

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2025

General Information

Name: Hon Robert Ridgely Plaines

CONFIDENTIAL

PID 14001

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (2Nd)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of May 31, 2025 was \$ 1,839,415.41.

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2025

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 \$ 85,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home {REDACTED}	\$ 182,000.00
130 Acres{REDACTED} Quitman, GA	\$ 845,000.00
American Funds Growth	\$ 89,579.77
American Funds New Perspective	\$ 55,785.59
JP Morgan Mid Cap Growth Fund	\$ 43,372.99
Fidelity 500 Index Fund	\$ 41,233.19
American Funds AM Balanced R6	\$ 39,495.76
Voya GNMA Income Fund	\$ 26,955.21
Voya Fixed Account	\$ 18,939.91
Vanguard SM-CAP Val Index FND Inst	\$ 10,884.05
3 Life Insurance Policies Farm Bureau Monticello, FL	\$ 24,374.48
J.C.T.C.U. 1500 W. Washington St, Monticello, FL 32344	\$ 8,608.99
Renasant Bank, Monticello, FL Checking Acct.	\$ 5,687.09
Renasant Bank, Monticello, FL Checking Acct.	\$ 108,668.59
Renasant Bank, Monticello, FL Savings Acct.	\$ 73,804.43
Drop Account State of Florida	\$ 575,234.18
2 John Deere Tractors	\$ 35,000.00
Raymond James Checking Acct. Tallahassee, FL	\$ 28,823.72

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Farm Credit of Northwest FL	Monticello, FL	\$ 310,692.21
Mr. Cooper Mtg.	Dallas, TX	\$ 128,774.76
Voya	9905 Saddle Rd., Tampa, FL 33626	\$ 19,656.87

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.

Robert Ridgely Plaines

Digitally signed: 06/10/2025

Filed with COE: 06/10/2025

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2024

OMB No. 1545-0074

IRS Use Only—Do not write or stamp in this space.

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

, 2024, ending

, 20

See separate instructions.

Your first name and middle initial

ROBERT R

Last name

PLAINES

Your social security number

Spouse's social security number

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

Last name

PLAINES

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

Apt. no.

Presidential Election Campaign

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

☐ You ☐ Spouse

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

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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

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

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

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

Age/Blindness

You: ☒ Were born before January 2, 1960☐ Are blind

Spouse:

☒ Was born before January 2, 1960☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	180,799.
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	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	180,799.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	591.
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	71,059.
b	Taxable interest	2b	332.
b	Ordinary dividends	3b	591.
b	Taxable amount	4b	
b	Taxable amount	5b	3,014.
b	Taxable amount	6b	60,400.
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	16,421.
8	Additional income from Schedule 1, line 10	8	-61,710.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	199,847.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	199,847.
12	Standard deduction or itemized deductions (from Schedule A)	12	32,300.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	32,300.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	167,547.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$14,800
- 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)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	25,804.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	25,804.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	25,804.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	25,804.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	28,096.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	28,096.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	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	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	28,096.

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,292.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	2,292.
Direct deposit? See instructions.	b	Routing number		
	d	Account number		
	c	Type: ☒ Checking ☐ Savings		
	36	Amount of line 34 you want applied to your 2024 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	
	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	Phone no.	Personal identification number (PIN)
	Linda M. Webb, CPA	(850) 997-0777	

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.)
			Judge	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			Pharmacist	
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Linda M. Webb, CPA		04/02/2025	P01633544	
	Firm's name	C. Luther Pickels & Associates			Phone no. (850) 997-0777
	Firm's address	990 S. Jefferson St. Monticello FL 32344			Firm's EIN 30-0958934

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **01**

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

ROBERT R & PLAINES

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	-72,062.
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:		
	Taxable Grant from Form 1099-G	8z	10,352.
9	Total other income. Add lines 8a through 8z	9	10,352.
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	-61,710.

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
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 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No. 1545-0140

2024Attachment
Sequence No. **06**

Name(s) shown on tax return

ROBERT R & PLAINES

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	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.
	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.		

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	25,804.
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
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	25,804.
5 Multiply line 4 by 90% (0.90)	5	23,224.
6 Withholding taxes. Don't include estimated tax payments. See instructions	6	28,096.
7 Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210.	7	-2,292.
8 Maximum required annual payment based on prior year's tax (see instructions)	8	
9 Required annual payment. Enter the smaller of line 5 or line 8	9	

Next: Is line 9 more than line 6?

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

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

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

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024Attachment
Sequence No. **07**

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

Your social security number

ROBERT R & PLAINES

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 1 | 7,207. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 199,847. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 14,989. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

5 State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒

5a 1,549.

b State and local real estate taxes (see instructions)

5b 1,111.

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 2,660.

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 2,660.

6 Other taxes. List type and amount:

6

7 Add lines 5e and 6 7 2,660.

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited

8a 5,848.

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Reserved for future use

8d

e Add lines 8a through 8c

8e 5,848.

9 Investment interest. Attach Form 4952 if required. See instructions

9

10 Add lines 8e and 9 10 5,848.

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11 6,790.

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

12

13 Carryover from prior year

13

14 Add lines 11 through 13 14 6,790.

**Casualty and
Theft Losses**

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

16 Other—from list in instructions. List type and amount:

16

**Total
Itemized
Deductions**

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 17 15,298.

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

ROBERT R & PLAINES

**Part I
Interest**

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

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

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

RAYMOND JAMES

JEFFERSON COUNTY TEACHERS CU

THE FIRST BANK

KANSAS CITY LIFE

Amount

67.

43.

101.

121.

1

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

332.

332.

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

**Part II
Ordinary Dividends**

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

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

- 5** List name of payer: RAYMOND JAMES
ETRADE MORGAN STANLEY XX0204

Amount

276.

315.

5

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

591.

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

**Part III
Foreign Accounts and Trusts**

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

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

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

--	--

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

--	--

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

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SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service

Name(s) shown on return

ROBERT R & PLAINES

Capital Gains and Losses

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

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

OMB No. 1545-0074

2024Attachment
Sequence No. **12**

Your social security number

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .	4,653.	4,241.		412.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
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 the back				7 412.

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 .	56,631.	44,574.		12,057.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	19,015.	15,063.		3,952.
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
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 16,009.

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	16,421.
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

ROBERT R & [REDACTED] PLAINES

Social security number or taxpayer identification number

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	
	LONG TERM NONCOVERED	Various	12/31/24	19,015.	15,063.			3,952.
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).				19,015.	15,063.			3,952.

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

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065.
Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **14**

Name of proprietor
ROBERT R PLAINES

Social security number (SSN)

A Principal crop or activity
TIMBER

B Enter code from Part IV
1 1 3 0 0 0

C Accounting method:
☒ Cash ☐ Accrual

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

E Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on passive losses ☒ Yes ☐ No
F Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
G If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of purchased livestock and other resale items (see instructions)	1a		1c	
b Cost or other basis of purchased livestock or other items reported on line 1a	1b		2	
c Subtract line 1b from line 1a			3b Taxable amount	1,445.
2 Sales of livestock, produce, grains, and other products you raised			4b Taxable amount	
3a Cooperative distributions (Form(s) 1099-PATR)	3a	1,445.	5c Taxable amount	
4a Agricultural program payments (see instructions)	4a		6b Taxable amount	
5a Commodity Credit Corporation (CCC) loans reported under election	5a		6d Amount deferred from 2023	
b CCC loans forfeited	5b		7	
6 Crop insurance proceeds and federal crop disaster payments (see instructions):			8	
a Amount received in 2024	6a		9	1,445.
c If election to defer to 2025 is attached, check here ☐				
7 Custom hire (machine work) income				
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions.				

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10 Car and truck expenses (see instructions). Also attach Form 4562	10		23 Pension and profit-sharing plans	23	
11 Chemicals	11	87.	24 Rent or lease (see instructions):	24	
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14	49,532.	25 Repairs and maintenance	25	2,700.
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16	80.	27 Storage and warehousing	27	
17 Fertilizers and lime	17	2,172.	28 Supplies	28	
18 Freight and trucking	18		29 Taxes	29	1,433.
19 Gasoline, fuel, and oil	19	991.	30 Utilities	30	
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	
21 Interest (see instructions):			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a		a PROFESSIONAL FEES	32a	420.
b Other	21b	15,092.	b MULCH	32b	1,000.
22 Labor hired (less employment credits)	22		c	32c	
			d	32d	
			e	32e	
			f	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions				33	73,507.
34 Net farm profit or (loss). Subtract line 33 from line 9				34	-72,062.

35 Reserved for future use.
36 Check the box that describes your investment in this activity and see instructions for where to report your loss:
a ☒ All investment is at risk. **b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/20/25 PRO

Schedule F (Form 1040) 2024

**SCHEDULE R
(Form 1040)**

Credit for the Elderly or the Disabled

OMB No. 1545-0074

2024

Attachment
Sequence No. **16**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

ROBERT R & [REDACTED] PLAINES

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2024:

- You were age 65 or older **or** • You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See instructions.

TIP In most cases, the IRS can figure the credit for you. See instructions.

Part I Check the Box for Your Filing Status and Age

If your filing status is:

And by the end of 2024:

Check only one box:

- Single,
Head of household, or
Qualifying surviving spouse
- 1 You were 65 or older **1** ☐
- 2 You were under 65 and you retired on permanent and total disability **2** ☐
- 3 Both spouses were 65 or older **3** ☒
- 4 Both spouses were under 65, but only one spouse retired on permanent and total disability **4** ☐
- 5 Both spouses were under 65, and both retired on permanent and total disability **5** ☐
- 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability **6** ☐
- 7 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and total disability **7** ☐
- 8 You were 65 or older and you lived apart from your spouse for all of 2024 **8** ☐
- 9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2024 **9** ☐

Married filing
jointly

Married filing
separately

Did you check
box 1, 3, 7, or 8?

- Yes. Skip Part II and complete Part III on the back.
- No. Complete Parts II and III.

Part II Statement of Permanent and Total Disability (Complete **only** if you checked box 2, 4, 5, 6, or 9 above.)

If: **1** You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **and**

2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2024, check this box ☐

• If you checked this box, you don't have to get another statement for 2024.

• If you **didn't** check this box, have your physician complete the statement in the instructions. You **must** keep the statement for your records.

Part III Figure Your Credit**10 If you checked (in Part I):**

Box 1, 2, 4, or 7	Enter:	
Box 3, 5, or 6	\$5,000	}
Box 8 or 9	\$7,500	
	\$3,750	

Did you check box 2, 4, 5, 6, or 9 in Part I?

Yes. You must complete line 11.

No. Enter the amount from line 10 on line 12 and go to line 13.

11 If you checked (in Part I):

- Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
- Box 2, 4, or 9, enter your taxable disability income.
- Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

TIP For more details on what to include on line 11, see Figure Your Credit in the instructions.

12 If you completed line 11, enter the **smaller** of line 10 or line 11. **All others**, enter the amount from line 10

13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2024.

a Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions)

b Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions)

c Add lines 13a and 13b. (Even though these income items aren't taxable, they **must** be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c

14 Enter the amount from Form 1040 or 1040-SR, line 11.

15 If you checked (in Part I):

Box 1 or 2	Enter:	
Box 3, 4, 5, 6, or 7	\$7,500	}
Box 8 or 9	\$10,000	
	\$5,000	

16 Subtract line 15 from line 14. If zero or less, enter -0-

17 Enter one-half of line 16

18 Add lines 13c and 17

19 Subtract line 18 from line 12. If zero or less, **stop**; you **can't** take the credit. Otherwise, go to line 20

20 Multiply line 19 by 15% (0.15)

21 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

22 **Credit for the elderly or the disabled.** Enter the **smaller** of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040), line 6d

REV 03/20/25 PRO

Schedule R (Form 1040) 2024

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

ROBERT R PLAINES

Part I Self-Employment Tax

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

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐
Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a -72,062.

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

1b ()

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order
3 Combine lines 1a, 1b, and 2

2
3 -72,062.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue.

4a -72,062.

4b

4c -72,062.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

6 Add lines 4c and 5b
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

6

7 168,600

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11

8a

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

10

11 Multiply line 6 by 2.9% (0.029)

11

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**

12

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

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

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,380, or (b) your net farm profits² were less than \$7,493.

14 Maximum income for optional methods

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above

6,920

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

BAA

REV 03/20/25 PRO

Schedule SE (Form 1040) 2024

Form **8995-A** 1**Qualified Business Income Deduction**

OMB No. 1545-2294

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

ROBERT R & [REDACTED] PLAINES

Your taxpayer identification number

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or 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	TIMBER	☐	☐		☒
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	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	0.		
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property			
8 Multiply line 7 by 2.5% (0.025)			
9 Add lines 6 and 8			
10 Enter the greater of line 5 or line 9			
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10			
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12			
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	0.		
15 Qualified business income component. Subtract line 14 from line 13	0.		
16 Total qualified business income component. Add all amounts reported on line 15	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		
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		
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		0.
33 Taxable income before qualified business income deduction	33	167,547.	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	16,600.	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		150,947.
36 Income limitation. Multiply line 35 by 20% (0.20)	36		30,189.
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		0.
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		0.
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		0.

SCHEDULE C
(Form 8995-A)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

1

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

ROBERT R & [REDACTED] PLAINES

Your taxpayer identification number

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

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	TIMBER	-72,062.	()	0.
			()	
			()	
2	Qualified business net (loss) carryforward from prior years. See instructions			2 (217,313.)
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 (289,375.)
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
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 (0.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 (289,375.)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. BAA REV 03/20/25 PRO Schedule C (Form 8995-A) (Rev. 12-2022)

SCHEDULE D
(Form 8995-A)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

1

**Special Rules for Patrons of
Agricultural or Horticultural Cooperatives**

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55E**

ROBERT R & [REDACTED] PLAINES

Your taxpayer identification number

Complete Schedule D only if you're a patron of an agricultural or horticultural cooperative. If you have more than three trades, businesses, or aggregations, attach as many Schedules D as needed. See instructions.

	A	B	C
1a Trade, business, or aggregation name	1a TIMBER		
b Taxpayer identification number	1b		
2 Qualified business income allocable to qualified payments received from cooperative. See instructions	2 1,430.		
3 Multiply line 2 by 9% (0.09)	3 129.		
4 W-2 wages from trade or business allocable to the qualified payments	4 0.		
5 Multiply line 4 by 50% (0.50)	5 0.		
6 Patron reduction. Enter the smaller of line 3 or line 5. Enter this amount on Form 8995-A, line 14, for the corresponding trade, business, or aggregation	6 0.		

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

BAA REV 03/20/25 PRO Schedule D (Form 8995-A) (Rev. 12-2022)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2024

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

ROBERT R & [REDACTED] PLAINES

Business or activity to which this form relates

Sch F TIMBER

Identifying number

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	39,000.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	9,232.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		26,000.	15.0	HY	150 DB	1,300.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	49,532.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Schedule 1
Line 8

Other Income Statement

2024

Statement L8

Name(s) Shown on Return

ROBERT R & [REDACTED] PLAINES

Social Security Number

	(a) Taxpayer	(b) Spouse
a Net operating loss carryover from a prior year		
b 1 Winnings from Form W-2G		
2 Gambling winnings not reported on Form W-2G		
3 Winnings from Schedule K-1		
4 Total gambling winnings.		
c Income from the Cancellation of Debt:		
1 From Form 1099-C:		
a Amount of debt canceled from box 2		
b Amount of canceled debt excluded from income		
c Taxable amount of canceled debt.		
2 From Schedule(s) K-1		
d Foreign earned income and housing exclusion, from Form 2555		
e Taxable distributions from Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
f Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889		
g Alaska Permanent Fund.		
h Jury duty pay.		
i 1 Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
2 Other non-gambling awards and prizes		
j Income from "not for profit" activities (hobbies):		
1 Hobby income from Form 1099-K		
2 Other hobby income not reported elsewhere		
3 Total income from "not for profit" activities (hobbies):		
j Does not apply to Form 1040NR		
k Employer stock compensation income for non-employee		
l Income from rental of personal property		
1 Rent from personal property from Form 1099-MISC box 1		
2 Rent from personal property from Form 1099-K box 1		
3 Other rent from personal property		
4 Total Income from the rental of personal property		
m Olympic/Paralympic medals and USOC prize money**.		
n Section 965 deferred foreign income (Form 965)		
o Global intangible low-taxed income (Form 8992)		
p Limitation on business losses (Form 461)		
q ABLE account distributions		
r Scholarship and fellowship grants not reported on Form W-2		
s Nontaxable amount of Medicaid waiver payments		
t Nonqualified pension/annuity		
u Wages while incarcerated.		
v Digital assets received as ordinary income not reported elsewhere (see instructions)		

z 1 Child's investment income, from Form 8814.		
2 Taxable income from Forms 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from 1099-MISC box 3 (Excluding Olympic prize money)		
c Tribal Gaming.		
3 Non-Employee Compensation from Form 1099-NEC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
5 Taxable income from Form 1099-G:		
a Grants	10,352.	
b RTAA payments		
6 Other income, from Schedule(s) K-1.		
7 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax	State or Local ID	
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements.		
8 Recoveries of bad debts deducted in a prior year.		
9 Bartering income not reported elsewhere		
10 Other income on Form 1099-K (payment network transactions):		
11 Unemployment income and repayment		
a Union unemployment benefits.		
b Private fund unemployment benefits		
c State employee unemployment benefits		
d Repayment of non-government unemployment benefits		
12 Other taxable income:		
13 Reserved for future use		
14 Income from certain foreign corporations (Form 5471, Sch. I)		
a Subpart F items		
1 964(e)(4) stock sale of lower-tier foreign corporation		
2 245A(e)(2) hybrid dividend income from tiered corporations		
3 Subpart F income from tiered extraordinary disposition		
4 Subpart F income from tiered extraordinary reduction amts.		
5 Other Subpart F income		
b Earnings invested in U.S. properties		
c Factoring income		
15 Income from passive foreign investment company or qualified electing fund (Form 8621)		
a Income From a Qualified Electing Fund		
b Gain from PFIC stock		
c Loss from PFIC stock		
d Gain from disposition of section 1296 stock		
e Loss from disposition of section 1296 stock		
aa Exclusions from Gross Income		
The excludable items below from Form 1099 are included on Schedule 1, line 8z, along with a corresponding negative adjustment to remove from gross income.		
a CA Middle Class Tax Refund payment		
b Incorrect Form 1099-K		
c Loss from Sale of Personal Items Reported on Form 1099-K		
d East Palestine Train Derailment Relief		
e Qualified Wildfire Relief Payments		
Total. Add lines a through z . (Do not include aa .) Enter here and on Schedule 1, line 9	10,352.	

Qualified Business Income Component Worksheet

2024

► Keep for your records

Name(s) Shown on Return ROBERT R & [REDACTED] PLAINES Social Security Number _____

Aggregate trade or business name TIMBER
 Aggregate trade or business ID number (EIN) _____
 Social Security Number of owner if no EIN available _____
 Reason for no EIN or SSN if none available _____

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
TIMBER		-72,062.	0.	243,914.

- 1 Qualified business income (QBI) -72,062.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income 167,547.
- 3 Threshold Amount. \$383,900 if MFJ, \$191,950 if MFS, otherwise \$191,950 383,900.
- 4 Subtract line 3 from line 2. If less than 0, enter 0. 0.
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. 100,000.
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. 0.0000
 Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 1.0000
- 8 Wages allocable to qualified business income. 0.
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income 243,914.
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI _____
- 12 SSTB reduction to allocable wages. _____
- 13 SSTB reduction to allocable UBIA _____
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income -72,062.
- 15 Allocable wages 0.
- 16 Allocable UBIA 243,914.
- Tentative QBI component**
- 17 Adjustments for QBI losses 72,062.
- 18 Loss-adjusted QBI (line 14 plus line 17) 0.
- 19 Tentative QBI component before limitations (20% of line 18) 0.
- Wages and assets limits**
- 20 50% of W2 wages 0.
- 21 25% of W2 wages 0.
- 22 2.5% of UBIA 6,098.
- 23 Sum of 25% of W2 wages and 2.5% of UBIA 6,098.
- 24 Wage and Asset Limit. Larger of line 20 or line 23 6,098.
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) 0.
 (But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25. 0.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) 0.
- 28 Qualified payments from agricultural or horticultural coop 1,430.
- 29 Wages allocable to qualified payments from coop 0.
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) 0.
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 0.

Qualified Business Income Deduction Summary

2024

► Keep for your records

Name(s) Shown on Return ROBERT R & [REDACTED] PLAINES	Social Security Number :
--	-----------------------------

QuickZoom to QBI Component Worksheet ►
QuickZoom to Form 8995. ►
QuickZoom to Form 8995-A ►

1 Trade or business name TIMBER	Net QBI -72,062.
2 Net qualified business income (QBI) from qualified trades or businesses	-72,062.
3 Loss from previous year	-217,313.
4 Sum of activities with gains (only positive amounts from table on line 1)	
5 Sum of activities with losses (only negative amounts from table on line 1)	-289,375.
6 Check if using Simplified Computation (Form 8995) ☐	
7 QBI component from Form 8995 line 5 or Form 8995A line 16	0.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6	-289,375.
9 Total REIT dividends	
10 PTP Income from non-SSTBs	
11 PTP Income from SSTBs	
12 Allowed PTP Income from SSTBs	
13 Total Allowed PTP income (sum of line 10 and line 12)	
14 Carryover REIT/PTP losses from prior year	
15 Total REIT/PTP income	
16 20% of total REIT/PTP income	
17 Disallowed REIT/PTP loss	0.
18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)	0.
19 Taxable income before qualified business income deduction.	167,547.
20 Net capital gains	16,600.
21 Taxable income minus net capital gains. If zero or less, enter -0-	150,947.
22 20% of taxable income minus net capital gains	30,189.
23 QBI deduction before DPAD.	0.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
24 a Section 199A(g) deduction for domestic production activities Enter DPAD reported on 1099-PATR not connected with business activity on this return 24a	
b DPAD from business activities on this return. 24b	
Section 199A(g) deduction for domestic production activities	
25 Total 199A (QBI) deduction (sum of lines 23 and 24)	0.

Form 1099-B Worksheet

Keep for your records

2024

Name(s) Shown on Return

ROBERT R & PLAINES

Social Security No.

Name of reporting financial institution ▶ RAYMOND JAMES

Acct Number ▶

Reporter's Tax ID . . . ▶ 59-1237041

Owner of account ▶

Transactions were not reported to IRS . ▶ ☐

Form 8949 Reporting Exception Transactions

Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

Box A transactions to report directly on Sch D, Line 1a (short term)

Box D transactions to report directly on Sch D, Line 8a (long term)

(Do not duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis
4,653.00	4,241.00
56,631.00	44,574.00

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired	Basis Reported to IRS?		Reported on Form 1099B?			
Adjustment Amount*	Adjustment Code(s)*	Holding Period						
1	LONG TERM NONCOVERED							
E	12/31/24	Various	19,015.00	15,063.00				
		L	Yes	X No	Yes	X	No	
			Yes	No	Yes		No	
			Yes	No	Yes		No	
			Yes	No	Yes		No	
			Yes	No	Yes		No	
			Yes	No	Yes		No	
			Yes	No	Yes		No	

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	E	LONG TERM NONCOVERED	19,015.00	15,063.00			3,952.00	L

Brokerage Statement (Form 1099-B or substitute) Summary Table

This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	4,653.00	4,241.00	412.00		412.00	
Box B						
Box C						
Box D	56,631.00	44,574.00	12,057.00		12,057.00	
Box E	19,015.00	15,063.00	3,952.00		3,952.00	
Box F						
Totals	80,299.00	63,878.00	16,421.00		16,421.00	

Form 8949 and Schedule D Totals

Totals gains/losses as they will appear on Form 8949 and Schedule D.

Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a	4,653.00	4,241.00			
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a	56,631.00	44,574.00			
Form 8949, Box D					
Form 8949, Box E	19,015.00	15,063.00			3,952.00
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding

State Backup Withholding

State ID

Total State Backup Withholding

Total Collectible Gain/(Loss)			
Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain			
Maximum 60% exclusion gain			
Maximum 75% exclusion gain			
Maximum 100% exclusion gain			

PDF AttachmentDoes a statement need to be attached to this return? ☐ Yes ☒ No

Depreciation and Amortization Report

Tax Year 2025 - Projected

► Keep for your records

2024

ROBERT R & [REDACTED] PLAINES

Form 1040 - All Assets

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

** Accumulated Depreciation includes Section 179, Special Depreciation Allowance, Prior Depreciation and Current Depreciation.

Note: Accumulated Depreciation for prior year assets is computed only if Prior Depreciation is available

*Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset H = Home Office

Two-Year Comparison

2024

Name(s) Shown on Return

ROBERT R & PLAINES

Social Security Number

Income	2023	2024	Difference	%
Wages, salaries, tips, etc.	173,790.	180,799.	7,009.	4.03
Interest and dividend income.	1,662.	923.	-739.	-44.46
State tax refund				
Business income (loss)				
Capital and other gains (losses)	3,070.	16,421.	13,351.	434.89
IRA distributions				
Pensions and annuities	2,968.	3,014.	46.	1.55
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)	-66,513.	-72,062.	-5,549.	-8.34
Social security benefits	54,533.	60,400.	5,867.	10.76
Income other than the above	18,494.	10,352.	-8,142.	-44.03
Total Income	188,004.	199,847.	11,843.	6.30
Adjustments to Income				
Adjusted Gross Income	188,004.	199,847.	11,843.	6.30
Itemized Deductions				
Medical and dental	0.	0.	0.	
Income or sales tax	1,805.	1,549.	-256.	-14.18
Real estate taxes	1,103.	1,111.	8.	0.73
Personal property and other taxes				
Interest paid	6,063.	5,848.	-215.	-3.55
Gifts to charity	6,100.	6,790.	690.	11.31
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	15,071.	15,298.	227.	1.51
Standard or Itemized Deduction	29,200.	32,300.	3,100.	10.62
Qualified Business Income Deduction	0.	0.	0.	
Taxable Income	158,804.	167,547.	8,743.	5.51
Income tax	25,232.	25,804.	572.	2.27
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	25,232.	25,804.	572.	2.27
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	25,232.	25,804.	572.	2.27
Withholding	27,393.	28,096.	703.	2.57
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	27,393.	28,096.	703.	2.57
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	2,161.	2,292.	131.	6.06
Balance Due				

Current year effective tax rate 12.91 %

Tax History Report

2024

► Keep for your records

Name(s) Shown on Return

ROBERT R & PLAINES

Five Year Tax History:					
	2020	2021	2022	2023	2024
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	348,563.	136,621.	208,129.	188,004.	199,847.
Adjustments to income	300.				
Adjusted gross income	348,263.	136,621.	208,129.	188,004.	199,847.
Tax expense	2,307.	2,062.	2,553.	2,908.	2,660.
Interest expense . . .	6,653.	6,465.	6,283.	6,063.	5,848.
Contributions	2,650.	4,605.	5,185.	6,100.	6,790.
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .	24,800.	27,050.	27,300.	29,200.	32,300.
QBI deduction	0.	0.	0.	0.	0.
Taxable income	323,463.	109,571.	180,829.	158,804.	167,547.
Tax	65,747.	15,520.	26,785.	25,232.	25,804.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	111,413.	27,261.	25,741.	27,393.	28,096.
Form 2210 penalty . .					
Amount owed			1,044.		
Applied to next year's estimated tax .					
Refund	45,666.	11,741.		2,161.	2,292.
Effective tax rate % . .	18.88	11.36	12.87	13.42	12.91
**Tax bracket %	24.0	22.0	24.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Tax Summary
► Keep for your records

2024

Name (s)
ROBERT R & [REDACTED] PLAINES

Total income	199,847.
Adjustments to income	
Adjusted gross income	199,847.
Itemized/standard deduction	32,300.
Qualified business income deduction	0.
Taxable income	167,547.
Tentative tax	25,804.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	25,804.
Total payments	28,096.
Estimated tax penalty	
Amount Overpaid	2,292.
Refund	2,292.
Amount Applied to Estimate	
Balance due	0.

Tax Summary Report

2024

Name(s) Shown on Return

ROBERT R & [REDACTED] PLAINES

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	180,799.
Interest and dividend income	923.
Business income (loss)	
Capital gains (losses)	16,421.
Pensions and annuities	3,014.
Rents, royalties, partnerships, etc	
Farm income (loss)	-72,062.
Social security benefits	60,400.
Other income	10,352.
Total Gross Income	199,847.

Adjustments to Income.

Adjusted Gross Income (Last year's AGI) 188,004. 199,847.

Itemized/Standard Deductions

Medical and dental	0.
Taxes	2,660.
Interest	5,848.
Contributions	6,790.
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions.	15,298.
Standard deduction	32,300.

Taxable Income 167,547.

Income tax	25,804.
Alternative minimum tax	
Total Taxes before Credits	25,804.
Nonbusiness credits	
Business credits	
Total Credits.	
Self-employment tax	
Other taxes	

Total Tax 25,804.

Withholding	28,096.
Estimated tax payments	
Other payments	
Total Payments	28,096.
Estimated tax penalty	
Refund applied to next year's estimated tax.	

Amount Overpaid 2,292.**Refund** 2,292.**Amount Applied to Estimate.****Amount Due** 0.

Tax bracket	22.0 %
Effective tax rate	12.91 %

Additional Information From 2024 Federal Tax Return**Schedule F (TIMBER): Profit or Loss from Farming****Other interest****Itemization Statement**

Description	Amount
FARM CREDIT OF NORTHWEST FL	15,092.
Total	15,092.