☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	19,360
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	606,522
6. Enter: \$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household.	6.	94,050
7. Enter the smaller of line 1 or line 6	7.	94,050
8. Enter the smaller of line 5 or line 7	8.	94,050
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	19,360
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	19,360
13. Enter: \$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household.	13.	583,750
14. Enter the smaller of line 1 or line 13	14.	583,750
15. Add lines 5 and 9	15.	606,522
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	
17. Enter the smaller of line 12 or line 16	17.	
18. Multiply line 17 by 15% (0.15)	18.	
19. Add lines 9 and 17	19.	
20. Subtract line 19 from line 10	20.	19,360
21. Multiply line 20 by 20% (0.20)	21.	3,872
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	153,032
23. Add lines 18, 21, and 22	23.	156,904
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	159,808
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on Form 2210, Schedule AI, line 14	25.	156,904

Column 4

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

Form 1040 or
1040-SRInvestment Income for the
Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. 396
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 38,747
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

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

Royalties and Rental Income From Personal Property

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

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 39,143
12. Is the amount on line 11 more than \$11,600?
- ☒ **Yes.** You can't take the credit.
- ☐ **No.** Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Excess Social Security - Nonrailroad Employees Worksheet - Form 1040, Schedule 3, Line 11

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

DANIEL MARTELL

XXX-XX-XXXX

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all social security tax withheld (but not more than \$10,453 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here 1. 20,906
2. Enter any uncollected social security tax on tips or group-term life insurance on Form 1040 or Form 1040-SR, Schedule 2, line 13 2. _____
3. Add lines 1 and 2. If \$10,453 or less, **stop** here. You cannot claim the credit 3. 20,906
4. Social security limit 4. \$10,453
5. Excess. Subtract line 4 from line 3 5. 10,453

Excess Tier 1 RRTA - Railroad Employees Worksheet - Form 1040, Schedule 3, Line 11

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all Tier 1 RRTA tax withheld (but not more than \$10,453 for each employer). This tax should be shown in box 14 of your Forms W-2. Enter the total here 1. _____
2. Enter any uncollected RRTA tax on tips or group-term life insurance on Form 1040 or Form 1040-SR, Schedule 2, line 13 2. _____
3. Add lines 1 and 2. If \$10,453 or less, **stop** here. You cannot claim the credit 3. _____
4. Tier 1 RRTA limit 4. \$10,453
5. Excess. Subtract line 4 from line 3 5. _____

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2024 PG01

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

All Source Gross Income

WK_TTLGI

Description

Amount

Wages and tips

556,258

Taxable IRA dist., pensions, and annuities

31,137

Schedule B dividends

38,747

Schedule E, line 30 & 35

31,947

Capital gain distributions

1,121

Total

659,210

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Worksheet for Line 18
(Worldwide Qualified Dividends and Capital Gains)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Caution: See the instructions for line 18 before starting this worksheet.

1. **Individuals:** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15.
Estates and trusts: Enter taxable income without the deduction for your exemption 1. 625,882
2. Enter your worldwide 28% gains. See instructions 2. _____
3. Multiply line 2 by 0.2432 3. _____
4. Enter your worldwide 25% gains. See instructions 4. _____
5. Multiply line 4 by 0.3243 5. _____
6. Enter your worldwide 20% gains and qualified dividends. See instructions 6. 19,360
7. Multiply line 6 by 0.4595 7. 8,896
8. Enter your worldwide 15% gains and qualified dividends. See instructions 8. _____
9. Multiply line 8 by 0.5946 9. _____
10. Enter your worldwide 0% gains and qualified dividends. See instructions 10. _____
11. Add lines 3, 5, 7, 9, and 10 11. 8,896
12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 12. 616,986

Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations
Contributions subject to 60% of AGI limitations
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)
Contributions subject to 30% of AGI limitations
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)
Taxable state and local refunds to Schedule 1 (Form 1040) line 1
State/local taxes paid in 2025 to flow to the Schedule A
State donations and contributions carryover
State overpayment applied to next year

Expenses

Office in home operating expenses
Office in home excess casualty losses and depreciation
Disallowed investment interest expense AMT Reg. Tax
Section 179 expense
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use

Losses

Short-term capital loss AMT Reg. Tax
Long-term capital loss AMT 2,088 Reg. Tax 2,088
Net operating loss AMT Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) AMT Reg. Tax
Qualified REIT and PTP loss carryover
QBI loss carryover 21,755
Nonrecaptured net section 1231 losses from WK_1231C AMT Reg. Tax

Credits

Mortgage interest credit
Credit for prior year minimum tax
Foreign Tax credit AMT Reg. Tax
District of Columbia first time home owner's credit
Residential clean energy credit

Other

Preparer Fee
Overpayment applied to next year's estimates
Estimated Tax Payment 1 Estimated Tax Payment 2
Estimated Tax Payment 3 Estimated Tax Payment 4
Federal tax liability for 2210 calculation 165,415
State tax liability for state 2210 calculation
IRA basis Taxpayer Spouse
Disaster distributions taxable in 2025 Taxpayer Spouse
Disaster distributions taxable in 2026 Taxpayer Spouse
Excess repayments from 8915-F Taxpayer Spouse

Passive Activity

At Risk Limitations

Capital Loss Carryover Worksheet to 2025

Schedule D

Name(s) as shown on return

(This page is not filed with the return. It is for your records only.)

2024

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

1. Enter the amount from your 2024 Form 1040 or 1040-SR, line 15, or your 2024 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 625,882
2. Enter the loss from your 2024 Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 628,882
4. Enter the **smaller** of line 2 or line 3 4. 3,000
If line 7 of your 2024 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.
5. Enter the loss from your 2024 Schedule D, line 7, as a positive amount 5. 1,143
6. Enter any gain from your 2024 Schedule D, line 15. If a loss, enter -0- 6. 0
7. Add lines 4 and 6 7. 3,000
8. **Short-term capital loss carryover to 2025.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6 8. 0
If line 15 of your 2024 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.
9. Enter the loss from your 2024 Schedule D, line 15, as a positive amount 9. 3,945
10. Enter any gain from your 2024 Schedule D, line 7. If a loss, enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 1,857
12. Add lines 10 and 11 12. 1,857
13. **Long-term capital loss carryover for 2025.** Subtract line 12 from line 9. 13. 2,088

AMT Capital Loss Carryover to 2025 Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

1. Enter the amount from your 2024 Form 1040 or 1040-SR, line 15, or your 2024 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses	1.	655,102
2. Enter the loss from your 2024 AMT Schedule D, line 21, as a positive amount	2.	3,000
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	658,102
4. Enter the smaller of line 2 or line 3.	4.	3,000
If line 7 of your 2024 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from your 2024 AMT Schedule D, line 7, as a positive amount	5.	1,143
6. Enter any gain from your 2024 AMT Schedule D, line 15. If a loss, enter -0-	6.	0
7. Add lines 4 and 6	7.	3,000
8. Short-term capital loss carryover for 2025. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on AMT Schedule D, line 6	8.	0
If line 15 of your 2024 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from your 2024 AMT Schedule D, line 15, as a positive amount	9.	3,945
10. Enter any gain from your 2024 AMT Schedule D, line 7. If a loss, enter -0-	10.	0
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	1,857
12. Add lines 10 and 11	12.	1,857
13. Long-term capital loss carryover for 2025. Subtract line 12 from line 9.	13.	2,088

FOR ALT MIN TAX PURPOSES ONLY
Worksheet for AMT Form 1116, line 18
(Worldwide Qualified Dividends and Capital Gains)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

Caution: See the instructions for line 18 before starting this worksheet.

Percentages on lines 5, 7, and 9, are found in the instructions for Form 6251.

1. **Individuals:** Enter the amount from Form 6251, line 4.
Estates and trusts: Enter taxable income without the deduction for your exemption 1. 655,102
2. Reserved 2. _____
3. Reserved 3. _____
4. Enter the amount from Form 6251, line 36 (25% gains) 4. _____
5. Multiply line 4 by 0.1071 5. _____
6. Enter the amount from Form 6251, line 33 (20% gains and qualified dividends) 6. 19,360
7. Multiply line 6 by 0.2857 7. 5,531
8. Enter the amount from Form 6251, line 30 (15% gains and qualified dividends) 8. _____
9. Multiply line 8 by 0.4643 9. _____
10. Enter the amount from Form 6251, line 23 (0% gains and qualified dividends) 10. _____
11. Add lines 3, 5, 7, 9, and 10 11. 5,531
12. Subtract line 11 from line 1. Enter the result here and on your AMT Form 1116, line 18 12. 649,571

TAX RETURN COMPARISON
2022 / 2023 / 2024

2024

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return CHERYL & DANIEL MARTELL			Identifying number XXX-XX-XXXX	
	2022	2023	2024	Difference 2023-2024
Filing Status		Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.		573,783	556,258	(17,525)
Taxable interest and dividends		21,847	38,747	16,900
Taxable state and local refunds				
Alimony				
Business income (loss)		(945)		945
Gains (losses)		(1,069)	(3,000)	(1,931)
Pensions and IRA distributions			31,137	31,137
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .		1,192	31,947	30,755
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		594,808	655,089	60,281
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		594,808	655,089	60,281
Deductions				
Medical deductions				
State and local taxes			3,564	3,564
Interest			17,384	17,384
Contributions				
Other deductions				
Total itemized deductions			20,948	20,948
Standard deduction		27,700	29,200	1,500
Total deductions claimed		27,700	29,200	1,500
Qualified Business Income Deduction .			7	7
Tax and Credits				
Taxable Income		567,108	625,882	58,774
Tax		139,495	156,904	17,409
Credits			108	108
Self-employment tax		3,907		(3,907)
Other taxes			8,619	8,619
Total Tax		143,402	165,415	22,013
Payments				
Withholdings		118,105	118,129	24
Estimated tax payments			15,000	15,000
Earned income credit				
Other payments and credits		3,567	10,453	6,886
Estimated tax penalty		380		(380)
Overpayment				
Overpayment applied				
Refund				
Balance Due		22,110	21,833	(277)
Marginal tax rate			35.00	35.00
Effective tax rate		24.60	25.07	0.47

Estimated Tax Worksheet for Next Year

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

CHERYL & DANIEL MARTELL

XXX-XX-XXXX

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2025 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions) 110%	24b.	181,957
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	181,957
25.	Projected Withholding	25.	118,129
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	63,828

Estimates will be computed on \$63,828. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.