2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2025

General Information

Name: Hon Stephen Anthony Pitre

CONFIDENTIAL

PID 37329

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (1St)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of December 31, 2024 was $ 6,779,663.90.

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 $ 400,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Northwestern Mutual Life Ins.	$ 117,700.38
Synovus bank account	$ 44,020.93

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Description of Asset	Value of Asset
FLORIDA 457B AMFS EMRG MKT BD R6 AMFS NEW WLD R6 DDGECOC INX I FIX CONTRA K6 FIXED ASSETS JPM MDCAP VAL R6 SMCAP VAL EQ D TROE PR DIVID GR 1 AND EDINC B AND GR STK B AND OVSEAR STK I AND SPCTRM INC I AND US MDCAP GR EQ D VANGUARD INST INDS INST LS AND REAL	$ 135,442.21
{REDACTED}	$ 2,150,000.00
{REDACTED}	$ 65,625.00
APPLE INC	$ 814,365.84
BRISTOL-MYERS SQUIBB	$ 89,986.96
CATERPILLAR INC	$ 36,276.00
CONOCOPHILLIPS	$ 119,004.00
CHEVRON CORP	$ 159,324.00
HOME DEPOT INC	$ 175,045.50
IBM CORP	$ 153,881.00
JOHNSON & JOHNSON	$ 260,311.60
MERCK & CO. INC.	$ 119,376.90
ORGANON & CO	$ 1,571.78
RYDER SYSTEM INC	$ 80,542.00
SUN LIFE FINL F	$ 31,116.00
US LIME&M	$ 46,070.00
XEROX HOLDINGS CORP	$ 1,806.75
ISHARES MSCI EMERGING MKT ETF IV	$ 33,855.51
SCHWAB FUNDAMENTAL INTL SMAL COM ETF	$ 122,010.00
ISHARES RUSSELL 2000 ETF	$ 194,430.51
VANGUARD FTSE ALL WORLD EX US ETF	$ 95,438.00
PARNASSUS CORE EQUITY INSTITUTIONAL	$ 81,108.91
TCW GLOBAL REAL ESTATE I	$ 21,763.99
PIMCO RAE US SMALL INSTL	$ 37,280.88
VANGUARD INTERNATIONAL GROWTH ADM	$ 70,771.39
VANGUARD INFLATION-PROTECTED SECS ADM	$ 9,681.86

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Description of Asset	Value of Asset
VICTOR INCOME INSTIT	$ 45,545.58
AVANTIS US SMAL CAP V	$ 30,283.94
BOSTON TRUST WALDEN SMALL	$ 11,764.18
FEDERATE HERME INTL SM	$ 30,871.82
HARBOR INTERNATIONAL COR	$ 25,095.65
JPMORGAN EMERGING MARKET	$ 43,933.98
VANGUARD EQUITY INCOME A VEIRX	$ 30,202.68
BAIRD CORE BOND INS	$ 15,256.22
DODGE & CO INCOME I	$ 15,272.21
T ROEW PRICE EMERGING M	$ 3,859.53
VICTORY INCOME INSTIT	$ 16,647.27
AVANTIS US SMALL CAP V	$ 39,553.81
DWS ENHANCED COMMIODDITY S	$ 4,797.47
FEDERATED HERMES INTL SM	$ 29,728.37
HARBOR INTL COR	$ 20,156.22
PARNASSUS CORE EQUITY IN	$ 84,821.68
PIMCO RAE US SMALL INSTL	$ 15,751.39
TCW GLOBAL REAL ESTATE	$ 13,589.34
VANGUARD EMERGIUNG MKTS SEL	$ 21,418.62
VANGUARD INTL G	$ 42,730.07
FLORIDA PENSION PLAN BUT UNKNOWN VALUE BUT OVER 15,000	$ 30,000.00
MORGAN STANLEY CD	$ 75,180.00
CD MORGAN STANLY	$ 101,044.00
UBS BANK CD	$ 75,533.25
WELLS FARGO MTN	$ 50,601.00
CASH RAYMOND JAMES	$ 16,285.32
INVESCO STIT TREASURY	$ 49,869.76
AT&T	$ 8,219.97

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Description of Asset	Value of Asset
Alliant Energy LNT	$ 2,543.02
Allstate Corp.	$ 4,819.75
Alphabet inc google	$ 39,563.70
american elec pwr AEP	$ 3,504.74
AMEX	$ 8,606.91
American Int'l Group AIG	$ 4,295.20
American WTR WKS C.	$ 2,489.80
Automatic Data Processing	$ 1,170.92
avalonbay cmntys AVB	$ 3,079.58
bank america corp. BAC	$ 12,130.20
bank new york mellon	$ 5,762.25
bershire hathaway	$ 26,743.52
blackrock inc.	$ 8,200.88
capitol one COF	$ 5,706.24
citigroup inc com new	$ 7,390.95
consolidated edison inc.	$ 2,676.90
constellation energy corp.	$ 4,697.91
digital rlty DLR	$ 3,901.26
electronic arts inc	$ 3,364.90
equinix inc EQIX	$ 3,771.56
Exelon corp.	$ 2,973.56
meta platforms META	$ 46,255.29
first energy	$ 2,426.58
GE Aerospace	$ 1,501.11
healthpeak	$ 2,594.56
honeywell inlt inc	$ 1,129.45
IRM	$ 2,522.64
jp morgan chase	$ 23,251.87
KKR & Co.	$ 6,951.77

Filed with COE: 06/11/2025

Description of Asset	Value of Asset
Kimco realty	$ 2,717.88
marsh and mclennan	$ 5,947.48
mastercard inc	$ 15,270.53
mcdonalds corp.	$ 159,439.50
merck and co.	$ 108,930.60
NRG Energy	$ 3,067.48
netflix inc.	$ 15,152.44
nextgerra energy	$ 7,097.31
paypal holdings	$ 6,828.00
PFG principal financial group	$ 3,328.65
proctor and gamble	$ 70,580.65
progressive corp.	$ 7,427.91
pubic storalge opera PSA	$ 2,694.96
RTX corp.	$ 1,388.64
regions financial corp.	$ 4,280.64
Ryder Systems Inc.	$ 109,174.56
Simon Property Group	$ 3,444.20
Southern Co.	$ 5,021.52
Sun Life Financial	$ 35,544.66
T Mobile US Inc.	$ 5,959.71
USLM	$ 132,740.00
Verizon	$ 8,077.98
Visa Inc.	$ 17,382.20
Walmart Inc.	$ 271,050.00
Wells Fargo Co.	$ 10,816.96
Welltower	$ 4,789.14
Zimmer Biomet Holdings	$ 33,590.34
Eaton Corp. PLC SHS (ETN)	$ 1,327.48
Willis Towers Watson PLC (WTW)	$ 4,385.36

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Description of Asset	Value of Asset
Ishares TR Russell (IWM)	$ 68,276.64
GQGIX eqity fund	$ 26,565.95
ANBFX american funds	$ 29,132.15
LCGFX william blair large cap	$ 69,129.49
DHLRX diamon hill large	$ 68,970.29
AEPFX american funds euro	$ 31,754.01
MWTIX tcw metro west total return	$ 43,612.13
principal mid cap PCBIX	$ 32,257.63
TROSX t rowe price overseas	$ 32,001.64
JP Morgan undiscoverd UBVLX	$ 31,529.85
WIAEX wasatch small pa growth	$ 33,740.34
WFMIX allspring special	$ 28,978.31
AGG ishares	$ 50,097.30
IEF ishares	$ 28,289.70
IJH ishares tr core S&P	$ 15,577.50
VOO vanguard index	$ 216,601.62
TRPXX invesco	$ 2,695.88
ally fin inc	$ 49,863.50
citigroup inc.	$ 25,071.00
jeffries financial group	$ 50,529.50
morgan stanley	$ 101,105.00
USB bank usa CD	$ 76,503.75
wells fargo and co MTN ISIS	$ 49,485.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SYNOVUS MORTGAGE	800 SHADES CREEK PARKWAY, MS 130, BIRMINGHAM, AL 35209	$ 490,344.07
Wells Fargo Auto	PO Box 5265 Sioux Falls, SD 57117-5265	$ 49,908.16

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			

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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.

Stephen Anthony Pitre

Digitally signed: **06/11/2025**

Filed with COE: 06/11/2025

2024 Individual Return
prepared for:

STEPHEN A. and [redacted] PITRE
P O BOX 607
GULF BREEZE, FL 32562

Angela J. Parker, CPA, APAC
1997 Surgi Dr
Mandeville, LA 70448

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

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

Your first name and middle initial	Last name	Your social security number
STEPHEN A.	PITRE	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
[redacted]	PITRE	[redacted]

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

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

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

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

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ 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
	[redacted] PITRE	[redacted]	DAUGHTER	☐	☒
	[redacted] PITRE		DAUGHTER	☒	☐
	[redacted] PITRE		DAUGHTER	☒	☐
				☐	☐

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	173,925.
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	173,925.
2a	Tax-exempt interest	2a	b Taxable interest	2b	24,512.
3a	Qualified dividends	3a	56,171. b Ordinary dividends	3b	58,067.
4a	IRA distributions	4a	18,750. b Taxable amount	4b	17,984.
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	149,439.
8	Additional income from Schedule 1, line 10			8	12,109.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	436,036.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	436,036.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	45,458.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	177.
14	Add lines 12 and 13			14	45,635.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	390,401.

Attach Sch. B if required.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	62,926.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	62,926.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,650.
	20	Amount from Schedule 3, line 8	20	211.
	21	Add lines 19 and 20	21	2,861.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	60,065.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	8,867.
	24	Add lines 22 and 23. This is your **total tax**	24	68,932.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a: 20,053.		
		b Form(s) 1099 — 25b: 3,750.		
		c Other forms (see instructions) — 25c:		
		d Add lines 25a through 25c	25d	23,803.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	29,760.
	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	53,563.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.		b Routing number: c Type: ☐ Checking ☐ Savings; d Account number:		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	15,476.
	38	Estimated tax penalty (see instructions) — 38: 107.		

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: ANGELA P. KANGAS Phone no.: 985-624-8583 Personal identification number (PIN): [redacted]

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		JUDICIAL	
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.)
		HOMEMAKER	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ANGELA P. KANGAS	ANGELA P. KANGAS	3/21/2025	[redacted]	☒ Self-employed
Firm's name: ANGELA J. PARKER, CPA, APAC			Phone no. 985-624-8583	
Firm's address: 1997 SURGI DR MANDEVILLE, LA 70448			Firm's EIN: [redacted]	

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

STEPHEN A. AND [redacted] PITRE

Your social security number

[redacted]

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	12,109.
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	12,109.

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	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: STEPHEN A. AND [redacted] PITRE

Your social security number: [redacted]

Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y	Other additions to tax (see instructions): _____	1y		
z	Add lines 1a through 1y		1z	
2	Alternative minimum tax. Attach Form 6251		2	0.
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	1,798.
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	7,069.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (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	8,867.

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: STEPHEN A. AND [redacted] PITRE

Your social security number: [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	211.
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	211.

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	
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	0.

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

2024

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR: STEPHEN A. AND [redacted] PITRE

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2]			
	3	Multiply line 2 by 7.5% (0.075)	3		
	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 [X]	5a	2,141.	
	b	State and local real estate taxes (see instructions)	5b	13,739.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	15,880.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box [ ]			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	21,280.	
	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	19.	
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	21,299.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 21,299.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	13,659.	
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	500.	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 14,159.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15 0.
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			16 0.
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17 45,458.
	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

STEPHEN A. AND [redacted] PITRE

Your social security number

[redacted]

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.

		Amount
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:		
MY PENSACOLA CREDIT UNION	1	58.
RAYMOND JAMES - R[redacted]	1	40.
RAYMOND JAMES - W[redacted]	1	24,414.
2 Add the amounts on line 1	2	24,512.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	24,512.

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.

		Amount
5 List name of payer:		
CHARLES SCHWAB - [redacted]	5	10,704.
RAYMOND JAMES - R[redacted]	5	46,368.
RAYMOND JAMES - W[redacted]	5	995.
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	58,067.

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

Part III Foreign Accounts and Trusts

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

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

	Yes	No
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		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) 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		X

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return

STEPHEN A. AND [redacted] PITRE

Your social security number

[redacted]

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	123,384.	129,297.		-5,913.
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	-5,913.

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	382,267.	261,634.		120,633.
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	49,395.	38,993.		10,402.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked	40,602.	16,400.		24,202.

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 instrs	13	115.
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	155,352.

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.	16	149,439.
17 Are lines 15 and 16 **both** gains? [X] **Yes.** Go to line 18. [ ] **No.** Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	18	18,289.
19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	19	42.
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. [X] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
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.		

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

STEPHEN A. AND [redacted] PITRE | [redacted]

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 shares 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
RAYMOND JAMES # V[redacted]	L-T VARIOUS	VARIOUS	2,515.	879.			1,636.
RAYMOND JAMES # R[redacted]	L-T VARIOUS	VARIOUS	46,880.	38,114.			8,766.
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)			49,395.	38,993.		0.	10,402.

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 | SSN or taxpayer identification number

STEPHEN A. AND [redacted] PITRE [redacted]

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 shares 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
GOLD AND SILVER	VARIOUS	VARIOUS	40,602.	16,400.	C		24,202.
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)			40,602.	16,400.		0.	24,202.

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

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. 13

Name(s) shown on return

STEPHEN A. AND [redacted] PITRE

Your social security number

[redacted]

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

1a Physical address of each property (street, city, state, ZIP code)

A [redacted]

B

C

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	5		A			
B			B			
C			C			

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties: A	B	C
3 Rents received	3	12,109.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	12,109.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	12,109.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		12,109.
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		12,109.

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

STEPHEN A. AND [redacted] PITRE | [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CROWN POINT CORPORATION	S		[redacted]		
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					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (h) and (k) of line 29a	30	
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	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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	12,109.
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	

Form **1116**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0121

2024

Attachment Sequence No. 19

Name: STEPHEN A. AND [redacted] PITRE

ID no. as shown on page 1 of your tax return: [redacted]

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

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 A	B	C		Total (Add columns A, B, and C.)
i Enter the name of the foreign country or U.S. territory	VARIOUS	OTHER COUNTRY (VARIOUS)			
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 3	10,704.	1,175.		1a	11,879.
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)	10,000.	10,000.			
b Other deductions (attach statement)					
c Add lines 3a and 3b	10,000.	10,000.			
d Gross foreign source income (see instructions)	10,704.	1,175.			
e Gross income from all sources (see instructions)	441,949.	441,949.			
f Divide line 3d by line 3e (see instructions)	0.024220	0.002659			
g Multiply line 3c by line 3f	242.	27.			
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	516.	57.			
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	758.	84.		6	842.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	11,037.

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 — Taxes withheld at source on: (m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
	(l) Date paid or accrued									
A	1099 TAXES									
B	12/31/2024					159.				159.
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 — 8: 159.

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	159.	
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) SEE STMT 4 ☐	10	52.	
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11	211.	
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			14 211.
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	11,037.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	11,037.	
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	390,401.	
	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 0.028270932
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 62,926.
	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 1,779.
22	Increase in limitation (section 960(c)) (see instructions)			22
23	Add lines 21 and 22			23 1,779.
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			24 211.

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		33 211.
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		35 211.

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0121

2024

Attachment Sequence No. **19**

Name: STEPHEN A. AND [redacted] PITRE

ID no. as shown on page 1 of your tax return: [redacted]

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

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 A	B	C	Total (Add columns A, B, and C.)
i Enter the name of the foreign country or U.S. territory				
1a Gross income from sources within country shown above and of the type checked above (see instructions)				1a
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)				
e Gross income from all sources (see instructions)				
f Divide line 3d by line 3e (see instructions)				
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

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: Taxes withheld at source on: (m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
	(l) Date paid or accrued									
A	1099 TAXES									
B	12/31/2024					159.				159.
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2	8	159.

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	159.	
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) SEE STMT 6 ☐	10	815.	
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11	974.	
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	974.
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		
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	11,037.	
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	400,401.	
	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	0.027564866
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	48,846.
	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	1,346.
22	Increase in limitation (section 960(c)) (see instructions)		22	
23	Add lines 21 and 22		23	1,346.
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	974.

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	974.
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	974.

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 _____, and ending _____.

See separate instructions.
Attach to Form 1116.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

Name

STEPHEN A. AND [redacted] PITRE

Identifying number as shown on page 1 of your tax return

[redacted]

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

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 instr.)							
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-						

Foreign Tax Carryover Reconciliation (*continued*)	(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))			52.				52.
2 Adjustments to line 1 (enter description—see instructions):							
a Carryback adjustment (see instr.)							
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.			52.				52.
4 Foreign tax carryover used in current tax year (enter as a negative number)			-52.				-52.
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.							

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 _____, and ending _____

See separate instructions.
Attach to Form 1116.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

Name

ALTERNATIVE MINIMUM TAX

Identifying number as shown on page 1 of your tax return

STEPHEN A. AND [redacted] PITRE

[redacted]

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

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 instr.)							
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-						

Foreign Tax Carryover Reconciliation (*continued*)	(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))			459.	356.			815.
2 Adjustments to line 1 (enter description—see instructions):							
a Carryback adjustment (see instr.)							
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.			459.	356.			815.
4 Foreign tax carryover used in current tax year (enter as a negative number)			-459.	-356.			-815.
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.							

Form **5329**

Department of the Treasury
Internal Revenue Service

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.

[redacted] PITRE

Your social security number

[redacted]

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 59-1/2 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	17,984.
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	17,984.
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	1,798.
	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.		

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE 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 ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE 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	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return

STEPHEN A. AND [redacted] PITRE

Your social security number

[redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	436,036.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	436,036.
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by $2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by $500		7	500.
8	Add lines 5 and 7		8	4,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000		9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	37,000.
11	Multiply line 10 by 5% (0.05)		11	1,850.
12	Is the amount on line 8 more than the amount on line 11?		12	2,650.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from **Credit Limit Worksheet A**		13	62,715.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**		14	2,650.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16a** 0.

b Number of qualifying children under age 17 with the required social security number: _____ X $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b — **17**

18a Earned income (see instructions) — **18a**

b Nontaxable combat pay (see instructions) — **18b**

19 Is the amount on line 18a more than $2,500?

- ☐ **No.** Leave line 19 blank and enter -0- on line 20.
- ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — **19**

20 Multiply the amount on line 19 by **15%** (0.15) and enter the result — **20**

Next. On line 16b, is the amount $5,100 or more?

- ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter **the smaller** of line 17 or line 20 on line 27.
- ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — **22**

23 Add lines 21 and 22 — **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. — **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- — **25**

26 Enter the **larger** of line 20 or line 25 — **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — **27** 0.

Form **8606**

Department of the Treasury
Internal Revenue Service

Nondeductible IRAs

Attach to 2024 Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8606* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2024 Form 8606. See instructions.

[redacted] PITRE

Your social security number [redacted]

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).

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

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2024.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year. For this purpose, "distributions" **does not** include rollovers (but does include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it **does not** include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or returns of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2024, including those made for 2024 from January 1, 2025, through April 15, 2025. See instructions		1	
2	Enter your total basis in traditional IRAs. See instructions		2	5,100.
3	Add lines 1 and 2		3	5,100.
	In 2024, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion? — **No** — Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — **Yes** — Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2025, through April 15, 2025		4	
5	Subtract line 4 from line 3		5	5,100.
6	Enter the value of **all** your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2024, plus any outstanding rollovers. Subtract certain 2024 retirement plan distribution repayments treated as rollovers, if any (see instructions)		6	106,034.
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2024. **Do not** include rollovers (but do include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, **do not** include qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)		7	18,750.
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024. Also, enter this amount on line 16		8	
9	Add lines 6, 7, and 8	124,784.		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	X 0.0408706		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA	766.		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions		13	766.
14	Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2024 and earlier years**		14	4,334.
15a	Subtract line 12 from line 7		15a	17,984.
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 18, as applicable (see instructions)		15b	
c	**Taxable amount.** Subtract line 15b from line 15a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, **or** 1040-NR, line 4b		15c	17,984.

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59-1/2 at the time of the distribution. See instructions.

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.

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

OMB No. 1545-2294

2024

Attachment Sequence No. **55A**

Name(s) shown on return

STEPHEN A. AND [redacted] PITRE

Your taxpayer identification number

[redacted]

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	CROWN POINT CORPORATION	☐	☐	[redacted]	☐
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			
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			
4 Allocable share of W-2 wages from the trade, business, or aggregation	4			
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			
8 Multiply line 7 by 2.5% (0.025)	8			
9 Add lines 6 and 8	9			
10 Enter the greater of line 5 or line 9	10			
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11			
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			
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			
16 Total qualified business income component. Add all amounts reported on line 15	16			

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 ln 22 by ln 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				
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	886.			
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	886.			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	177.			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31			32		177.
33	Taxable income before qualified business income deduction	33	390,578.			
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	205,610.			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35		184,968.
36	Income limitation. Multiply line 35 by 20% (0.20)			36		36,994.
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		177.
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		177.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40		( )

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
STEPHEN A. AND [redacted] PITRE	[redacted]
Preparer's name	**Preparer tax identification number**
ANGELA P. KANGAS	[redacted]

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "**Yes,**" answer questions 4a and 4b. If "**No,**" go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
List those documents provided by the taxpayer, if any, that you relied on:			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☒

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax – Individuals, Estates, and Trusts

Attach to your tax return.
Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return: STEPHEN A. AND [redacted] PITRE

Your social security number or EIN: [redacted]

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	24,512.
2	Ordinary dividends (see instructions)			2	58,067.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	12,109.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	12,109.
5a	Net gain or loss from disposition of property (see instructions)	5a	149,439.		
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	149,439.
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	244,127.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	244,127.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	436,036.		
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	186,036.		
16	Enter the smaller of line 12 or line 15			16	186,036.
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	7,069.
	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	

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
STATE OF FLORIDA	173,925.	20,053.	10,453.	2,782.		
GRAND TOTAL	173,925.	20,053.	10,453.	2,782.	0.	0.

STATEMENT 2
FORM 1040
IRA DISTRIBUTION SCHEDULE

SPOUSE - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
RAYMOND JAMES TRUST CO.	18,750.	***.	3,750.	
TAXABLE AMOUNT FROM FORM 8606		17,984.		
GRAND TOTAL	18,750.	17,984.	3,750.	0.

*** DENOTES THAT THE TAXABLE AMOUNT
WAS COMPUTED ON FORM 8606

STATEMENT 3
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: VARIOUS

DIVIDENDS	$	41.
FOREIGN SOURCE QUALIFIED DIVIDENDS		10,663.
TOTAL	$	10,704.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOU

FOREIGN SOURCE QUALIFIED DIVIDENDS	$	1,060.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS		115.
TOTAL	$	1,175.

STATEMENT 4
FORM 1116, LINE 10
FOREIGN TAX CREDIT CARRYOVERS

PASSIVE INCOME

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2023 FOREIGN TAX CREDIT	834.	0.	834.	0.
2022 FOREIGN TAX CREDIT	1,028.	0.	1,028.	0.
2021 FOREIGN TAX CREDIT	625.	0.	573.	52.
2020 FOREIGN TAX CREDIT	0.	0.	0.	0.
2019 FOREIGN TAX CREDIT	0.	0.	0.	0.
2018 FOREIGN TAX CREDIT	0.	0.	0.	0.
2017 FOREIGN TAX CREDIT	0.	0.	0.	0.
2016 FOREIGN TAX CREDIT	0.	0.	0.	0.
2015 FOREIGN TAX CREDIT	0.	0.	0.	0.
2014 FOREIGN TAX CREDIT	0.	0.	0.	0.
TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				$ 52.

STATEMENT 5
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: VARIOUS

DIVIDENDS		$ 41.
FOREIGN SOURCE QUALIFIED DIVIDENDS		10,663.
	TOTAL	$ 10,704.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOU

FOREIGN SOURCE QUALIFIED DIVIDENDS		$ 1,060.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS		115.
	TOTAL	$ 1,175.

STATEMENT 6
FORM 1116, LINE 10
FOREIGN TAX CREDIT CARRYOVERS

PASSIVE INCOME - AMT

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2023 FOREIGN TAX CREDIT	834.	0.	834.	0.
2022 FOREIGN TAX CREDIT	1,028.	0.	672.	356.
2021 FOREIGN TAX CREDIT	625.	0.	166.	459.
2020 FOREIGN TAX CREDIT	825.	0.	825.	0.
2019 FOREIGN TAX CREDIT	0.	0.	0.	0.
2018 FOREIGN TAX CREDIT	0.	0.	0.	0.
2017 FOREIGN TAX CREDIT	0.	0.	0.	0.
2016 FOREIGN TAX CREDIT	0.	0.	0.	0.
2015 FOREIGN TAX CREDIT	0.	0.	0.	0.
2014 FOREIGN TAX CREDIT	0.	0.	0.	0.
TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				$ 815.

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**

► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
STEPHEN A. PITRE	[redacted]
Spouse's name	**Spouse's social security number**
[redacted] PITRE	[redacted]

Part I Tax Return Information – Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	436,036.
2	Total tax	2	68,932.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	23,803.
4	Amount you want refunded to you	4	
5	Amount you owe	5	15,476.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize ANGELA J. PARKER, CPA, APAC (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☒ I authorize ANGELA J. PARKER, CPA, APAC (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► ANGELA P. KANGAS Date ► _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

2024 E-FILE PAYMENT RECORD - ESTIMATE INSTALLMENT 1 PAGE 1

CLIENT PITRS01 **STEPHEN A. AND [redacted] PITRE** [redacted]

3/21/25 12:34PM

Form Payment Record

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank	COASTAL BANK & TRUST	
Routing Transit Number	[redacted]	
Bank Account Number	[redacted]	
Type of Account	1	1 = Checking; 2 = Savings
Amount of Tax Payment	11,210.	
Tax Type	1040-ES	1040, 1040-ES, 2350 or 4868
Requested Payment Date	4/15/25	
Taxpayer's Daytime Phone Number	[redacted]	

CLIENT PITRS01 STEPHEN A. AND [redacted] PITRE [redacted]

3/21/25 12:34PM

Form Payment Record

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank	COASTAL BANK & TRUST
Routing Transit Number	[redacted]
Bank Account Number	[redacted]
Type of Account	1 (1 = Checking; 2 = Savings)
Amount of Tax Payment	15,476.
Tax Type	1040 (1040, 1040-ES, 2350 or 4868)
Requested Payment Date	4/11/25
Taxpayer's Daytime Phone Number	[redacted]

FEDERAL

2024 FEDERAL FORM 1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.
THE TAXPAYER HAS AN AMOUNT DUE OF $15,476 WHICH WILL BE DEBITED FROM THE FOLLOWING ACCOUNT ON 4/11/2025.

NAME OF BANK: COASTAL BANK & TRUST
ROUTING TRANSIT NUMBER: [redacted]
ACCOUNT NUMBER: *******[redacted]
ACCOUNT TYPE: CHECKING

2025 FEDERAL FORM 1040-ES ELECTRONIC ESTIMATED TAX PAYMENTS
YOUR FEDERAL ESTIMATED TAX PAYMENTS WILL BE DEBITED FROM THE FOLLOWING BANK ACCOUNT IN ACCORDANCE WITH THE SCHEDULE BELOW.

ESTIMATE 1 AMOUNT DUE OF $11,210 WILL BE DEBITED ON 4/15/2025.

NAME OF BANK: COASTAL BANK & TRUST
ROUTING TRANSIT NUMBER: [redacted]
ACCOUNT NUMBER: *******[redacted]
ACCOUNT TYPE: CHECKING

LOUISIANA

2024 LOUISIANA FORM IT-540B ELECTRONIC FINANCIAL TRANSACTION INFORMATION.
THE TAXPAYER HAS AN AMOUNT DUE OF $218 WHICH WILL BE DEBITED FROM THE FOLLOWING ACCOUNT ON 4/11/2025.

NAME OF BANK: COASTAL BANK & TRUST
ROUTING TRANSIT NUMBER: [redacted]
ACCOUNT NUMBER: *******[redacted]
ACCOUNT TYPE: CHECKING

CLIENT PITRS01 STEPHEN A. AND [redacted] PITRE [redacted]

3/21/25 12:34 PM

	2024	2023	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	173,925	174,112	-187
INTEREST INCOME	24,512	708	23,804
DIVIDEND INCOME	58,067	66,358	-8,291
TAXABLE IRA DISTRIBUTIONS	17,984	0	17,984
CAPITAL GAIN OR LOSS	149,439	113,451	35,988
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	12,109	8,130	3,979
TOTAL INCOME	436,036	362,759	73,277
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS	0	0	0
ADJUSTED GROSS INCOME	436,036	362,759	73,277
ITEMIZED DEDUCTIONS			
TAXES	10,000	10,000	0
INTEREST	21,299	50	21,249
CONTRIBUTIONS	14,159	5,385	8,774
TOTAL ITEMIZED DEDUCTIONS	45,458	15,435	30,023
TAX COMPUTATION			
STANDARD DEDUCTION	29,200	27,700	1,500
LARGER OF ITEMIZED OR STANDARD DEDUCTION	45,458	27,700	17,758
QUALIFIED BUSINESS INCOME DEDUCTION	177	52	125
TAXABLE INCOME	390,401	335,007	55,394
TAX BEFORE CREDITS	62,926	52,095	10,831
CREDITS			
CHILD TAX CREDIT & OTHER DEPENDENT CR	2,650	4,500	-1,850
FOREIGN TAX CREDIT	211	1,369	-1,158
TOTAL CREDITS	2,861	5,869	-3,008
TAX AFTER CREDITS	60,065	46,226	13,839
OTHER TAXES			
TAX ON IRAS, OTHER QUAL. RET. PLANS, ETC	1,798	0	1,798
OTHER TAXES	7,069	4,285	2,784
TOTAL TAX	68,932	50,511	18,421
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD	23,803	20,934	2,869
ESTIMATED TAX PAYMENTS	29,760	20,840	8,920
TOTAL PAYMENTS	53,563	41,774	11,789
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY	107	0	107
AMOUNT YOU OWE	15,476	8,737	6,739
TAX RATES			
ORDINARY INCOME TAX BRACKET	24.0%	22.0%	2.0%
EFFECTIVE TAX RATE	17.7%	15.1%	2.6%

IT-540B-2D (Page 1 of 4) DEV ID 1315

2024 LOUISIANA NONRESIDENT AND PART-YEAR RESIDENT - 2D

Name Change

Decedent Filing: STEPHEN A PITRE — Your SSN: [redacted]

Spouse Decedent: [redacted] PITRE — Spouse's SSN: [redacted]

Address Change: P O BOX 607

Amended Return: GULF BREEZE FL 32562 — Telephone

NOL

MSRA | Nonresident Return | X Part-Year Return | NRPA

Your Date of Birth: [redacted] | Spouse's Date of Birth: [redacted] | Decedent's Date of Death | Spouse's Date of Death

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

2

Enter a **"1"** in box if **single.**
Enter a **"2"** in box if **married filing jointly.**
Enter a **"3"** in box if **married filing separately.**
Enter a **"4"** in box if **head of household.**
If the qualifying person is not your dependent, enter name here. _____
Enter a **"5"** in box if **qualifying surviving spouse.**
If the qualifying person is not your dependent, enter name here. _____

6 EXEMPTIONS:

			65 or older	Blind	
6A	X	Yourself			Total of 6A & 6B: 2
6B	X	Spouse			

6C DEPENDENTS — Enter dependent information below. If you have more than six dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR in the boxes here. **6C** 3

First Name	Last Name	Social Security Number	Relationship to You	Birth Date *(mm/dd/yyyy)*
[redacted]	PITRE	[redacted]	DAUGHTER	[redacted]
	PITRE		DAUGHTER	
	PITRE		DAUGHTER	

IMPORTANT!
All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS — Total of 6A, 6B, and 6C **6D** 5

[redacted]

FOR OFFICE USE ONLY

Field Flag

[redacted]
Social Security Number [redacted]

If you are not required to file a federal return, indicate wages here. **Mark this box and enter zero "0" on Line 14.**

7	FEDERAL ADJUSTED GROSS INCOME — From the NPR worksheet, Federal column, Line 12	7	436036
8	LOUISIANA ADJUSTED GROSS INCOME — From the NPR worksheet, Line 20	8	12109
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME	9	277
10A	FEDERAL ITEMIZED DEDUCTIONS	10A	45458
10B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES	10B	
10C	FEDERAL STANDARD DEDUCTION	10C	29200
10D	EXCESS FEDERAL ITEMIZED DEDUCTIONS — Subtract Line 10C from Line 10B	10D	
10E	ALLOWABLE DEDUCTIONS — Multiply Line 10D by the percentage on Line 9. Round to the nearest dollar.	10E	
11	LOUISIANA NET INCOME — Subtract Line 10E from Line 8. If less than zero, enter zero "0".	11	12109
12	YOUR LOUISIANA INCOME TAX	12	218
13	NONREFUNDABLE PRIORITY 1 CREDITS — From Schedule C-NR, Line 5 [redacted]	13	
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS — Subtract Line 13 from Line 12. If less than zero, enter zero "0".	14	218
15	2024 LOUISIANA REFUNDABLE CHILD CARE CREDIT — **Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line.** *See the instructions and the Refundable Care Credit Worksheet.*	15	
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	15A	
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	15B	
16	2024 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT — **Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN $25,000 to claim the credit on this line.** *See the Refundable School Readiness Credit Worksheet.* **5 Star 4 Star 3 Star 2 Star**	16	
17	OTHER REFUNDABLE PRIORITY 2 CREDITS — From Schedule F-NR, Line 9	17	
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS — Add Lines 15, 16, and 17. *Do not include amounts on Lines 15A and 15B.*	18	
19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	19	218
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	20	
21	NONREFUNDABLE PRIORITY 3 CREDITS — From Schedule J-NR, Line 16	21	

Social Security Number [redacted]

22	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 21 from Line 19.		22	218
23A	CONSUMER USE TAX	X No use tax due Amount from the Consumer Use Tax Worksheet	23A	
23B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	X No usage fee due Amount from Form R-19000A	23B	
24	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE. Add Lines 22, 23A, AND 23B.		24	218
25	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.		25	
26	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6		26	
27	**AMOUNT OF LOUISIANA TAX WITHHELD FOR 2024 – Attach Forms W-2 and 1099.**		27	
28	AMOUNT OF CREDIT CARRIED FORWARD FROM 2023		28	
29	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership. _____		29	
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2024 [redacted]		30	
31	AMOUNT OF EXTENSION PAYMENT		31	
32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 31.		32	
33	OVERPAYMENT – If Line 32 is greater than Line 24, subtract Line 24 from Line 32. **Your overpayment may be reduced by Underpayment of Estimated Tax Penalty.** Otherwise, go to Line 40.		33	
34	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.		34	
35	ADJUSTED OVERPAYMENT – If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40.		35	
36	TOTAL DONATIONS – From Schedule D-NR, Line 20		36	
37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.		37	
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2025 INCOME TAX	**CREDIT**	38	
	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. If mailing to LDR, use the address on the bottom of page 4.			
39	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	**REFUND**	39	

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number

Account Number

[redacted]

PITR

[redacted]

[redacted]

Social Security Number [redacted]

AMOUNTS DUE LOUISIANA

40	AMOUNT YOU OWE — If Line 24 is greater than Line 32, subtract Line 32 from Line 24	40	218
41	**ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND**	41	
42	**ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND**	42	
43	**ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION**	43	
44	INTEREST — From the Interest Calculation Worksheet, Line 5	44	
45	DELINQUENT FILING PENALTY — From the Delinquent Filing Penalty Calculation Worksheet, Line 3	45	
46	DELINQUENT PAYMENT PENALTY — From the Delinquent Payment Penalty Calculation Worksheet, Line 7	46	
47	UNDERPAYMENT PENALTY — *See the instructions for Underpayment Penalty and Form R-210NR.* If you are a farmer, check the box.	47	
48	**BALANCE DUE LOUISIANA** — Add Lines 40 through 47. **PAY THIS AMOUNT. DO NOT SEND CASH.**	48	218

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

[redacted]

Status 001

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date *(mm/dd/yyyy)*	Spouse's Signature *(If filing jointly, both must sign.)*	Date *(mm/dd/yyyy)*

Email Address

PAID PREPARER USE ONLY

Print/Type Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check [X] if Self-employed
ANGELA P. KANGAS	ANGELA P. KANGAS		
Firm's Name ▶ ANGELA J. PARKER, CPA, APAC		Firm's FEIN ▶ [redacted]	
Firm's Address ▶ 1997 SURGI DR MANDEVILLE, LA 70448		Telephone ▶ 985-624-8583	

Name
PITR

Individual Income Tax Return
Calendar Year Return Due 5/15/2025

Mail to: Department of Revenue
PO BOX 3550
BATON ROUGE LA 70821-3550

[redacted]

PTIN, FEIN, or LDR Account Number of Paid Preparer

[redacted]

For Office Use Only.

[redacted]

1315

Social Security Number [redacted]

2024 Nonresident and Part-Year Resident (NPR) Worksheet

	See instructions for completing the NPR worksheet.	Federal	Louisiana
1	Wages, salaries, tips, etc.	173925	
2	Taxable interest	24512	
3	Dividends	58067	
4	Business income (or loss) and farm income (or loss)		
5	Gains (or losses)	149439	
6	IRA distributions, pensions, and annuities	17984	
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	12109	12109
8	Social Security benefits		
9	Other income — Enter the amount of Louisiana NOL utilized.		
10	Total Income — Add the income amounts on Lines 1-9 for each column.	436036	12109
11	Total Adjustments to Income		
12	**Adjusted Gross Income** — Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the **Federal column** should agree with Federal Form 1040 or 1040-SR, Line 11.	436036	12109
Additions 13	Interest and dividend income from other states and their political subdivisions		
14	Recapture of START contributions		
15	Recapture of START K12 contributions		
16	Add back of pass-through entity loss		
17	Total — Add Lines 12 through 16.		12109

Subtractions

EXEMPT INCOME — Enter on Lines 18A through 18F; the amount of any exempt income included on Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. *See the instructions.*

	Exempt Income Description	Code	Amount
18A			
18B			
18C			
18D			
18E			
18F			
19	**Total Exempt Income** — Add Lines 18A through 18F.		
20	**LOUISIANA ADJUSTED GROSS INCOME.** Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8.		12109

Description - *See instructions.*	Code
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	02E
Louisiana State Teachers' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	03E
Federal Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	04E
Other Retirement Benefits — Provide name or statute: Taxpayer date retired: _____ Spouse date retired: _____	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____	06E

Description - *See the instructions.*	Code
Native American Income	08E
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass-Through Entity Exclusion	24E
IRC 280C Expense	25E
COVID-19 Relief Benefits	27E
START K12 Savings Program Contributions	28E
Digital Nomads	29E
Other, *see instructions.* Identify:	49E

[redacted]

[redacted]

[redacted] R-8453 (1/25)

LA 8453

Louisiana

2024 Individual Income Tax Declaration for Electronic Filing

LOUISIANA

DEPARTMENT *of* REVENUE

Your first name and initial	Last name	1 Your Social Security Number	
STEPHEN A. PITRE		[redacted]	
Spouse's first name and initial	Last name	2 Spouse's Social Security Number	
[redacted] PITRE		[redacted]	**2024**
Present home address (number and street including apartment number or rural route)		Daytime Telephone Number	
P O BOX 607			
City, town, or post office		State ZIP	
GULF BREEZE, FL 32562			

Part A — Tax Return Information

Balance Due 218. **Refund Due** _____

Part B — Direct Deposit of Refund (Optional) ☐ or Direct Debit (Optional) ☒

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

[redacted]

Direct Debit Payment 218.

Account Number [redacted]

Withdrawal Date 4/11/2025 (MM DD YYYY)

Type of Account: (Check one.) ☒ Checking ☐ Savings

Full Payment ☒ **Partial Payment** ☐

☐ **Payment made/will be made by credit card.**

PART C — Declaration of Taxpayer

☐ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.

☒ I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____ (Your signature) _____ (Date) _____ (Spouse's signature (if joint return)) _____ (Date)

Part D — Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. ANGELA P. KANGAS (Preparer's signature) [redacted] (Preparer's SSN or PTIN) _____ (Date) 985-624-8583 (Telephone)

☒ Mark box if also ERO. _____ (Electronic Return Originator's signature) _____ (ERO's SSN or PTIN) _____ (Date) _____ (Telephone)

This form is to be maintained by ERO. Do not submit to LDR.

CLIENT PITRS01 STEPHEN A. AND TRACI L. PITRE [redacted]

3/21/25 12:34PM

Form Payment Record

THE FORM IT-540B BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE LOUISIANA ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 3.

Name of Bank	COASTAL BANK & TRUST
Routing Transit Number	[redacted]
Bank Account Number	[redacted]
Type of Account	CHECKING
Amount of Tax Payment	218.00
Tax Type	FORM IT-540B
Requested Payment Date	4/11/25
Taxpayer's Daytime Phone Number	

CLIENT PITRS01 STEPHEN A. AND [redacted] PITRE [redacted]

3/21/25 12:34 PM

	2024	2023	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME	436,036	362,759	73,277
TAXABLE LOUISIANA INCOME	12,109	8,130	3,979
TOTAL LOUISIANA INCOME	12,109	8,130	3,979
RATIO OF LOUISIANA INCOME	2.77%	2.24%	0.53%
DEDUCTIONS			
FEDERAL ITEMIZED DEDUCTIONS	45,458	0	45,458
FEDERAL STANDARD DEDUCTION	29,200	0	29,200
LOUISIANA INCOME			
LOUISIANA NET INCOME	12,109	8,130	3,979
LOUISIANA INCOME TAX	218	145	73
CREDITS			
ADJUSTED LOUISIANA INCOME TAX	218	145	73
TOTAL LA INCOME/USE TAX	218	0	218
PAYMENTS			
TOTAL REFUNDABLE CREDITS AND PAYMENTS	0	0	0
AMOUNTS DUE LOUISIANA			
AMOUNT YOU OWE	218	145	73
TAX RATES			
MARGINAL TAX RATE	1.9%	1.9%	0.0%
EFFECTIVE TAX RATE	1.8%	1.8%	0.0%