

General Information

Name: Mrs Erin Corcoran Daly

PID 213989

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (5Th)	Elected Constitutional Officer	

Net WorthMy Net Worth as of June 22, 2025 was \$ 4,078,012.44.**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 \$ 177,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3269 Gulf Winds Cir, Hernando Beach, FL 34607	\$ 1,600,000.00
3397 Crape Myrtle Dr, Hernando Beach, FL 34607	\$ 400,000.00
6544 Grapewood Rd, Spring Hill, FL 34606	\$ 230,000.00
119 Florida Av, Brooksville, FL 34601	\$ 175,000.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2025

Description of Asset	Value of Asset
422 W Hunt Av, Bushnell, FL 33513	\$ 225,000.00
Bank of America Accounts	\$ 40,352.58
Bank of America - Merrill Lynch Investments	\$ 113,355.18
Truist	\$ 330,818.77
Suncoast School Credit Union	\$ 2,641.77
Nationwide Bonds (American Funds Emerging Markets Bond Fund - Class R-6)	\$ 13,492.86
Nationwide Bonds (Dodge & Cox Income Fund - Class I)	\$ 120,167.68
Nationwide Stocks (Fidelity Blue Chip Growth K6 Fund)	\$ 27,028.63
Nationwide Stocks (Fidelity Contrafund K6)	\$ 47,263.94
Nationwide Fixed Assets	\$ 66,377.69
Nationwide Stocks (JPMorgan Mid Cap Value Fund - Class R6)	\$ 19,435.15
Nationwide Stocks (New World Fund(SM) - Class R6)	\$ 33,520.75
Nationwide Florida Fixed Fund	\$ 105,041.98
Nationwide Stocks (Small-Cap Value Equity Trust D)	\$ 6,548.06
Nationwide Stocks (T Rowe Price Equity Income Trust B)	\$ 59,433.20
Nationwide Stocks (T. Rowe Price Dividend Growth Fund - I Class)	\$ 52,402.98
Nationwide Stocks (T. Rowe Price Overseas Stock Fund - I Class)	\$ 46,551.22
Nationwide Bonds (T. Rowe Price Spectrum Income Fund - I Class)	\$ 26,730.76
Nationwide Stocks (T. Rowe Price US Mid Cap Growth Equity Trust D)	\$ 19,829.26
Nationwide Investment (Vanguard Real Estate Index Fund - Institutional Shares)	\$ 19,754.42
Nationwide Stocks (Vanguard Total International Stock Index Fund - Institutional Shares)	\$ 66,947.07
Nationwide Stocks (Vanguard(R) Institutional Index Fund - Institutional Plus Shares)	\$ 33,281.90
Nationwide Stocks (Wasatch Small Cap Growth Fund - Institutional Class)	\$ 6,469.40

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2025

Description of Asset	Value of Asset
First Foundation Bank - Checking	\$ 13,567.19

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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.

Erin Corcoran Daly

Digitally signed: 06/28/2025

Filed with COE: 06/28/2025

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

See separate instructions.

Your first name and middle initial WILLIAM		Last name DALY		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial ERIN		Last name DALY		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no. [REDACTED]	
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]				State [REDACTED]	
				ZIP code [REDACTED]	
Foreign country name [REDACTED]		Foreign province/state/country [REDACTED]		Foreign postal code [REDACTED]	
				☐ You ☐ Spouse	

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

☐ You ☐ Spouse

Filing Status

☐ Single ☐ Head of household (HOH)

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

☐ Married filing separately (MFS)

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

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):		(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
If more than four dependents, see instr. and check here ☐							

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	50,000
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Household employee wages not reported on Form(s) W-2	1b	
If you did not get a Form W-2, see instructions.	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	50,000
Attach Sch. B if required.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Soc. sec. ben.	6a	
Standard Deduction for –	b	Taxable interest	2b	1,339
• Single or Married filing separately, \$14,000		Ordinary dividends	3b	
• Married filing jointly or Qualifying surviving spouse, \$29,000		Taxable amount	4b	
• Head of household, \$21,000		Taxable amount	5b	
• If you checked any box under Standard Deduction, see instructions.		Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)	7	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	8	299,157
	8	Additional income from Schedule 1, line 10	9	350,496
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	10	2,544
	10	Adjustments to income from Schedule 1, line 26	11	347,952
	11	Subtract line 10 from line 9. This is your adjusted gross income	12	29,200
	12	Standard deduction or itemized deductions (from Schedule A)	13	59,323
	13	Qualified business income deduction from Form 8995 or Form 8995-A	14	88,523
	14	Add lines 12 and 13	15	259,429
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	48,348
	3		17	
	17	Amount from Schedule 2, line 3	18	48,348
	18	Add lines 16 and 17	19	
	19	Child tax credit or credit for other dependents from Schedule 8812	20	
	20	Amount from Schedule 3, line 8	21	
	21	Add lines 19 and 20	22	48,348
	22	Subtract line 21 from line 18. If zero or less, enter -0-	23	5,698
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	54,046	
24	Add lines 22 and 23. This is your total tax			

Payments	25	Federal income tax withheld from:	25d	
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2024 estimated tax payments and amount applied from 2023 return	26	54,000
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
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	54,000	

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	
	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	185
	38	Estimated tax penalty (see instructions)	38	139

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	DAVID BISKUP	Phone no.	914-576-0777
			Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
	William Daly		EXECUTIVE	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
Erin Daly		LAWYER		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	DAVID BISKUP	DAVID BISKUP	03/27/25	*****	
	Firm's name	BISKUP & BRAVO, CPA'S, PC		Phone no.	914-576-0777
	Firm's address	271 North Ave., Suite #816 New Rochelle NY 10801		Firm's EIN	**-***8196

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 01

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

WILLIAM & ERIN DALY

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	36,000
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	263,157
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 ABL 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	299,157

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	2,544
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	2,544

Schedule 1 (Form 1040) 2024

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **02**

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

Your social security number

WILLIAM & ERIN DALY

██████████

Part I Tax

1 Additions to tax:			
a Excess advance premium tax credit repayment. Attach Form 8962	1a		
b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e Excessive payments (EP) from Form 4255. Check applicable box and enter amount (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y		1z	
2 Alternative minimum tax. Attach Form 6251		2	
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	5,087
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6	7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9 Household employment taxes. Attach Schedule H	9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11 Additional Medicare Tax. Attach Form 8959	11	
12 Net investment income tax. Attach Form 8960	12	611
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	5,698

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

Name of proprietor

ERIN DALY

Social security number (SSN)

██████████-██-████

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

LEGAL SERVICES

541100

C Business name. If no separate business name, leave blank.

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

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	☐	1	36,000
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	36,000
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	36,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	36,000

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		32a			
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32b			

☐ All investment is at risk.
☐ Some investment is not at risk.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

Your social security number

WILLIAM & ERIN DALY

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** 3397 CRAPE MYRTLE DRIVE, HERNANDO BEACH, FL 34607**B** 6544 GRAPEWOOD DRIVE, SPRING HILL, FL 34609**C** 119 FLORIDA AVE, BROOKSIDE, FL 34601**1b** Type of Property
(from list below)**A** 1**B** 1**C** 1**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
DaysPersonal Use
Days

QJV

A 366**B** 366**C** 366

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	27,250	15,910	14,100
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7		607	1,996
8 Commissions	8			
9 Insurance	9	2,528	988	1,155
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	9,441		
15 Supplies	15			
16 Taxes	16	4,687	2,450	1,564
17 Utilities	17			
18 Depreciation expense or depletion	18	9,273	3,447	4,379
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20	25,929	7,492	9,094
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	1,321	8,418	5,006
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0	0	0
23a Total of all amounts reported on line 3 for all rental properties	23a	57,260		
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	17,099		
e Total of all amounts reported on line 20 for all properties	23e	42,515		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			14,745
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			14,745

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

DAA

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

Your social security number

WILLIAM & ERIN DALY**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	ATLAS INTERNATIONAL MAIL, INC.	S	☐	**-***0501	☒	☐
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			0	1,395	249,807
B					
C					
D					
29a Totals					249,807
b Totals				1,395	
30 Add columns (h) and (k) of line 29a				30	249,807
31 Add columns (g), (i), and (j) of line 29b				31	1,395
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	248,412

Part III Income or Loss From Estates and Trusts

33	(a) Name			(b) Employer identification number	
A					
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a			35	
36	Add columns (c) and (e) of line 34b			36	
37	Total estate and trust income or (loss). Combine lines 35 and 36			37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

- 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	263,157
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	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 17

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

ERIN

DALY

Social security number of person
with self-employment income

██████████

Part I Self-Employment Tax

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

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

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

1a

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

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

2

36,000

- 3** Combine lines 1a, 1b, and 2

3

36,000

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

33,246

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

- c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

33,246

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

5a

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

5b

0

- 6** Add lines 4c and 5b

6

33,246

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

7

168,600

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

8a

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

8b

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

8c

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

8d

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

9

168,600

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

10

4,123

- 11** Multiply line 6 by 2.9% (0.029)

11

964

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

12

5,087

- 13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

2,544

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

Schedule SE (Form 1040) 2024

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

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

14 Maximum income for optional methods

14**6,920**

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

15

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

16 Subtract line 15 from line 14

16

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

17

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

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

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

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

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

WILLIAM & ERIN DALY

Your taxpayer identification number

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	HOUSE [REDACTED]	[REDACTED]	1,321
ii	HOUSE [REDACTED]	[REDACTED]	8,418
iii	HOUSE [REDACTED]	[REDACTED]	5,006
iv	ATLAS INTERNATIONAL MAIL, INC.	[REDACTED]	248,412
v	LEGAL SERVICES	[REDACTED]	33,456
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	296,613	
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	296,613	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		59,323
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		59,323
11	Taxable income before qualified business income deduction (see instructions)	318,752	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		
13	Subtract line 12 from line 11. If zero or less, enter -0-	318,752	
14	Income limitation. Multiply line 13 by 20% (0.20)		63,750
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		59,323
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		

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

Form **8995** (2024)

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2024Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

WILLIAM & ERIN DALY**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	1,339
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	299,157
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-284,412
c	Combine lines 4a and 4b	4c	14,745
5a	Net gain or loss from disposition of property (see instructions)	5a	
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	
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	16,084

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	16,084
13	Modified adjusted gross income (see instructions)	13	347,952
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	97,952
16	Enter the smaller of line 12 or line 15	16	16,084
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	611
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2024)

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2024

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

Name(s) shown on return

WILLIAM & ERIN DALY

Identifying number

Business or activity to which this form relates

HOUSE

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	03/15/24	152,100	27.5 yrs.	MM	S/L	4,379
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,379
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

There are no amounts for Page 2

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

WILLIAM & ERIN DALY

Business or activity to which this form relates

Pass-through expense from K-1**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,220,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	From Schedule K-1 (Form 1120-S)		1,395
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,395
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,395
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	335,807
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,395
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,395
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Identifying number

S Corporation Shareholder Stock and
Debt Basis Limitations

OMB No. 1545-2302

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name of shareholder

WILLIAM DALY

Identifying number

A Name of S corporation

ATLAS INTERNATIONAL MAIL, INC.

B Employer identification number

C Stock block (see instructions):

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

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

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	585,592
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	249,807
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	249,807
5	Stock basis before distributions. Add lines 1, 2, and 4	5	835,399
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	273,331
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	562,068
8a	Non deductible expenses	8a	3,163
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	3,163
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	558,905
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	1,395
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	1,395
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	557,510

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

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

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

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

Section C—Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions	1,395		1,395		
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,395		1,395		

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial
WILLIAM Last name
DALY Taxpayer social security number
[REDACTED]If a joint return, spouse's first name and initial
ERIN Last name
DALY Spouse's social security number
[REDACTED]

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

Apt. no.

Presidential Election Campaign

Taxpayer ☐Spouse ☐

City, town or post office, state, and ZIP code.

Foreign country name

Foreign province/state/county

Foreign postal code

At anytime during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☒ No ☐6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

2

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2

6c Dependents:

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for		Child tax credit		Other dependents		If more than four dependents, ☒ here ☐

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	50,000
	8a	Taxable interest. Attach Schedule B if required	8a	1,339
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	36,000
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
Adjusted Gross Income (Schedule 1)	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	263,157
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	350,496
Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	2,544
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved for future use	34	
	35	Reserved for future use	35	
	36	Add lines 23 through 35	36	2,544
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	347,952

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2024	
Name WILLIAM & ERIN DALY			Tp TIN ██████████		
38 Amount from line 37 (adjusted gross income)			38 347,952		
Tax and Credits (Schedules 2, 3)	39a Check ☐ You were born before January 2, 1960, ☐ Blind. ☐ Total boxes checked ▶ 39a ☐				
	if: ☐ Spouse was born before January 2, 1960, ☐ Blind. ☐ 39b ☐				
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐					
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$14,600 Married filing jointly or Qualifying widow(er), \$29,200 Head of household, \$21,900	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40 29,200	
	41 Subtract line 40 and 40b from line 38			41 318,752	
	42 Qualified business income deduction (see instructions)			42 59,323	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43 259,429	
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44 48,348	
	45 Alternative minimum tax (see instructions). Attach Form 6251			45	
	46 Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)			46	
	47 Add lines 44, 45, and 46 ▶			47 48,348	
	48 Foreign tax credit. Attach Form 1116 if required			48	
	49 Credit for child and dependent care expenses. Attach Form 2441			49	
50 Education credits from Form 8863, line 19			50		
51 Retirement savings contributions credit. Attach Form 8880			51		
52 Child tax credit/credit for other dependents			52		
53 Residential energy credits. Attach Form 5695			53		
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐			54		
55 Add lines 48 through 54. These are your total credits			55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56 48,348		
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE			57 5,087	
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a Household employment taxes from Schedule H			60a	
☐	b First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61 Taxes from: a ☐ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) Form 8960			61 611	
	62 Section 965 net tax liability installment from Form 965-A			62	
	63 Add lines 56 through 61. This is your total tax ▶			63 54,046	
	64 Federal income tax withheld from:				
	a Form(s) W-2			64a	
	b Form(s) 1099			64b	
	c Other forms			64c	
	65 2024 estimated tax payments and amount applied from 2023 return			65 54,000	
	66 Earned income credit (EIC)			66	
Payments (Schedule 3)	67 Additional child tax credit. Attach Schedule 8812			67	
	68 American opportunity credit from Form 8863, line 8			68	
	69 Recovery rebate credit			69	
	70 Net premium tax credit. Attach Form 8962			70	
	71 Amount paid with request for extension to file			71	
	72 Excess social security and tier 1 RRTA tax withheld			72	
	73 Credit for federal tax on fuels. Attach Form 4136			73	
	74 Other payments and refundable credits			74	
	75 Total pymts. Add lines 64 - 74.			75 54,000	
	Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid			76
77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐			77a		
▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings					
▶ d Account number					
78 Amount of line 76 you want applied to your 2025 estimated tax ▶			78		
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ▶			79 185	
	80 Estimated tax penalty (see instructions)			80 139	
Int/Pen	Date filed	Int	Fail to file	Fail to pay	Total
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) ██████████				
	Designee's Name ▶ DAVID BISKUP Phone no. ▶ 914-576-0777				
Other Info	Taxpayer Daytime phone number		Taxpayer: Occupation EXECUTIVE		IRS Identity Protection PIN
			Spouse: Occupation LAWYER		IRS Identity Protection PIN
	☐ Taxpayer	☐ Spouse	Email address		

Form 1040	Shareholder's Basis Worksheet Page 1	2024
Name WILLIAM DALY		Taxpayer Identification Number [REDACTED]
Name of Entity ATLAS INTERNATIONAL MAIL, INC.		EIN**-*** [REDACTED]
Passive Activity Type Not Passive		K1 Unit 3

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	585,592
Increases to stock basis		
2. Capital contributions made or additional stock acquired	2.	
3. Ordinary business income	3.	249,807
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	249,807
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	835,399
Decreases to stock basis		
15. Distributions allowed	15.	273,331
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	562,068
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	4,558
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	4,558
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	557,510

Shareholder Debt Basis

22. Debt basis at the beginning of corporation's tax year	22.	
23. Additional loans	23.	
24. Debt basis restoration	24.	
25. Nontaxable debt repayment	25.	
26. Debt basis before losses and deductions. Combine lines 22 through 25	26.	
27. Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28. Debt basis at the end of year (Subtract line 27 from line 26)	28.	0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28)	29.	557,510

Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	273,331
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	835,399
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30)	32.	0
● Sch D/8949, short-term capital gain _____ ● Sch D/8949, long-term capital gain _____		

Form 1040		Shareholder's Basis Worksheet Page 3			2024					
Name WILLIAM DALY		Id No. [REDACTED]								
Entity Name ATLAS INTERNATIONAL MAIL, INC.		EIN **-**-****		Passive Activity Type Not Passive						
Basis reduced by nondeductible items before loss and deduction items										
K1 Unit 3										
Basis reduced by nondeductible items before loss and deduction items										
Loss Allocated to Shareholder Stock and Debt Basis										
	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
		3,163	3,163	1.0000	3,163					3,163
Nondeductible expenses										
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense		1,395	1,395	1.0000	1,395					1,395
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		1,395	1,395	1.0000	1,395					1,395
Total nonded and deductible items		4,558	4,558		4,558					4,558

Form	1040	K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797				2024
Name		WILLIAM DALY		Taxpayer Identification Number		
Entity Name		ATLAS INTERNATIONAL MAIL, INC.		EIN	**--*	Screen K1
Activity		Passive Activity Type		Entity Type		S Corporation
		Not Passive		K1 Unit		3
		Disallowed Basis Limitation		Disallowed At-risk Limitation		Entire disposition of activity
Schedule E page 2		Current Year Amount	PY Suspended Basis Loss	PY Suspended At-risk Loss	PY Suspended Passive Loss	Tax Return
Ordinary business income/-loss		249,807				249,807
Net rental real estate income/-loss						
Other net rental income/-loss						
Guaranteed payments						
Section 179 expense		-1,395				-1,395
Disallowed Section 179 expense						
Depletion						
Section 59(e)(2) expenditures						
Preproductive period expense						
Reforestation expense deduct						
Other deductions						
Unreimbursed expenses						
Other inc/loss - Schedule E						
Debt financed acquisition						
Dependent care benefits						
Total Schedule E page 2		248,412				248,412
Schedule E page 1						
Royalties						
Deductions-royalty income						
Depletion						
Total Schedule E page 1						
Schedule B						
Interest Income						
Tax-exempt interest income						
Dividend Income						
Qualified dividends (1040, Page 2)						
Schedule D/8949/6781						
Short-term capital gain/-loss						
Long-term capital gain/-loss						
28% capital gain/-loss						
1256 contracts and straddles						
Form 4797						
4797 Part I						
4797 Part II						
Section 179/280F recapture						

Name

WILLIAM & ERIN DALY

Taxpayer Identification Number

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

Activity	Profit or loss on Sch C / Net Rental Income(Loss) on Sch E	Net Royalty Income(Loss) on Sch E	Net K-1 Nonpassive Income(Loss) on Sch E	Net K-1 Passive Income(Loss) on Sch E	Non-section 1411 Adjustment
LEGAL SERVICES	36,000				-36,000
ATLAS INTERNATIONAL MAIL, INC.			248,412		-248,412
Totals	36,000		248,412		
Additional adjustment					
Total adjustment. Enter on Form 8960, line 4b					-284,412

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

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

Adjustment for capital loss carryover to 2025

- Complete this worksheet if there is a capital loss carryover to next year
1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a negative. If a loss, enter as a positive.

2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3

3. Combine lines 1 and 2. If zero or less, enter -0-

4. Enter the amount of capital loss carried over to the following year, as a positive number
1.

2.

3.

4.

Name
WILLIAM & ERIN DALY

Taxpayer Identification Number
[REDACTED]

Principle business or profession
LEGAL SERVICES

Form/Schedule
C

Unit
1

1.	Schedule C, Line 31, Net profit or (loss)	1.	36,000
Additions for qualified business income:			
2.	Form 4797, Ordinary income	2.	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 carryover	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income			
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7.	
8.	Deductible portion of self-employment taxes	8.	2,544
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	
11.	Reserved	11.	
12.	Reserved	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	2,544
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	33,456

Carryovers:	Beginning of Year			End of Year			QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)		
Passive activity:							
Operating							
Form 4797, Part II							
Section 1231 loss							
At-Risk:							
Operating							
Form 4797, Part II							
Section 1231 loss							
Section 179							
Section 179 - COGS							
Other:							
Section 179							
Section 179 - COGS							

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Name
WILLIAM & ERIN DALY

Taxpayer Identification Number
██████████

Property Description
HOUSE ██████████

Form/Schedule
E

Unit
1

1.	Schedule E, Page 1, Net rental real estate income or (loss)	1.	1,321
Additions for qualified business income:			
2.	Form 4797, Ordinary income	2.	
Prior year suspended losses utilized this year:			
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 expense	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income			
7.	Form 4797, Ordinary loss (includes share of net 1231 loss)	7.	
8.	Reserved	8.	
9.	Reserved	9.	
10.	Total subtraction to net profit or (loss). Add lines 7 through 9.	10.	
11.	Qualified business income for this activity. Line 1 plus line 6 less line 10.	11.	1,321

Beginning of Year			End of Year		QBI Portion of Allowed Losses
Carryovers:	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)
Passive activity:					
Operating					
Form 4797, Part II					
Section 1231 loss					
At-Risk:					
Operating					
Form 4797, Part II					
Section 1231 loss					
Section 179 expense					
Other:					
Section 179 expense					

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Name
WILLIAM & ERIN DALY

Taxpayer Identification Number
XXXX-XXXX

Property Description
HOUSE

Form/Schedule
E

Unit
2

1.	Schedule E, Page 1, Net rental real estate income or (loss)	1.	8,418
Additions for qualified business income:		2.	
2.	Form 4797, Ordinary income	3.	
Prior year suspended losses utilized this year:		4.	
3.	Passive suspended losses	5.	
4.	At-Risk suspended losses	6.	
5.	Section 179 expense	7.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	8.	
Subtractions for qualified business income		9.	
7.	Form 4797, Ordinary loss (includes share of net 1231 loss)	10.	
8.	Reserved	11.	8,418
9.	Reserved		
10.	Total subtraction to net profit or (loss). Add lines 7 through 9.		
11.	Qualified business income for this activity. Line 1 plus line 6 less line 10.		

Beginning of Year			End of Year			QBI Portion of Allowed Losses
Carryovers:	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
Passive activity:						
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Name
WILLIAM & ERIN DALY

Taxpayer Identification Number
[REDACTED]

Property Description
HOUSE [REDACTED]

Form/Schedule
E

Unit
3

1.	Schedule E, Page 1, Net rental real estate income or (loss)	1.	5,006
Additions for qualified business income:			
2.	Form 4797, Ordinary income	2.	
Prior year suspended losses utilized this year:			
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 expense	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income			
7.	Form 4797, Ordinary loss (includes share of net 1231 loss)	7.	
8.	Reserved	8.	
9.	Reserved	9.	
10.	Total subtraction to net profit or (loss). Add lines 7 through 9.	10.	
11.	Qualified business income for this activity. Line 1 plus line 6 less line 10.	11.	5,006

Carryovers:	Beginning of Year			End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
Passive activity:						
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179 expense						
Other:						
Section 179 expense						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Schedule	E	K-1 Reconciliation Worksheet - Qualified Business Income				2024		
Name		WILLIAM DALY		Taxpayer Identification Number				
Entity Name		ATLAS INTERNATIONAL MAIL, INC.		Entity Type	S Corporation			
Activity		EIN ***-**-****		Screen	K1			
		Passive Activity Type		K1 Unit 3				
		Not Passive		Entire disposition of activity				
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Basis Limit Adjustment	At-risk Limit Adjustment	Passive Limitation	Qualified Business Income	Prior Year Suspended QBI Losses Allowed	At-risk
Ordinary business inc/-loss	249,807	249,807				249,807	Passive / 179	
Net rental real estate inc/-loss								
Other net rental income/-loss								
Royalties								
Section 1231 gain (loss)								
Section 179 expense	1,395	-1,395				-1,395		
Disallowed Section 179 exp								
Other income (loss)								
Other income/-loss Form 1040								
Reserved								
Other deductions								
4797 ordinary income / -loss								
Depletion								
UPE + Debt financed acquist								
Deductible part of SE tax								
Self-employed health insurance								
Self-employed qualified plans								
Ordinary gains on distribution								
Total Qualified Business Income						248,412		

Form 8995 or 8995-A

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

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

Taxpayer identification number

State **FL** Personal Use Percentage _____

QJV —

[illegible]

Taxpayer identification number

Unit	<u>2</u>	Ownership Percentage	_____
T, S, J	<u>J</u>	Business Use Percentage	_____
State	FL	Personal Use Percentage	_____

QJV —

[illegible]

Taxpayer identification number

State **FL** Personal Use Percentage

QJV

QJV

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
Income:				
3. Rents received	14 , 100			14 , 100
4. Royalties received				
Expenses:				
5. Advertising				
Auto				
Travel				
6. Auto and travel (total)				
7. Cleaning and maintenance	1 , 996			1 , 996
8. Commissions				
9. Insurance	1 , 155			1 , 155
10. Legal and other professional fees				
11. Management fees				
Mortgage interest from 1098				
Refinancing points on 1098				
12. Mortgage interest paid to banks, etc.				
Other mortgage interest				
Other interest				
Refinancing points				
Qualified mortgage insurance				
13. Other interest (total)				
14. Repairs				
15. Supplies				
Real estate taxes				
All other taxes	1 , 564			
16. Taxes (total)	1 , 564			1 , 564
17. Utilities				
18. Depreciation expense or depletion	4 , 379			4 , 379
19. Other (list) 				
20. Total expenses. Add lines 5 through 19	9 , 094			9 , 094
21. Income or (loss) from rental or royalty properties.				5 , 006

Form 1040		Net Earnings from Self-Employment Worksheet		2024	
Name WILLIAM & ERIN DALY				Taxpayer Identification Number 11-11-11	
				Taxpayer	Spouse
Farm profit or (loss)					
Schedule F					
Farm Partnerships - Schedule K-1, box 14, code A					
Auto expense from farm partnerships				()	()
Amortization from farm partnerships				()	()
Depreciation & Section 179 from farm partnerships				()	()
Depletion from farm partnerships				()	()
Intangible drilling costs from farm partnerships				()	()
Other expenses from farm partnerships				()	()
Home office expenses from farm partnerships				()	()
Unreimbursed partnership expenses from farm partnerships				()	()
Debt financed acquisition interest from farm partnerships				()	()
Farm adjustment to SE Income					
Net farm profit or (loss) - Schedule SE line 1a				0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b				(0)	(0)
Nonfarm profit or (loss)					
Schedule C (excluding minister Schedule C income reported below)					36,000
Nonfarm partnerships - Schedule K-1, box 14, code A					
Auto expense from nonfarm partnerships				()	()
Amortization from nonfarm partnerships				()	()
Depreciation & section 179 from nonfarm partnerships				()	()
Depletion from nonfarm partnerships				()	()
Intangible drilling costs from nonfarm partnerships				()	()
Other expenses from nonfarm partnerships				()	()
Home office expenses from nonfarm partnerships				()	()
Unreimbursed partnership expenses from nonfarm partnerships				()	()
Debt financed acquisition interest from nonfarm partnerships				()	()
Nonfarm adjustment to SE income					
Self-employment income reported as other income					
Self-employment income from contracts and straddles					
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)					
Net nonfarm profit or (loss) - Schedule SE line 2				0	36,000
Other income items subject to and/or exempt from self-employment tax					
Fees received for services performed as a notary public				()	()
Earnings while debtor in a chapter 11 bankruptcy case					
Taxable community property income/-loss					
Exempt community property income/-loss				()	()
Net adjustment included on Schedule SE, line 3				0	0
Net profit (loss) from self-employment activities - Schedule SE line 3				0	36,000
Church employee income - Schedule SE, Page 1 line 5a					

Federal Statements

Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

Description				Amount	
1st	quarter	estimate	payment	\$	18,000
3rd	quarter	estimate	payment		18,000
4th	quarter	estimate	payment		18,000
Total				\$	54,000

Federal Statements

LEGAL SERVICES

Schedule C, Line 1 - Gross Receipts or Sales

<u>Description</u>	<u>Amount</u>
JM BROWN LAW FIRM P.A.	\$ <u>36,000</u>
Total	\$ <u><u>36,000</u></u>

Federal Statements

HOUSE [REDACTED]

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
Insurance (Rent, 1)	\$ 2,528		\$ 2,528
Total	\$ 2,528		\$ 2,528

HOUSE [REDACTED]

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
Insurance (Rent, 2)	\$ 988		\$ 988
Total	\$ 988		\$ 988

HOUSE [REDACTED]

Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
Insurance (Rent, 3)	\$ 1,155		\$ 1,155
Total	\$ 1,155		\$ 1,155

Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 - Business Income

<u>Description</u>	<u>Amount</u>
Wages	\$ 50,000
LEGAL SERVICES	36,000
ATLAS INTERNATIONAL MAIL, INC.	249,807
Total Business Income	<u>335,807</u>

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
Section 457(b) contributions	\$
Cost of employer-sponsored health coverage	
Total	\$ 0

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC Section 125 flexible benefits program	\$
Total	\$ 0

Federal Asset Report

HOUSE

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
2	HOUSE	5/01/15	255,000				255,000	27	MMS/L	79,977	9,273
3	APPLIANCES	2/10/20	2,241			X	0	5	HY 200DB	2,241	0
			<u>257,241</u>				<u>255,000</u>			<u>82,218</u>	<u>9,273</u>
Other Depreciation:											
1	LAND	5/01/15	28,000				28,000	0	-- Land	0	0
	Total Other Depreciation		<u>28,000</u>				<u>28,000</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>28,000</u>				<u>28,000</u>			<u>0</u>	<u>0</u>
	Grand Totals		285,241				283,000			82,218	9,273
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>285,241</u>				<u>283,000</u>			<u>82,218</u>	<u>9,273</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
1	HOUSE	6/15/21	82,605				82,605	27	MM	S/L	7,635	3,003
3	IMPROVEMENTS	6/15/21	12,209				12,209	27	MM	S/L	1,128	444
			<u>94,814</u>				<u>94,814</u>				<u>8,763</u>	<u>3,447</u>
Other Depreciation:												
2	LAND	6/15/21	9,178				9,178	0	--	Land	0	0
	Total Other Depreciation		<u>9,178</u>				<u>9,178</u>				<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>9,178</u>				<u>9,178</u>				<u>0</u>	<u>0</u>
	Grand Totals		103,992				103,992				8,763	3,447
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		<u>103,992</u>				<u>103,992</u>				<u>8,763</u>	<u>3,447</u>

Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Residential Real Property:									
2		3/15/24	152,100			152,100	27 MMS/L	0	4,379
			<u>152,100</u>			<u>152,100</u>		<u>0</u>	<u>4,379</u>
Other Depreciation:									
1	LAND	3/15/24	16,900			16,900	0 -- Land	0	0
	Total Other Depreciation		<u>16,900</u>			<u>16,900</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>16,900</u>			<u>16,900</u>		<u>0</u>	<u>0</u>
	Grand Totals		169,000			169,000		0	4,379
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>169,000</u>			<u>169,000</u>		<u>0</u>	<u>4,379</u>

Name

WILLIAM & ERIN DALY

Taxpayer Identification Number

██████████

		2023	2024	Differences
		MFJ	MFJ	
Filing Status				
Dependents		0	0	
1. Salaries and wages	1.	79,938	50,000	-29,938
2. Interest income	2.	53	1,339	1,286
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.	43,654	36,000	-7,654
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.	16,232	14,745	-1,487
14. Partnership/S corp income	14.	253,904	248,412	-5,492
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total income	20.	393,781	350,496	-43,285
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.	3,084	2,544	-540
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	390,697	347,952	-42,745
31. Medical	31.			
32. Taxes	32.	10,000	10,000	
33. Interest	33.			
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	10,000	10,000	
38. Standard deduction	38.	27,700	29,200	1,500
		Standard	Standard	
39. Deduction taken	39.	27,700	29,200	1,500
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	362,997	318,752	-44,245
41. QBID	41.	62,141	59,323	-2,818
42. Taxable income	42.	300,856	259,429	-41,427

Name
WILLIAM & ERIN DALY

Taxpayer Identification Number
██████████

		2023	2024	Differences
43.	Taxable income from 2YR page 1, line 42	300,856	259,429	-41,427
44.	Tax on taxable income	59,005	48,348	-10,657
45.	Alternative minimum tax			
46.	Excess advance premium tax credit & other advanced repayment			
47.	Child care credit			
48.	Education credits			
49.	Retirement savings credit			
50.	Child & other dependent tax credit			
51.	General business credit			
52.	Other credits			
53.	Total credits			
54.	Net tax liability	59,005	48,348	-10,657
55.	Self-employment taxes	6,168	5,087	-1,081
56.	Other taxes	619	611	-8
57.	Total tax	65,792	54,046	-11,746
58.	Income tax withheld	1,997		-1,997
59.	Estimated tax payments	50,000	54,000	4,000
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits			
63.	Other payments			
64.	Total payments	51,997	54,000	2,003
65.	Tax due/-refund	13,795	46	-13,749
66.	Penalties and interest	9	139	130
67.	Net tax due/-refund	13,804	185	-13,619
68.	Refund applied to estimated tax payments			
69.	Refund received			
70.	Effective tax rate	22.0 %	21.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023	2023 Marginal	2024	2024 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	300,856	24.0 %	259,429	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Name ERIN DALY	Taxpayer identification number XXXXXXXXXX
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Principal business or profession LEGAL SERVICES	Unit 1
---	------------------

Income		2023	2024	Differences
1. Gross receipts or sales	1.	45,000	36,000	-9,000
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	45,000	36,000	-9,000
5. Other income	5.			
6. Gross income	6.	45,000	36,000	-9,000

Expenses				
7. Advertising	7.			
8. Car and truck expenses	8.			
9. Commissions and fees	9.			
10. Contract labor	10.			
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.			
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.			
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.			
18. Office expense	18.			
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.			
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.	100		-100
24. Taxes and licenses	24.			
25. Travel	25.	66		-66
26. Total meals and entertainment	26.			
26a. Nondeductible meals and entertainment	26a.			
26b. Deductible meals and entertainment	26b.			
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.	1,180		-1,180
30. Energy efficient commercial buildings deduction (Form 7205)	30.			
31. Total expenses	31.	1,346		-1,346

Profit/ (loss)				
32. Tentative profit (loss)	32.	43,654	36,000	-7,654
33. Expenses for business use of home	33.			
34. Net profit or (loss)	34.	43,654	36,000	-7,654

Cost of Goods Sold				
35. Inventory - Beginning of year	35.			
36. Purchases	36.			
37. Labor	37.			
38. Materials	38.			
39. Other costs	39.			
40. Goods available for sale (sum of lines 34-38)	40.			
41. Inventory - End of year	41.			

Name WILLIAM & ERIN DALY	Taxpayer identification number [REDACTED]
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Property description HOUSE [REDACTED]	Unit 1
---	------------------

Income		2023	2024	Differences
1. Total rents and royalties received	1.	27,600	27,250	-350
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.	2,323		-2,323
5. Commissions	5.			
6. Insurance	6.	1,977	2,528	551
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.		9,441	9,441
12. Supplies	12.			
13. Taxes	13.	4,159	4,687	528
14. Utilities	14.			
15. Depreciation expense or depletion	15.	9,272	9,273	1
16. Other expenses	16.			
17. Total expenses	17.	17,731	25,929	8,198
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties ..	18.	9,869	1,321	-8,548
19. Deductible rental real estate loss	19.			
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next yr	21.			

Name
WILLIAM & ERIN DALY

Taxpayer identification number
██████████

Property description
HOUSE ██████████

Unit
2

Income		2023	2024	Differences
1. Total rents and royalties received	1.	14,700	15,910	1,210
Expenses				
2. Advertising	2.			
3. Auto and travel	3.			
4. Cleaning and maintenance	4.	1,507	607	-900
5. Commissions	5.			
6. Insurance	6.	989	988	-1
7. Legal and other professional fees	7.			
8. Management fees	8.			
9. Mortgage interest paid to banks, etc.	9.			
10. Other interest	10.			
11. Repairs	11.			
12. Supplies	12.			
13. Taxes	13.	2,393	2,450	57
14. Utilities	14.			
15. Depreciation expense or depletion	15.	3,448	3,447	-1
16. Other expenses	16.			
17. Total expenses	17.	8,337	7,492	-845
Profit/(loss)				
18. Income or (loss) from rental real estate or royalty properties ..	18.	6,363	8,418	2,055
19. Deductible rental real estate loss	19.			
Carryover				
20. Vacation home operating expenses carryover to next year	20.			
21. Vacation home excess casualty & depreciation carryover to next yr	21.			

Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2024
Name WILLIAM & ERIN DALY		Taxpayer Identification Number *****

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

Filing Status **Married filing jointly** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **19.0 %**
Tax Method **Tax rate schedule**

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

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	259,429	24.0 %	48,348	\$201,050 - \$383,900	124,471
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

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

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate Maximum taxable income per this bracket: \$23,200	1a. 23,200	1b. 2,323
2. 12% rate Maximum taxable income per this bracket: \$71,100	2a. 71,100	2b. 8,535
3. 22% rate Maximum taxable income per this bracket: \$106,750	3a. 106,750	3b. 23,479
4. 24% rate Maximum taxable income per this bracket: \$182,850	4a. 58,379	4b. 14,011
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 259,429	8b. 48,348

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 259,429
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 259,429
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 259,429

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 48,348
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 48,348
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 48,348