

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Hon Ashley Wells Cox

CONFIDENTIAL

PID 317227

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (4Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of December 31, 2024 was \$ 4,318,952.98.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 2,225,400.00
Florida Retirement System	\$ 23,204.93
Arbor Aggressive Target Risk	\$ 4,302.81
Schwab Bank Savings	\$ 30,684.82

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

Description of Asset	Value of Asset
Schwab Fdmtl US SmMid Index	\$ 70,208.53
Vanguard 500 Index Admiral	\$ 324,269.87
Vanguard Developed Mkt Idx	\$ 7,039.63
Vanguard Emerging Mkts Stock	\$ 7,608.92
Vanguard SmallCap Index Adr	\$ 30,441.90
Wells Fargo {REDACTED} Cash	\$ 13,950.33
Stock/ETF Invesco QQQ TR	\$ 181,511.18
Stock/ETF XLV	\$ 42,491.24
Stock/ETF SPY	\$ 179,916.01
Stock/ETF Vanguard VDC	\$ 22,127.25
Stock/ETF Vanguard VIG	\$ 40,776.50
Stock/ETF Vanguard VIS	\$ 13,812.89
Sotck/ETF Vanguard VAW	\$ 11,231.89
Stock/ETF Vanguard VO	\$ 57,750.96
Stock/ETF Vanguard VTV	\$ 60,466.34
Stock/ETF Visa	\$ 50,432.57
Mutual Fund EILGX	\$ 5,450.20
Mutual Fund DODBX	\$ 9,677.06
Mutual Fund HBLIX	\$ 7,983.92
Mutual Fund NBPIX	\$ 7,907.27
MEG 529 American Funds CAFAX	\$ 88,805.48
MEG 529 American Funds CMLAX	\$ 69,054.75
MEG 529 Income of America CIMAX	\$ 62,365.29
MEG UTMA Stock AAPL	\$ 9,515.96
MEG UTMA Stock TFC	\$ 4,338.00
MEG UTMA Stock Equity Trust Guggenheim	\$ 3,394.18
Roth Stock VIGI	\$ 15,998.00
Roth Equity Trust Guggenheim	\$ 3,283.62
CFG UTMA Stock AAPL	\$ 9,515.96

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

Description of Asset	Value of Asset
CFG UTMA Stock TFC	\$ 4,338.00
CFG UTMA Stock Equity Trust Guggenheim	\$ 3,394.18
CFG 529 American Funds CAFAX	\$ 78,945.43
CFG 529 American Funds CMLAX	\$ 60,508.69
CFG 529 Income of America	\$ 55,416.70
Wells Fargo {REDACTED} Cash	\$ 14,406.21
Stock AAPL	\$ 323,492.55
Stock TFC	\$ 72,878.40
Truist Bank Account Joint Cash	\$ 7,201.72
Mercedes	\$ 30,000.00
Ford Bronco Sport	\$ 22,000.00
Mazda CX9	\$ 17,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Priority Line of Credit	1 Independent Drive	\$ 156,444.39

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.

Ashley Wells Cox

Digitally signed: 06/23/2025

Filed with COE: 06/23/2025

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

COX

Social security number

Spouse's name

ASHLEY COX

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	275,355.
2	Total tax	2	39,303.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	31,028.
4	Amount you want refunded to you	4	1,584.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize JAX TAX PRO to enter or generate my PIN [REDACTED] my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► [REDACTED] Date ► 4/5/2025

Spouse's PIN: check one box only

- ☒ I authorize JAX TAX PRO to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► ASHLEY COX Date ► 4/5/2025

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]

Don't enter all zeros

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

ERO's signature ►

Date ►

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

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

COX

Social security number

Spouse's name

ASHLEY COX

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	275,355.
2	Total tax	2	39,303.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	31,028.
4	Amount you want refunded to you	4	1,584.
5	Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt, (b) the reason for rejection of the transmission, (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize JAX TAX PRO to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶

Spouse's PIN: check one box only

- ☒ I authorize JAX TAX PRO to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ▶ Date ▶

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

Form **1040**

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2024

OMB No. 1545-0074

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

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

See separate instructions.

Your first name and middle initial

Last name

COX

Your social security number

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

Last name

COX

Spouse's social security number

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

Apt. no.

Foreign country name

Foreign province/state/country

Foreign postal code

☐ U.S. ☐ Spouse

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter 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 year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

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

☐ Yes ☒ No

Standard Deduction

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

Age/Blindness

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

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐

(1) First name

Last name

COX

(2) Social security number

(3) Relationship to you

Daughter

Daughter

(4) Check the box if qualifies for (see instructions):

Child tax credit

Child tax credit

Credit for other dependents

☒

☐

☐

☐

Income

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

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

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

1a 194,245.

b Household employee wages not reported on (s) W

1b

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

1c

d Medicaid waiver payments not reported on (m) W-2 (see instructions)

1d

e Taxable dependent care benefits from Form 8839, line 26

1e

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

1f

g Wages from Form 8919, line 6

1g

h Other earned income (see instructions)

1h 0.

i Nontaxable combination election (see instructions)

1i

1i

z Add lines 1a through 1h

1z 194,245.

2a Tax-exempt interest

2a

b Taxable interest

2b 1,782.

3a Qualified dividends

3a

15,541.

b Ordinary dividends

3b 18,026.

4a IRA distribution

4a

5,000.

b Taxable amount

4b 0.

5a Pension or annuity

5a

b Taxable amount

5b

6a Social security benefits

6a

b Taxable amount

6b

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

☐

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

☐

7 61,293.

8 Additional income from Schedule 1, line 10

8 9.

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

9 275,355.

10 Adjustments to income from Schedule 1, line 26

10

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

11 275,355.

12 **Standard deduction or itemized deductions** (from Schedule A)

12 29,200.

13 Qualified business income deduction from Form 8995 or Form 8995-A

13 41.

14 Add lines 12 and 13

14 29,241.

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

15 246,114.

Attach Sch. B if required.

Standard Deduction for—

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	39,011.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	39,011.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	792.
	21	Add lines 19 and 20	21	3,292.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	35,719.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,584.
	24	Add lines 22 and 23. This is your total tax	24	39,303.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	31,02.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	31,028.
	26	2024 estimated tax payments and amount applied from 2023 return	26	10,000.
	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 cre	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	41,028.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,725.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,584.
	b	Routing number [REDACTED]		
	c	Type: ☒ Checking ☐ Savings		
	d	Account number [REDACTED]		
	36	Amount of line 34 you want applied to your 2025 estim d tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	141.

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No			
	Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			PROGRAMMER	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			ATTORNEY	
	Phone no.	Email address coxfro@gmail.com		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	STEPHEN J SMITH	TEPHEN J SMITH	04/05/2025	P00350385	
	Firm's name	Firm's address	Phone no. (904) 616-6077		
		J X TAX PR			
		50 GATE PARKWAY, BUILDING 100, SUITE 100 JACKSONVILLE FL 32256	Firm's EIN 20-4935692		

SCHEDULE
(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

ASHLEY COX

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C		
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8	()
b	Gambling	b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	d	()
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	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 payment 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:		
	AMERICAN ENTERPRISE INVESTMENT X8326 - OTHER INCOME 9.	8z	9.
9	Total other income. Add lines 8a through 8z	9	9.
10	Combine lines 1 through 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	10	9.

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and US 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 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	

**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

ASHLEY COX

Your social security number

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- 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)
- 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)
- d** Recapture of net EPE from Form 4255, line 2a, column (i)
- 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)
- 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)
- y** Other additions to tax (see instructions):

1a

1b

1c

1e

1f

1y

1z

z Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

2

0.

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

0.

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

4

5 Social security and Medicare tax on unearned 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

2,612.

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

963.

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

9.

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 88	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 255, line 1d, column (i)	19	
20	Section 965 net tax liability installments from Form 965-A	20	
21	Add lines 4, 7 through 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	3,584.

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **03**

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

Your social security number

ASHLEY COX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	65.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15			
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859			
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	727.	
k	Credit to holders of tax credit bonds. Attach Form 8912			
l	Amount on Form 8978, line 14. See instructions	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount:	6z		
7	Total other nonrefundable credits. Add lines 6a through 6		7	727.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	792.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Section 1341 credit for repayment of amount included in income from earlier years	13b		
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c		
d	Deferred amount of net 96 tax liability (see instructions)	13d		
z	Other refundable credits (see instructions):			
		13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

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

BAA REV 03/20/25 PRO

Schedule 3 (Form 1040) 2024

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

ASHLEY COX

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 08

Your social security number

Part I
Interest

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

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

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

AMERICAN ENTERPRISE INVESTMENT [redacted]
AMERICAN ENTERPRISE INVESTMENT [redacted]
WELLS FARGO [redacted]
WELLS FARGO [redacted]
AMERIPRISE BANK, FSB ACCT NO. [redacted]

Amount

1,166.
10.
214.
16.
376.

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

1,782.

1,782.

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

Part II
Ordinary Dividends

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

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

5 List name of payer:
WELLS FARGO [redacted]
AMERICAN ENTERPRISE INVESTMENT [redacted]
WELLS FARGO [redacted]
AMERICAN ENTERPRISE INV STMENT [redacted]

Amount

9,393.
2,603.
5,775.
255.

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

18,026.

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

Part III
Foreign Accounts and Trusts

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

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

7a Any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Yes	No
	X
	X

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2024Attachment
Sequence No. **12**

Name(s) shown on return

ASHLEY COX

Your social security number

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	58,257.	56,293.		1,964.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	10,298.	298.		0.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 1,964.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	118,318.	59,935.	14.	58,397.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	5,000.	5,000.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, line 1; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 932.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 59,329.

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

Schedule D (Form 1040) 2024

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	61,293.
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Social security number or taxpayer identification number

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

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

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

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see No b e)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Not below and see Column (e) in the separate instructions.	Adjustment if you enter a number in column (g), if any, to amount shown in column (f). (f) Code(s) from instructions	Amount of adjustment (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
	WELLS FARGO [REDACTED]		12/31/24	47,599	18,741			28,858.
	WELLS FARGO [REDACTED]		12/31/24	25,7	1,554.			24,216.
	AETI [REDACTED]		12/31/24	44,949.	39,640.	W	14.	5,323.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .			118,318.	59,935.		14.	58,397.

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

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

Social security number or taxpayer identification number

ASHLEY COX

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

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

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

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

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **No** b e)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Not below and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
	WELLS FARGO [REDACTED]		12/31/24	5,000	5,000			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				5,000.	5,000.			0.

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

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Individuals

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

Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **32**

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

ASHLEY COX

Your social security number

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

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	246,114.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12		29,200.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	0.
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	0.
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine line 1 through 3. If married filing separately and line 4 is more than \$875,950, see instructions.)	4	275,314.

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is...	D line 4 is over...	THEN enter on line 5...	
	Single or head of household	609,350	\$ 85,700	
	Married filing jointly or qualifying surviving spouse	1,700	133,300	
	Married filing separately	609,350	66,650	
	If line 4 is over the amount shown above for your filing status, see instructions.			5 133,300.
6	Subtract line 5 from line 4. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.			6 142,014.
7	- If you are filing Form 2550, see instructions for the amount to enter. - If you reported capital gain distribution directly on Form 1040 or 1040-SR, line 7; you reported qualified dividend on Form 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$232,000 or less (\$116,300 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result.			7 28,688.
8	Alternative minimum tax foreign tax credit (see instructions)			8 65.
9	Tentative minimum tax. Subtract line 8 from line 7			9 28,623.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions			10 38,946.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2			11 0.

Part III Tax Computation Using Maximum Capital Gains Rates

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

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	142,014.
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	74,870.
14	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	74,870.
16	Enter the smaller of line 12 or line 15	16	74,870.
17	Subtract line 16 from line 12	17	67,144.
18	If line 17 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 17 by % (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result	18	17,457.
19	Enter: • \$94,050 if married filing jointly or qualifying surviving spouse, • \$47,025 if single or married filing separately, or • \$63,000 if head of household.	19	94,050.
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	171,244.
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22	Enter the smaller of line 12 or line 13	22	74,870.
23	Enter the smaller of line 21 or line 22. This amount is taxed 0%	23	0.
24	Subtract line 23 from line 22	24	74,870.
25	Enter: • \$518,900 if single, • \$291,850 if married filing separately, • \$583,750 if married filing jointly or qualifying surviving spouse, • \$551,350 if head of household.	25	583,750.
26	Enter the amount from line 21	26	0.
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	171,244.
28	Add line 26 and line 27	28	171,244.
29	Subtract line 28 from line 24. If zero or less, enter -0-	29	412,506.
30	Enter the smaller of line 24 or line 29	30	74,870.
31	Multiply line 30 by 15% (0.15)	31	11,231.
32	Add lines 23 and 30	32	74,870.
If lines 32 and 1 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 31 from line 22	33	0.
34	Multiply line 32 by 20% (0.20)	34	0.
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 34	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	28,688.
39	If line 12 is \$232,600 or less (\$116,300 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,652 (\$2,326 if married filing separately) from the result	39	36,924.
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	28,688.

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of employer

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 44

Social security number

Employer identification number

51-0638658

ASHLEY COX

Calendar year taxpayers having no household employees in 2024 don't have to complete this form for 2024.

A Did you pay **any one** household employee cash wages of \$2,700 or more in 2024? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2024 for any household employee?

- ☐ **Yes.** Skip line C and go to line 7.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2023 or 2024 to **all** household employees? (**Don't** count cash wages paid in 2023 or 2024 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Don't file this schedule.
☐ **Yes.** Skip lines 1–9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	16,800.	
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	2,083.	
3	Total cash wages subject to Medicare tax	3	16,800.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	487.	
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	2,570.	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2023 or 2024 to **all** household employees? (**Don't** count cash wages paid in 2023 or 2024 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line instructions.
☒ **Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No"	10 X	
11 Did you pay all state unemployment contributions for 2024 by April 15, 2025? Fiscal year filers, see instructions	11 X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.**Section A**

13 Name of the state where you paid unemployment contributions FL		
14 Contributions paid to your state unemployment fund	14	89
15 Total cash wages subject to FUTA tax	15	7,000.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	42.

Section B**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Multiply col. (f) by col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18	
19 Add columns (g) and (h) of line 18	19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21 Multiply line 20 by 6.0% (0.06)	21	
22 Multiply line 20 by 5.4% (0.054)	22	
23 Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late and you're in a credit reduction state, see instructions and check here) ☐	23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here, skip Section B, and go to line 25	24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	2,570.
26 Add line 16 (or line 24) and line 25	26	2,612.
27 Are you required to file Form 1040? ☒ Yes. Stop. Include the amount from line 26 on Schedule 2 (Form 1040), line 9. Don't complete Part IV below. ☐ No. You may have to complete Part IV. See instructions for details.		

Part IV Address and Signature Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box (mail isn't delivered to street address)	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of the payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature	Date
Print/Type preparer's name STEPHEN J SMITH	Preparer's signature STEPHEN J SMITH
Date 04/05/2025	Check ☐ if self-employed PTIN P00350385
Firm's name JAX TAX PRO	Firm's EIN 20-4935692
Firm's address 5011 GATE PARKWAY, BUILDING 100, SUITE 100 JACKSONVILLE FL 32256	Phone no. (904) 616-6077

SCHEDULE 8812
(Form 1040)Department of the Treasury
Internal Revenue Service

Name(s) shown on return

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2024Attachment
Sequence No. **47**

Your social security number

ASHLEY COX

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	275,355.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	275,355.
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000		2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.	6	
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	2,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	2,500.
13	Enter the amount from Credit Limit Worksheet	13	38,946.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-S, or 1040-NR, line 19.	14	2,500.

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

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	☐
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 1; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27	26

Part II-C Additional Child Tax Credit

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

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **52**

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

ASHLEY COX

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

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions.	☐ Self-only ☒ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made after the unextended due date of your tax return that were for 2024. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions.	2 0.
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,000 (\$8,300 for family coverage). All others , see the instructions for the amount to enter.	3 8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 83, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs.	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter.	6 8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions.	7
8	Add lines 6 and 7.	8 8,300.
9	Employer contributions made to your HSAs for 2024.	9 1,200.
10	Qualified HSA funding distributions.	10
11	Add lines 9 and 10.	11 1,200.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,100.
13	HSA deduction (see instructions).	13 0.

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

14a	Total distributions you received in 2024 from HSAs (see instructions).	14a 4,466.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	14b
c	Subtract line 14b from line 14a.	14c 4,466.
15	Qualified medical expenses paid using HSA distributions (see instructions).	15 4,466.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f.	16 0.
17a	If any of the distribution included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c.	17b

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

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

Form **8995**

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2024

Department 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

ASHLEY COX

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 \$191,000 (\$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			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1 through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	205.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	205.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	41.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	41.
11	Taxable income before qualified business income deduction (see instructions)	11	246,155.
12	Enter your net capital gain, if any, increase by any qualified dividends (see instructions)	12	74,870.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	171,285.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	34,257.
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)	15	41.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

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

REV 03/20/25 PRO

Form **8995** (2024)

Form **8867**
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074
For tax year
2024
Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ASHLEY COX

Taxpayer identification number

Preparer's name

STEPHEN J SMITH

Preparer tax identification number

P00350385

Part I Due Diligence Requirements

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

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

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/20/25 PRO

Form **8867** (Rev. 11-2024)

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

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

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

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8 or similar statement to the return?	☒	☐	☐

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

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

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

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

Part VI Eligibility Certification

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

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, where, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

15 Do you certify that all of your answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐
--	-------------------------------------	--------------------------

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

Attach to your tax return.

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

OMB No. 1545-2227

2024Attachment
Sequence No. **72**

Name(s) shown on your tax return

ASHLEY COX

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,782.
2	Ordinary dividends (see instructions)	2	18,026.
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	1,293
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)		
d	Combine lines 5a through 5c	5d	61,293.
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	81,101.

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	81,101.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	275,355.
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	25,355.
16	Enter the smaller of line 12 or line 15	16	25,355.
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	963.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distribution 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	

Form **8911**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form8911 for instructions and the latest information.Attachment
Sequence No. **151**

Name(s) shown on return

Identifying number

ASHLEY COX

Note: Complete a separate Schedule A (Form 8911) for each qualified alternative fuel vehicle refueling property placed in service during the tax year. See instructions.

Part I Credit for Business/Investment Use Part of Refueling Property

1	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8911)	1	
2	Alternative fuel vehicle refueling property credit from partnerships and S corporations (see instructions)	2	
3	Business/investment use part of credit. Add lines 1 and 2. Partnerships and S corporations making an election to transfer the credit, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1s		

Part II Credit for Personal Use Part of Refueling Property

4	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8911)	4	727.
5	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z.	5	39,011.
	• Other filers. Enter the regular tax before credits from your return.		
6	Credits that reduce regular tax before the alternative fuel vehicle refueling property credit:		
a	Foreign tax credit	65.	
b	Certain allowable credits (see instructions)	6b	2,500.
c	Add lines 6a and 6b	6c	2,565.
7	Net regular tax. Subtract line 6c from line 5. If zero or less, enter -0- and stop here; do not file this form unless you are claiming a credit on line 3	7	36,446.
8	Tentative minimum tax (see instructions):		
	• Individuals. Enter the amount from Form 6251, line 9.		
	• Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule.	8	28,623.
9	Subtract line 8 from line 7. If zero or less, enter -0- and stop here; do not file this form unless you are claiming a credit on line 3	9	7,823.
10	Personal use part of credit. Enter the smaller of line 4 or line 9 here and on Schedule 3 (Form 1040), line 6j; or the appropriate line of your return. If line 9 is smaller than line 4, see instructions	10	727.

For Paperwork Reduction Act Notice, see separate instructions

BAA

REV 03/20/25 PRO

Form **8911** (Rev. 12-2024)

SCHEDULE A
(Form 8911)
(December 2024)
Department of the Treasury
Internal Revenue Service

Alternative Fuel Vehicle Refueling Property

Attach to your tax return.
Go to www.irs.gov/Form8911 for instructions and the latest information.

OMB No. 1545-0123
Attachment
Sequence No. **151A**

Name(s) shown on return: **SHLEY COX** Identifying number: [REDACTED]

Note: Complete a separate Schedule A (Form 8911) for each qualified alternative fuel vehicle refueling property placed in service during the tax year. See instructions.

Part I Vehicle Refueling Property Details (see instructions)

1 If making an elective payment election or transfer election, enter the IRS-issued registration number for the refueling property

2a Description of refueling property: ALTERNATIVE FUELING PROPERTY

b If different than filer, enter: (i) Owner's name: _____ (ii) wne TIN: _____

3 Location of refueling property.

a Address (if applicable): [REDACTED]

b Coordinates. (i) Latitude: [REDACTED] (ii) Longitude: [REDACTED]

4 Date construction began (MM/DD/YYYY): [REDACTED]

5 Date placed in service (MM/DD/YYYY): [REDACTED]

6 Eligible census tract determination.

a Was the refueling property placed in service (see line 5) before 2025?
☒ **Yes.** Continue to line 6b.
☐ **No.** Skip lines 6b and 6c and go to line 6d.

b Enter the 11-digit census tract GEOID obtained by using the relevant location (see line 3) with the Census Bureau's 2015 Census Tract Identifier. [REDACTED]

c Is the 11-digit census tract GEOID entered on line 6b listed in Appendix A of Notice 2024-20?
☒ **Yes.** Refueling property placed in service at the location described on line 3 is considered placed in service in an eligible census tract. Skip lines 6d and 6e and go to line 7.
☐ **No.** Continue to line 6d.

d Enter the 11-digit census tract GEOID obtained by using the relevant location (see line 3) with the Census Bureau's 2020 Census Tract Identifier. [REDACTED]

e Is the 11-digit census tract GEOID entered on line 6d listed in Appendix B of Notice 2024-20?
☐ **Yes.** Refueling property placed in service at the location described on line 3 is considered placed in service in an eligible census tract. Go to line 7.
☐ **No. Stop here.** Refueling property placed in service at the location described on line 3 does not qualify for this credit.

7 Certification/permit number issued by government with jurisdiction over operation of refueling property

Part II Credit Amount for Business/Investment Use Part of Refueling Property

8	Enter the cost of the qualified alternative fuel vehicle refueling property described above	8	2,424.
9	Business/investment use percentage (see instructions)	9	0.0000 %
10	Multiply line 8 by line 9. If the result is zero, enter -0-, skip lines 11 through 16, and go to line 17	10	0.
11	Section 179 expense deduction (see instructions)	11	
12	Subtract line 11 from line 10	12	
13	Is the refueling property part of a qualified alternative fuel vehicle refueling project that meets the prevailing wage and apprenticeship requirements? See instructions. If construction began before January 29, 2023 (line 4), see instructions and answer "Yes" ☐ Yes ☐ No		
14	Multiply line 12 by 6% (0.06) (30% (0.30) if the answer on line 13 above is "Yes")	14	
15	Maximum business/investment use part of credit	15	100,000.
16	Enter the smaller of line 14 or line 15. Include this credit amount on line 1 in Part I of Form 8911. If you entered 100% on line 9 above, stop here. Otherwise, continue to line 17	16	

Part III Credit Amount for Personal Use Part of Refueling Property

17	Was the refueling property installed on property used as your main home? ☒ Yes. Continue to line 18. ☐ No. Stop here. Refueling property not installed on property used as your main home does not qualify for the personal use part of the credit.		
18	Subtract line 10 from line 8	18	2,424.
19	Multiply line 18 by 30% (0.30)	19	727.
20	Maximum personal use part of credit	20	1,000.
21	Enter the smaller of line 19 or line 20. Include this credit amount on line 4 in Part II of Form 8911	21	727.

IRS e-file Authentication Statement

2024

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

A – Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information ►

Taxpayer(s) entered PIN(s)	►	☐
ERO entered Primary Taxpayer's PIN	►	☐
ERO entered Secondary Taxpayer's PIN	►	☐
ERO entered PIN(s) on behalf of taxpayer(s)	►	☒

B – Signature of Electronic Return Originator**ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below

ERO's PIN (EFIN followed by any 5 numbers) EFIN Self-Select PIN

C – Signature of Taxpayer/Spouse**Perjury Statement:**

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return with my Self-Select PIN below. **Electronic Funds Withdrawal Consent, if applicable,**

QuickZoom to the Federal Information Worksheet to enter PIN numbers. ►

Taxpayer PIN (5 numbers)	
Spouse's PIN (5 numbers)	
Date	04/01/2025

D – Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit)

Date

Schedule 1
Line 8

Other Income Statement

2024

Statement L8

Name(s) Shown on Return

ASHLEY COX

Social Security Number

	(a) Taxpayer	(b) Spouse
a Net operating loss carryover from a prior year		
b 1 Winnings from Form W-2G		
2 Gambling winnings not reported on Form W-2G		
3 Winnings from Schedule K-1		
4 Total gambling winnings.		
c Income from the Cancellation of Debt:		
1 From Form 1099-C:		
a Amount of debt canceled from box 2		
b Amount of canceled debt excluded from income		
c Taxable amount of canceled debt.		
2 From Schedule(s) K-1		
d Foreign earned income and housing exclusion, from Form 2555		
e Taxable distributions from Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med M A		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
f Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding tributio mt		
3 Total Form 8889		
g Alaska Permanent Fund.		
h Jury duty pay		
i 1 Winnings (prizes, etc.) from Form 10 MISC.		
2 Other non-gambling awards and prizes		
j Income from "not for profit" ac (hobbi		
1 Hobby income from Form 1099		
2 Other hobby income not reported e where		
3 Total income from "not for profit" activit (hobbies):.		
j Does not apply to Form 1040NR		
k Employer stock compens n income for non-employee		
l Income from rental of personal property		
1 Rent from personal property from Form 1099-MISC box 1		
2 Rent from personal property from Form 1099-K box 1		
3 Other rent from personal property		
4 Total income from the rental of personal property		
m Olympic/Paralympic medals and USOC prize money**.		
n Section 965 deferred foreign income (Form 965)		
o Global intangible low-taxed income (Form 8992)		
p Limitation on business losses (Form 461)		
q ABLE account distributions		
r Scholarship and fellowship grants not reported on Form W-2		
s Nontaxable amount of Medicaid waiver payments		
t Nonqualified pension/annuity		
u Wages while incarcerated.		
v Digital assets received as ordinary income not reported elsewhere (see instructions)		

- z 1** Child's investment income, from Form 8814.
- 2** Taxable income from Forms 1099-MISC:
- a** Substitute payments in lieu of interest or dividends
- b** Other income from 1099-MISC box 3 (Excluding Olympic prize money)
- c** Tribal Gaming.
- 3** Non-Employee Compensation from Form 1099-NEC box 1
- 4** Taxable income from Form 1099-Q or 1099-QA:
- a** Qualified tuition program distributions
- b** Coverdell ESA distributions
- 5** Taxable income from Form 1099-G:
- a** Grants
- b** RTAA payments
- 6** Other income, from Schedule(s) K-1
- 7** Refunds or reimbursements of deductions claimed in a prior year:
- a** Reimbursement for deducted medical expenses
- b** Refunds of deducted taxes (not state or local income taxes)
- | Type of Tax | State or Local ID |
|-------------|-------------------|
| | |
- c** Recapture of deducted moving expenses
- d** Reimbursement for deducted casualty or theft loss
- e** Reimbursement for deducted employee business expenses
- f** Other refunds or reimbursements
- 8** Recoveries of bad debts deducted in a prior year
- 9** Bartering income not reported elsewhere
- 10** Other income on Form 1099-K (payment network transactions):
- 11** Unemployment income and repayment
- a** Union unemployment benefits
- b** Private fund unemployment benefits
- c** State employee unemployment benefits
- d** Repayment of non-government unemployment benefits
- 12** Other taxable income:
- AMERICAN ENTERPRISE INVESTMENT X 26 - OTHER INCOME 9.
- 13** Reserved for future use
- 14** Income from certain foreign corporations (Form 5471, Sch. I)
- a** Subpart F items
- 1** 964(e)(4) stock sale of lower foreign corporation
- 2** 245A(e)(2) hybrid dividend income from tiered corporations
- 3** Subpart F income from tiered extraordinary disposition
- 4** Subpart F income from tiered extraordinary reduction amounts
- 5** Other Subpart
- b** Earnings invested in U.S. properties
- c** Factoring income
- 15** Income from passive foreign investment company or qualified electing fund (Form 8621)
- a** Income from a Q Electing Fund
- b** Gain from C stock
- c** Loss from PF stock
- d** Income from disposition of section 1296 stock
- e** Loss from disposition of section 1296 stock

aa Exclusions from Gross Income

The excludable items below from Form 1099 are included on Schedule 1, line 8z, along with a corresponding negative adjustment to remove from gross income.

- a** CA Middle Class Tax Refund payment
- b** Incorrect Form 1099-K
- c** Loss from Sale of Personal Items Reported on Form 1099-K
- d** East Palestine Train Derailment Relief
- e** Qualified Wildfire Relief Payments

Total. Add lines **a** through **z**. (Do not include **aa**.) Enter here and on Schedule 1, line 9

9.

Federal Information Worksheet

Keep for your records

2024

Part I – Personal Information

Taxpayer:

Last name COX
First name [REDACTED]
Middle initial N Suffix
Social security no. [REDACTED]
Occupation [REDACTED]
Date of birth [REDACTED] (mm/dd/yyyy)
Age as of 1-1-2025 [REDACTED]
Date of death
Legally blind
E-mail address [REDACTED]@gmail.com
Work phone [REDACTED] Ext
Cell phone [REDACTED]
Home phone
Fax number

Spouse:

Last name (if different)
First name ASHLEY
Middle initial Suffix
Social security no. [REDACTED]
Occupation [REDACTED]
Date of birth [REDACTED] (mm/dd/yyyy)
Age as of 1-1-2025 [REDACTED]
Date of death
Legally blind
E-mail address ashleywell_cox@ail.com
Work phone (904) 31-1700 Ext
Cell phone
Note: Work phone is transmitted for electronic withdrawal.

Best contact phone number
Print phone number on Form 1040 ☐ Home ☐ Taxpayer work ☐ Spouse work

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

US Address:

Address [REDACTED]
City [REDACTED] State FL ZIP code [REDACTED] Apt no.

Foreign Address: Check this box to use foreign address ☐ Yes ☒ No

Address Apt no.
City
Foreign code Foreign country
Foreign province/county Foreign postal
Foreign phone

APO/FPO/DPO address ☐ APO ☐ FPO ☐ PO

Part II – Federal Filing Status

- ☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
☐ Taxpayer did **not** live with spouse at any time during year
☐ Taxpayer eligible to claim spouse exemption (state use), blind, or over age 65 (see Help)
☐ 4 Head of household
If qualifying person is child but not dependent:
Child's First name MI Last Name Suffix
Child's social security number
☐ 5 Qualifying surviving spouse
Year spouse died ☐ 2022 ☐ 2023
Enter the qualifying person's name:
Child's First name MI Last Name Suffix
Child's social security number
☐ Check if treating a nonresident or dual-status alien spouse as a U.S. resident for the entire tax year, enter name ☐ Check if this is the first year

Part III – Dependents/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2024	Not qual credit other dep tax credit Or non U.S.***
					Lived with taxpayer in U.S.	Educ Tuition and Fees	Child Disa bled Code	
[REDACTED]		[REDACTED]	[REDACTED]					
[REDACTED]		Daughter	[REDACTED]					
[REDACTED]		Daughter	[REDACTED]					

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help

** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2024

▶ See tax help for more information on identity verification

Name(s) Shown on Return

ASHLEY COX

Social Security Number

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

☐ Taxpayer
☐ Spouse

Note: Alabama does not allow this option
 Louisiana does not allow this option for extensions

Taxpayer/Spouse did not provide driver's license or state id information

☒ Taxpayer
☒ Spouse

Note: Alabama, New York and Ohio do not allow this option
 Louisiana does not allow this option for extensions

Check to confirm transferred driver's license or state id information (which appears in green) is correct ☐

Note: Transfer not available for returns with Alabama, Louisiana or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state
 License number
 Issue date
 Expiration date
 Does not expire ☐
 NY Document number (first 3 chars)

Spouse:

Issuing state
 License number
 Issue date
 Expiration date
 Does not expire ☐
 NY Document number (first 3 chars)*

State Identification Card Detail

Taxpayer:

Issuing state
 Identification number
 Issue date
 Expiration date
 Does not expire ☐
 NY Document number (first 3 chars)*

Spouse:

Issuing state
 Identification number
 Issue date
 Expiration date
 Does not expire ☐
 NY Document number (first 3 chars)*

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

- ☐ In person
- ☐ Remote via email, phone, or fax
- ☐ Both in person and remote
- ☐ Identity not verified

- ☐ Photo ID provided

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license (complete detail above)
- ☐ State issued identification card (complete detail above)
- ☐ Passport
- ☐ Account statement from financial institution
- ☐ Utility billing statement
- ☐ Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- ☐ Driver's license (complete detail above)
- ☐ State issued identification card (complete detail above)

DO NOT FILE

Electronic Filing Information Worksheet

2024

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client ►

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or

"Self-Prepared" (XSP) can be changed but is required. ► 7 5

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)

enter a PIN for the ERO that is responsible for filing return ►

ERO Name

JAX TAX PRO

ERO Electronic Filers Identification Number (EFIN)

ERO Address

5011 GATE PARKWAY, BUILDING 100, SUITE 100

ERO Employment Identification Number

20-493 692

City

JACKSONVILLE

State

FL

ZIP Code

32256

ERO Social Security Number or PTIN

Country

Paid Preparer Information

Firm Name

JAX TAX PRO

Social Security Number or PTIN

P00350385

Name

STEPHEN J SMITH

Employer Identification Number

20-4935692

Address

5011 GATE PARKWAY, BUILDING 100, SUITE 100

Phone Number

(904) 616-6077

Fax Number

(904) 289-2715

City

JACKSONVILLE

State

FL

ZIP Code

32256

Country

E-mail Address

STEPHEN@JAXTAXPRO.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed ☐

IRS-prepared ☐

Prepared by preparer or other non-paid preparer ☐

Amend Returns

- ☐ Check this box to file another **federal** amended return electronically
- ☐ File another amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- ☐ Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *

- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ See TB266

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-02) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-02), check this box to retransmit this return as an imperfect return. ☐

Enter an 'in care of addressee' if applicable ☐

Deceased taxpayer(s):

Yes No

☐ ☐

Is there a court certificate showing appointment of a personal representative for the deceased?

If you have a refund and know you must complete Form 1310 ☐

NOTE: remember to attach a pdf of the court certificate to your electronically filed return or court certificate to the main form of your printed return.

☐ ☐

Is this a Joint return with surviving spouse who is personal representative of deceased?

Name of personal representative for the deceased ☐

Check this box if your client is in the U.S. Armed Forces with a stateside address ☐

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. ☐

Other combat zone deployment date ☐

Option of Transmitting the Forms as PDF with the Electronic Submitter or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" pop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mailed with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	☐	☐
Form 3468, Historic Structure Certificate	☐	☐
Form 4136, Credit for Federal Tax Paid on Fuel	☐	☐
Form 8283, Noncash Charitable Contributions (Disclosure of Appraiser)	☐	☐
Form 1098-C, Contributions of Motor Vehicle, Boats, or Planes	☐	☐
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc	☐	☐
Form 8885, Health Coverage Tax Credit expired after 12/31/13	☐	☐
Form 8949, Sales and Other Dispositions of Capital Assets (attach with the same information)	☐	☐
Form 3115, Change in Accounting Method	☐	☐

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453. Please check the applicable box(es).	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report	N/A	☐
Form 8858, Foreign Disregarded Entities	N/A	☐
Form 8864, attach the certificate for biodiesel	N/A	☐

Superseded Returns

A refund payment from the original return may need to be applied to the superseded balance due.

The amount entered here will flow to the balance due section of the information worksheet.

Enter a negative number if the superseded return will generate a refund.

Enter zero if the superseded return has an even balance.

Amount you are paying with this superseded return ☐

CAUTION: Important information about Superseded Return Payments

If you made a payment with your original return or scheduled a payment to be made at a later date, the payment will still be processed unless a call is made to cancel the payment.

To cancel a scheduled payment, call the IRS at 1-888-353-4537.

The cancellation request must be received no later than 11:59 p.m., Eastern Time at least two business days prior to the scheduled payment date.

This change cannot be made online at this time.

ASHLEY COX

Form W-2	Employer	SP	Wages	Federal Tax	State Wages	State Tax
BELELL et al	X		114,158.	20,072.		
			80,087.	10,956.		
Totals			194,245.	31,028.		

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C			
b	W2 box 1 inmate or halfway house wages			
c	All other W2 box 1 wages	80,08.	114,8.	194,245.
d	Foreign wages included in total wages			
e	Unreported tips		0.	0
2	Total federal tax withheld	10,956.	20,072.	31,028.
3 & 7	Total social security wages/tips	83,456.	123,050.	206,506.
4	Total social security tax withheld	5,174.	7,629.	12,803.
5	Total Medicare wages and tips	83,456.	123,050.	206,506.
6	Total Medicare tax withheld	1,210.	1,784.	2,994.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	3,369.	10,317.	13,686.
b	Elective deferrals to qualified plans	3,369.	9,000.	12,369.
c	Roth contrib. to 401(k), 403(b), 457 plans			
d	Elective deferrals to government 457 plans			
e	Non-elective deferrals to government 457 plans			
f	Deferrals to non-government 457 plans			
g	Deferrals 409A nonqualified deferred comp plan			
h	Income 409A nonqualified deferred comp plan			
i	Uncollected Medicare tax		2.	2.
j	Uncollected social security and RRTA tier 1		7.	7.
k	Uncollected RR A tier			
l	Income from nonstatutory stock options			
m	Non-taxable combat pay			
n	QSEHRA benefits			
o	Total other items from box 12		1,308.	1,308.
14 a	Total deductible mortgage state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 2 tax			
f	Total RR Medicare tax			
g	Total RR Additional Medicare tax			
h	Total RRTA tips			
i	Total other items from box 14			
j	Total sick leave subject to \$511 limit			
k	Total sick leave subject to \$200 limit			
l	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

► Keep for your records

Name as shown on return ASHLEY COX	Social Security Number [REDACTED]
---------------------------------------	--------------------------------------

Employer EIN 59-1407533
Employer Name BELELL et al
Name (continued) THE BEDELL BUILDING
Street Address or P. O. Box 101 EAST ADAMS STREET
City . JACKSONVILLE State FL ZIP . 32202
Foreign Province/County
Foreign Postal Code
Foreign Country

☒ **Spouse's W-2** ☐ **Do not transfer this W-2** next year
☒ **Automatically calculate** lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	114,158.	2	Federal income tax withheld	0,072.
3	Social security wages	123,050.	4	Social sec tax withheld	7,629.
5	Medicare wages and tips	123,050.	6	Medicare tax withheld	1,784.
7	Social security tips		8	Allocated tips	
13 b	☒ Retirement plan ☐ Foreign source income eligible for exclusion on Form 2555 ☐ Active duty military pay				

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	108.	A: Enter amount attributable to RTA Tier 2 tax
D	9,000.	M: Enter amount attributable to RR Tier 2 tax
M	7.	P: Double-click to link to Form 3903, 4
N	2.	R: Enter MSA contribution for Taxpayer
W	1,200.	Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse 1,200.
		G: ☐ Employee is nonstate or local government
		Is this an elective deferral Yes ☐ No ☐
		F: Enter amount attributable to ROTH SEP
		S: Enter amount attributable to ROTH SIMPLE

[illegible]

I confirm that the state withholding notification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

9	Dependent care benefits (Check if employer furnished care at work) . . . ▶ ☐	9									
10	Dependent benefit amount forfeited from flexible spending account . .	10									
11	Distributions from Section 457 and other nonqualified plans (See help, if El Child Care Child Tax Credit, or IRAs.)	11									
	See 57 and nonqualified plans - State Allocation										
	Indicate amount of distributions pertaining to states. For each row, enter the state in col (a) and state amount in col (b).										
	<table border="1"> <tr> <td>(a) State ID</td> <td>(b) Amount of distributions for state</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	(a) State ID	(b) Amount of distributions for state	_____	_____	_____	_____	_____	_____		
(a) State ID	(b) Amount of distributions for state										
_____	_____										
_____	_____										
_____	_____										

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

ASHLEY COX

Page 2

Employer Name BELELL et al

Part I – Statutory employees**A** ☐ Box 13a. Statutory employee**B** New for 2022: A Schedule C is mandatory. Proceed to line **C**.**C** Double-click to link to Schedule C**C****Part II – Clergy, church employees, members of recognized religious sects****Clergy only:****D** Enter your designated housing or parsonage allowance**E** Enter the smallest of (a) your designated housing or parsonage allowance,

(b) amount spent on qualifying housing expenses, or (c) fair rental value

F If no FICA was withheld, check the applicable box below

- 1 ☐ Pay self-employment tax on housing or parsonage allowance only
2 ☐ Pay self-employment tax on W-2 income only
3 ☐ Pay self-employment tax on W-2 income and housing allowance
4 ☐ Exempt from SE tax and have an approved exemption Form 4361

Non-Clergy:**G** If no FICA was withheld, check the applicable box below

- 1 ☐ Pay self-employment tax on this W-2 income
2 ☐ Exempt from self-employment tax and have an approved Form 4029

Part III – Unreported Tip Income**H 1** Tips \$20 or more in a month which were not reported to employer**2** Tips less than \$20 in a month which were not required to be reported**3** Value of non-cash tips, such as tickets or passes, not reported to employer**4** Actual amount of allocated tips if different than the amount in box 8**5** Tips paid out through a tip-sharing arrangement**6** ☐ Employer is a federal, state, or local government. Tips are

only subject to Medicare tax

Part IV – Substitute Form W-2**1 a** If substitute Form W-2 needed, double-click to link the W-2 to a Form 4852**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"**d** QuickZoom to completed Form 4852 for reference**Part V – Inmate in a Penal Institution****J a** Pay from work per diem an inmate in a penal institution ☐**Part VI – Medicaid Waiver Payments****K a** Check if you have Medicaid Waiver Payments excludable from income as difficulty ofcare payments ☐**b** Amount of wages from Medicaid Waiver Payments excludable as difficulty of care payments**c** Exclude difficulty of care payments received from this payer and NOT in box 1**Part VII – Additional information for Electronic Filing and Certain States (See Help)**

- L a** ☐ Third-party sick pay
☐ No third-party W-2 (handwritten, typewritten, or altered in any way)
☐ Corrected W-2
☐ Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. [REDACTED]

First name ASHLEY Last name COX Suff.

Address City St ZIP code

Foreign Province/County Foreign Postal Code

Foreign Country

Employer EIN [REDACTED]
Employer Name [REDACTED]
Name (continued) [REDACTED]
Street Address or P. O. Box [REDACTED]
City . HERMITAGE State [REDACTED] ZIP [REDACTED]
Foreign Province/County [REDACTED]
Foreign Postal Code [REDACTED]
Foreign Country [REDACTED]

1	Wages, tips, other comp	80,087.	2	Federal income tax withheld	0,956.
3	Social security wages	83,456.	4	Social sec tax withhe	5,174.
5	Medicare wages and tips	83,456.	6	Medicare tax withheld	1,210.
7	Social security tips		8	Allocated tips	

13 b ☒ Retirement plan
☐ Foreign source income eligible for exclusion on **Form 2555**
☐ Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	3,369.	A: Enter amount attributable to RTA Tier 2 tax
		M: Enter amount attributable to RR Tier 2 tax
		P: Double-click to link to Form 3903, 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: ☐ Employ is n state or local government Is this an elective deferral Yes ☐ No ☐
		F: Enter amount attributable to R H SEP
		S: Enter amount attributable to ROTH SIMPLE

[illegible]

I confirm that the state withholding notification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

9	Dependent care benefits (Check if employer furnished care at work) . . . ▶ ☐	9									
10	Dependent benefit amount forfeited from flexible spending account . .	10									
11	Distributions from Section 457 and other nonqualified plans (See help, if EI Child Care Child Tax Credit, or IRAs.)	11									
	See 57 and nonqualified plans - State Allocation										
	Indicate amount of distributions pertaining to states. For each row, enter the state in col (a) and state amount in col (b).										
	<table border="1"> <tr> <td>(a) State ID</td> <td>(b) Amount of distributions for state</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	(a) State ID	(b) Amount of distributions for state	_____	_____	_____	_____	_____	_____		
(a) State ID	(b) Amount of distributions for state										
_____	_____										
_____	_____										
_____	_____										

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

COX

Page 2

Employer Name . . .

Part I – Statutory employees

- A** ☐ Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line **C**.
C Double-click to link to Schedule C

C**Part II – Clergy, church employees, members of recognized religious sects****Clergy only:**

- D** Enter your designated housing or parsonage allowance
E Enter the smallest of (a) your designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
1 ☐ Pay self-employment tax on housing or parsonage allowance only
2 ☐ Pay self-employment tax on W-2 income only
3 ☐ Pay self-employment tax on W-2 income and housing allowance
4 ☐ Exempt from SE tax and have an approved exemption Form 4361

D**E****Non-Clergy:**

- G** If no FICA was withheld, check the applicable box below
1 ☐ Pay self-employment tax on this W-2 income
2 ☐ Exempt from self-employment tax and have an approved Form 4029

Part III – Unreported Tip Income

- H 1** Tips \$20 or more in a month which were not reported to employer
2 Tips less than \$20 in a month which were not required to be reported
3 Value of non-cash tips, such as tickets or passes, not reported to employer
4 Actual amount of allocated tips if different than the amount in box 8
5 Tips paid out through a tip-sharing arrangement
6 ☐ Employer is a federal, state, or local government; tips are
only subject to Medicare tax

H1**H2****H3****H4****H5****Part IV – Substitute Form W-2**

- 1 a** If substitute Form W-2 needed, double-click to link the W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference

Part V – Inmate in a Penal Institution

- J a** Pay from work per hire an inmate in a penal institution ☐

Part VI – Medicaid Waiver Payments

- K a** Check if you have Medicaid Waiver Payments excludable from income as difficulty of
care payments ☐
b Amount of wages from Medicaid Waiver Payments excludable as difficulty of care payments
c Exclude difficulty of care payments received from this payer and NOT in box 1

Part VII – Additional information for Electronic Filing and Certain States (See Help)

- L a** ☐ Third-party clerk pay
☐ No third-party W-2 (handwritten, typewritten, or altered in any way)
☐ Corrected W-2
☐ Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN.

First name Last name Suff.

Address City St. ZIP code

Foreign Country

Interest and Dividends Summary

2024

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

Interest Summary		Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1	Seller-financed mortgage . . .				
2	From Schedule B, Part I . . .	1,782.			
3	From Schedule B, Part II . . .				
4	From K-1 Worksheets				
5	Exempt-int.divs (net of adj.) . .				
6	From Forms 6252				
7	From Forms 8814				
8	Subtotal	1,782.			
	Less Adjustments:				
9	U.S. savings bond interest previously reported				
10	Nominee distribution				
11	OID adjustment				
12	ABP adjustment				
13	Accrued interest				
14	Other adjustment				
15	Series EE & I bond exclusion .				
16	Total Adjustments				
17	Total to Schedule B, line 2 ►	1,782.			
18	Total to Form 1040, line 2a ►				
19	Total U.S. govt. interest . . ►				
20	Total to Form 6251, line 2g ►				

Dividends Summary		Ordin y	Qualified	Capital Gains	Nontaxable
1	From Schedule B	18,026.	15,541.	932.	
2	From K-1 Worksheets				
	Subtotal	18,026.	15,541.		
3	Less Adjustments:				
4	Nominee distribution				
5	Other adjustment				
6	Total Adjustments				
7	Total to Schedule B, line 6 ►	18,026.			
8	Total qualified dividends . . ►		15,541.		
9	Total capital gains ►			932.	
10	Total nontaxable dividends . ►				

Capital Gains Summary		28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1	From Schedule B				
	Less Adjustments:				
2	Nominee distribution				
3	Other adjustment				
4	Total Adjustments				
5	Total to Schedule D ►				

Capital Gains Summary		Sec. 1202 75%	Sec. 1202 100%
1	From Schedule B		
	Less Adjustments:		
2	Nominee distribution		
3	Other adjustment		
4	Total Adjustments		
5	Total to Schedule D ►		

Form 1040

Dividend Income Worksheet
Additional Information

2024

Name(s) Shown on Return

ASHLEY COX

Social Security Number

TSJ T

Payer WELLS FARGO [REDACTED]

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends 15
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement ☐

B Withholding information:

- 1 Federal income tax withheld **Federal**
2 State **3** State identification no. **4** State tax withheld
3 I confirm that the state withholding identification number(s) are accurate . . . ☐

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include interest in box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.0%) %
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment:
N ☐ Nominee H ☐ Heir D ☐ ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 49

- 1 Margin interest paid

F Foreign tax information: A come is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars
Check this box if foreign taxes from a mutual fund or regulated investment company. See Tax Help for additional information. ☐
2 Box 8 - Foreign country U.S. territory (Imported name:)
3 Repatriation credit ☐ OR ☐
4 Form 1116 Select which column A ☐ B ☐ C ☐
5 Select whether taxes were paid (P) or accrued (A) ☐
6 Date paid or accrued
7 Total foreign source income
8 Section 89 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN	Recipient's address and ZIP code
Payer's address and ZIP code	Transfer address from Federal Information Wks . ☐
Street	Street
City	City
State	State
ZIP Code	ZIP Code
Foreign Country	Foreign Country

Form 1040

Dividend Income Worksheet
Additional Information

2024

Name(s) Shown on Return

ASHLEY COX

Social Security Number

TSJ T

Payer AMERICAN ENTERPRISE INVESTMENT [REDACTED]

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends 5
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement ☐

B Withholding information:

- 1 Federal income tax withheld **Federal**
2 State **3** State identification no. **4** State tax withheld
3 I confirm that the state withholding identification number(s) are accurate . . . ☐

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include interest in box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.0%) %
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment:
N ☐ Nominee H ☐ Heir D ☐ ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 49

- 1 Margin interest paid

F Foreign tax information: A income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars 65.
Check this box if foreign taxes from a mutual fund or regulated investment company. See Tax Help for additional information. ☐
2 Box 8 - Foreign country U.S. territory (Imported name:) Various
3 Repatriation credit ☐ OR
D **bleClick** link to a copy of Form 1116 COPY 1
4 Form 1116 Select which column A ☒ B ☐ C ☐
5 Select whether taxes were paid (P) or accrued (A) ☒ P
6 Date paid or accrued 12/31/2024
7 Total foreign source income 535.
8 Section 89 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN
Payer's address and ZIP code
Street
City
State ZIP Code
Foreign Country

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street
City
State ZIP Code
Foreign Country

Form 1099-R Summary

► Keep for your records

2024

Name (as shown on Return)

ASHLEY COX

Social Security No.

Payer	SP	Gross	Taxable	Federal Tax	State Tax	IRA
AMERIPRISE TRUST COMPANY		5,000.	5,000.			X

Traditional IRA Distributions

			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .	5,000.	
	a	Less: Amounts rolled over	5,000.	
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions	0	
	a	Gross distribution transferred to Form 8915F4, 3(a) . . .		
	b	Gross distribution transferred to Form 8915F3, 3(a) . . .		
	c	Gross distribution transferred to Form 8915F2, 3(a) . . .		
	d	Gross distribution transferred to Form 8915F1, 3(a) . . .		
	e	Gross distribution transferred to Form 8915E, 3(a) . . .		
	f	Gross distribution transferred to Form 8915E, 3(a) . . .		
	g	Gross distribution transferred to Form 8915D, 3(a) . . .		
	h	Qualified disaster distributions		
	i	Less: Amount rolled over		
	j	Gross distribution transferred to Form 8915 4, 3(b) . . .		
	k	Gross distribution transferred to Form 8915F3, 3(b) . . .		
	l	Gross distribution transferred to Form 8915F2, 3(b) . . .		
	m	Gross distribution transferred to Form 8915F1, 3(b) . . .		
	n	Gross distribution transferred to Form 8915E, 3(b) . . .		
	o	Gross distribution transferred to Form 8915E, 3(b) . . .		
	p	Gross distribution transferred to Form 8915D, 3(b) . . .		
	q	Less: Amount rolled over		
	3	Amount of line 2 converted to a Roth IRA		
	4	Net amount of line 2 converted to a Roth IRA		
	5	Amount of line 2 not converted to a Roth IRA		
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
	11	If checked, taxable amount calculated on Form 8606	☐	☐

Roth IRA Distributions

Gross	12	Total distributions from box 1 of Form 1099-R . . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified disaster distribution		
	13	Roth distributions subject to distribution rules		
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	15	Qualified distributions subject to distribution rules		
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		

IRA Qualified Disaster Distributions from Forms 8915 C, D, E, F

Taxable	20 a	Qualified distributions on Form 1040, line 4b		
---------	------	---	--	--

Recharacterizations (See Help)

Gross	21 a	2024 form code N (included on Form 1040, line 4a) . . .		
-------	------	---	--	--

Forms 1099-R Summary 2024

Page 2

ASHLEY COX

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 5a (if partially taxable) or line 5b (if fully taxable)		
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915F4, 2(a)		
	d	Gross distribution transferred to Form 8915F3, 2(a)		
	e	Gross distribution transferred to Form 8915F2, 2(a)		
	f	Gross distribution transferred to Form 8915F1, 2(a)		
	g	Gross distribution transferred to Form 8915E, 2(a)		
	h	Gross distribution transferred to Form 8915E, 2(a)		
	i	Gross distribution transferred to Form 8915D, 2(a)		
	j	Gross distribution transferred to Form 8915C, 2(a)		
	k	Qualified disaster distribution		
	l	Less: Amount rolled over		
	m	Gross distribution transferred to Form 8915F4, 2(b)		
	n	Gross distribution transferred to Form 8915F3, 2(b)		
	o	Gross distribution transferred to Form 8915F2, 2(b)		
	p	Gross distribution transferred to Form 8915F1, 2(b)		
	q	Gross distribution transferred to Form 8915E, 2(b)		
r	Gross distribution transferred to Form 8915E, 2(b)			
s	Gross distribution transferred to Form 8915D, 2(b)			
t	Gross distribution transferred to Form 8915C, 2(b)			
Taxable	26	Taxable amount in box 2a, Form 1099-R		
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 5 C, D, E, F		
	27	Lump sum amount transferred to Form 72		
	28	Amount transferred to Form 40, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 2% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRAs conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions		
	b	Taxable distributions from Canada RRP Wks, line 7b		
	c	Taxable disaster distributions Forms 8915 C, D, E, F		
	d	Taxable amount transferred to Form 1040, line 5b		

Section 1035 Tax-free Exchange

Pensions	33	Total gross distributions from box 1 of Form 1099-R		
IRAs	34	Total gross distributions from box 1 of Form 1099-R		

Distribution 2024 1099-Rs Not Reported on the 2024 Return

Code P	35	Distribution reported on 2023 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

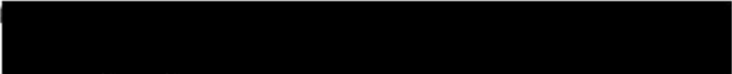
Box 4	37	Total federal tax withheld		
Box 14	38	Total state tax withheld		
Box 17	39	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

40	Nontaxable IRA distributions	0.	
41	Nontaxable pension distributions		

Health Insurance Premiums

42	Health insurance deductible on Schedule A		
----	---	--	--



Taxable Distributions included in Net Investment Income			
	43	Annuity payments and other distributions that may be subject to the net investment income tax	

	43	Annuity payments and other distributions that may be subject to the net investment income tax		
--	----	---	--	--

DO NOT FILE

Form 1040

Form 1099-R Worksheet

2024

Keep for your records

Name [REDACTED] COX Social Security Number [REDACTED]

Check Applicable Box: 1099-R ☒ CSA-1099-R ☐ CSF-1099-R ☐ RRB-1099-R ☐

Payer Federal ID. [REDACTED] Corrected ☐
Payer Name [REDACTED] Non standard ☐
Name (cont.) [REDACTED]
Street Address or P.O. Box [REDACTED]
City [REDACTED] State [REDACTED] ZIP [REDACTED]
Foreign ☐
Province/County [REDACTED] Postal Code [REDACTED]
Country [REDACTED] Phone no. [REDACTED]

If Spouse's 1099-R, check this box ☐ Do not transfer this 1099 to next year ☐

This section is for RRB-1099-R use only

1 Gross distribution 5,000. 2a Taxable amount (see Help) 5,000.
2b Taxable amount not determined ☒ 4 Total distribution [REDACTED]
3 Capital gain [REDACTED] 5 Federal tax withheld [REDACTED]
5 Contributions/Design Roth/Insur [REDACTED] 6 Net unrealized appreciation [REDACTED]
7 Distribution code(s) 1 IRA/SEP/SIMPLE ☒ Roth IRA ☐

14 -1 State tax withheld [REDACTED] 15 -1 State [REDACTED] state No. [REDACTED]
16 -1 State distribution [REDACTED] State use code (See Help) [REDACTED]
I confirm that the state withholding identification number(s) are accurate. ☐

17 -1 Local tax withheld [REDACTED] 18 -1 Name of locality [REDACTED]
19 -1 Local distribution [REDACTED]
Date of payment [REDACTED]
Check if NOT from a qualified retirement plan or IRA (see Help) ☐
If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) ☐
If box 7 code is J, enter amount used for first time home purchase [REDACTED]

Rollovers Enter rollovers, conversions and recategorizations on lines B and C on page 2.

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) ☐
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) ☐
Spouse and not treated as recipient's (taxable amount must be in box 2a) ☐
Someone other than spouse (taxable amount must be in box 2a) ☐

Insurance Amount of insurance premiums deductible on Schedule A [REDACTED]
Amount of amount (HSA) funding distributions [REDACTED]
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution [REDACTED]

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization [REDACTED]

RMD If this is Required Minimum Distribution (RMD) (See Help).
Entire gross applies to December 31, 2024 RMD? Yes ☐ No ☐
If No, amount of gross distribution that applies to Dec. 31, 2024 RMD [REDACTED]

8 Other [REDACTED]
9a Percentage of total distribution [REDACTED] 9b Total employee contributions [REDACTED]
Amount attributable to IRA within 5 years [REDACTED]
11 1st year of designated Roth contribution [REDACTED]
Account number [REDACTED]
FAA filing requirement [REDACTED]
14 -2 State tax withheld [REDACTED] 15 -2 State [REDACTED] Payer's state No. [REDACTED]
16 -2 State distribution [REDACTED] State use code (See Help) [REDACTED]
17 -2 Local tax withheld [REDACTED] 18 -2 Name of locality [REDACTED]
19 -2 Local distribution [REDACTED]

Recipient information: Correct to match recipient information on Form 1099-R

Recipient's name [REDACTED] COX Recipient's federal ID. [REDACTED]
Address [REDACTED] City [REDACTED] State [REDACTED] ZIP code [REDACTED]
Foreign ☐
Province/County [REDACTED] Postal Code [REDACTED]
Foreign Country [REDACTED]

Form 1040

Form 1099-R Worksheet

2024

► Keep for your records

Name

COX

Page 2

Payer's Name

Additional Distribution Information

See Help for important information about Roth conversions and recharacterizations.

Verify Box 7 Distribution Codes (See Help)

- | | |
|--|--------------------------|
| A 1 Early distribution except Roth or SIMPLE (first 2 years), but no code 1 | ☐ |
| A 2 Early distribution from Roth but no code J | ☐ |
| A 3 Early SIMPLE distribution in first 2 years, but no code S | ☐ |
| A 4 Return of excess contribution before return due date, but no code 8 | ☐ |
| A 5 Code P or R on a 2025 Form 1099-R | ☐ |
| A 6 Code 2 or 7 that was an employer Roth SEP contribution reported on 1099-R | ☐ |
| A 7 Code 2 or 7 that was an employer Roth SIMPLE contribution reported on 9-R | ☐ |

Rollovers, Roth Conversions, Roth Rollovers, and Recharacterization

Rollover: Enter traditional IRA or pension distribution that was rolled over to a pension or traditional IRA. Enter Roth IRA rollover or conversion on lines B5 or B6 below.

- | | | | |
|--|-------------------------------------|------------|--|
| B 1 Entire distribution rolled over | ☒ | B 2 | |
| B 2 or amount of partial rollover | | | |
| B 3 If box 7 code is B or H , check if rolled over into a Roth IRA | ☐ | | |
| Roth IRA Rollover or Conversion: | | | |
| B 4 Amount of this distribution that may be rolled or converted to a Roth IRA | | B 4 | |
| B 5 Full amount of line B4 rolled or converted to Roth IRA | ☐ | | |
| B 6 Amount of partial Roth conversion of line B | | B 6 | |
| B 7 If box 7 code is G , check if in-plan Roth rollover to a designated Roth | ☐ | B 7 | |
| B 8 Previously taxed contributions, if different than box 3 for rollover from a qualified retirement plan to Roth IRA or an in-plan rollover to designated Roth | | B 8 | |

Pensions and Annuities**Lump-Sum Distribution Averaging**

- | | | | |
|---|--------------------------|------------|--|
| D 1 Check this box if you wish to use 10-year averaging (or make the capital gain election) on Form 4972 for this distribution | ☐ | D 2 | |
| D 2 If averaging election, federal state taxes paid (see Help) | | D 3 | |
| D 3 If averaging election, death benefit exclusion (see Help) | | | |
| If multiple recipients, see Help | | | |

Disability Payments

- | | | | |
|---|--------------------------|--|--|
| E If coded in box 3 (disability), check if the recipient is under the minimum retirement age | ☐ | | |
|---|--------------------------|--|--|

Charitable Gift Annuities:

If code F in

- | | | |
|--|------------|--|
| F 1 Enter amount of box 3 that is taxed at maximum 28% rate. | F 1 | |
| F 2 Enter amount of box 3 that is unrecaptured section 1250 gain. | F 2 | |

Form 1040

Form 1099-SA Worksheet
Distributions from an HSA, Archer MSA,
or Medicare Advantage MSA

2024

Name(s) Shown on Return

ASHLEY COX

Social Security Number

QuickZoom to another Form 1099-SA Worksheet ▶**QuickZoom** to Form 8853, p1 ▶**QuickZoom** to Form 8889T ▶**QuickZoom** to Form 8889S ▶**Worksheet Description**

Box	Description	Payer 1	Payer 2	Payer 3	Payer 4
	Check if this is Spouse's 1099-SA	☐	☒	☒	☐
	Payer's name				
	Payer's name continued				
1	Gross distribution		4,661		
2	Earnings on excess contributions				
3	Distribution code		1		
	▶ Check if recipient was age 65 or older at time of distribution.	☐	☐	☐	☐
	<i>See Help for important information</i>				
	▶ Full amount in box 1 was used to pay qualified medical expenses, tax free	☐	☒	☐	☐
	▶ Partial amount in box 1 used to pay qualified medical expenses, tax free	☐			
	▶ Amount in box 1 that was rolled over	☐			
	▶ Return of excess employer contribution not included in wages	☐	☐	☐	☐
	▶ Inherited from deceased spouse	☐	☐	☐	☐
4	▶ FMV on date of death	☐	☐	☐	☐
5	HSA	☐	☒	☒	☐
	Archer MSA	☐	☐	☐	☐
	▶ Medicare Advantage MSA	☐	☐	☐	☐

Qualified Business Income Deduction Summary

2024

▶ Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

QuickZoom to QBI Component Worksheet

QuickZoom to Form 8995

QuickZoom to Form 8995-A

1 Trade or business name

Net QBI

2 Net qualified business income (QBI) from qualified trades or businesses

3 Loss from previous year

4 Sum of activities with gains (only positive amounts from table on line 1)

5 Sum of activities with losses (only negative amounts from table on line 1)

6 Check if using Simplified Computation (Form 8995)

7 QBI component from Form 8995 line 5 or Form 8995A line 16

8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule

9 Total REIT dividends

10 PTP Income from non-SSTBs

11 PTP Income from SSTBs

12 Allowed PTP Income from SSTBs

13 Total Allowed PTP income (sum of line 10 and line 12)

14 Carryover REIT/PTP losses from prior year

15 Total REIT/PTP income

16 20% of total REIT/PTP income

17 Disallowed REIT/PTP loss

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)

19 Taxable income before qualified business income deduction

20 Net capital gains

21 Taxable income minus net capital gains. If zero or less, enter -0-

22 20% of taxable income minus net capital gains

23 QBI deduction before DPA

Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 a Section 199A(g) deduction for domestic production activities

Enter DPA reported on 1099-PATR not connected with

business activity on this return

24b Deduction from business activities on this return

Section 199A(g) deduction for domestic production activities

25 Total 199A (QBI) deduction (sum of lines 23 and 24)

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet
Line 16
2024

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	246,114.
2	Enter the amount from Form 1040 or 1040-SR, line 3a.	2	15,541.
3	Are you filing Schedule D?		
	☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	3 59,329.		
	☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3.	4	74,870.
5	Subtract line 4 from line 1. If zero or less, enter -0-.	5	1,244.
6	Enter:		
	\$47,025 if single or married filing separately,	}	94,050.
	\$94,050 if m/j or qualifying surviving spouse,		
	\$63,000 if head of household.		
7	Enter the smaller of line 1 or line 6.	7	94,050.
8	Enter the smaller of line 5 or line 7.	8	4,050.
9	Subtract line 8 from line 7 (this amount taxed at 0%).	9	0.
10	Enter the smaller of line 1 or line 4.	10	74,870.
11	Enter the amount from line 9.	11	0.
12	Subtract line 11 from line 10.	12	74,870.
13	Enter:		
	\$518,900 if single,	}	583,750.
	\$291,850 if married filing separately,		
	\$583,750 if m/j or qualifying surviving spouse,		
	\$551,350 if head of household.		
14	Enter the smaller of line 1 or line 13.	14	246,114.
15	Add lines 5 and 9.	15	171,244.
16	Subtract line 15 from line 14. If zero or less, enter -0-.	16	74,870.
17	Enter the smaller of line 12 or line 16.	17	74,870.
18	Multiply line 17 by 15% (0.15).	18	11,231.
19	Add lines 9 and 17.	19	74,870.
20	Subtract line 19 from line 10.	20	0.
21	Multiply line 20 by % ()	21	0.
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
	22 27,780.		
23	Add lines 18-21, and	23	39,011.
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$10,000, use the Tax Table to figure this tax. If the amount on line 1 is \$10,000 or more, use the Tax Computation Worksheet.		
	24 45,152.		
25	Tax on taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
	25 39,011.		

Form 1099-B Worksheet

► Keep for your records

2024

Name(s) Shown on Return

ASHLEY COX

Social Security No.

Name of reporting financial institution ► WELLS FARGO

Acct Number

Reporter's Tax ID

Owner of account

Transactions were not reported to IRS . . . ☐**Form 8949 Reporting Exception Transactions**

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

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

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

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

Proceeds	Cost Basis

Quick Entry Table

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

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported on S?	Reported on Form 1099B?		
1	WELLS FARGO						
A			12/31/24		1,063.54	101.76	
				S	Yes X	No	Yes X No
2	WELLS FARGO						
B			12/31/24		1,297.50	10,297.50	
				S	X	No	Yes X No
3	WELLS FARGO						
D			12/31/24		47,599.05	18,740.60	
				L	Yes X	No	Yes X No
4	WELLS FARGO						
E			12/31/24		5,000.00	5,000.00	
				L	X	No	Yes X No

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	WELLS FARGO	1,063.54	101.76			961.78	S
2	B	WELLS FARGO	1,297.50	10,297.50			0.00	S
3	D	WELLS FARGO	47,599.05	18,740.60			28,858.45	L
4	E	WELLS FARGO	5,000.00	5,000.00			0.00	L

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

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

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,063.54	101.76	961.78		961.78	
Box B	1,297.50	10,297.50	0.00		0.00	
Box C						
Box D	47,599.05	18,740.60	28,858.45		28,858.45	
Box E	5,000.00	5,000.00	0.00		0.00	
Box F						
Totals	63,960.09	34,139.86	29,820.23		29,820.23	

Form 8949 and Schedule D Totals

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

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

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	1,064.00	102.00			962.00
Form 8949, Box B	10,298.00	10,298.00			0.00
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	47,599.00	18,741.00			28,858.00
Form 8949, Box E	5,000.00	5,000.00			0.00
Form 8949, Box F					

Additional Summary Data

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

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

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

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

► Keep for your records

Security No.

Name(s) Shown on Return

ASHLEY COX

Name of reporting financial institution ► WELLS FARGO

Acct Number

Owner of account

Transactions were not reported to IRS : ☐

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

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

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

Box 2 transactions to report directly on Form 990, Line 8a (long term)

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

Proceeds	Cost Basis

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

Sale#	Property Description				Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale			
8949 Box	Date Sold	Date Acquired								
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis to	Reported on Form 1099B?						
1	WELLS FARGO									
D	12/31/24		25,770.23	554.07						
		L	Y's	X	No	Yes	X			No
					No	Yes				No
			Yes		No	Yes				No
			s		No	Yes				No

Sale Results for Form 8949

[illegible]

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

Sale Ty	Proceed	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A						
Box B						
Box C						
Box D	25,770.23	1,554.07	24,216.16		24,216.16	
Box E						
Box F						
Totals	25,770.23	1,554.07	24,216.16		24,216.16	

Form 8949 and Schedule D Totals

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

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

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	25,770.00	1,554.00			24,216.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

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

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

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

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

Form 1099-B Worksheet

Keep for your records

2024

Name(s) Shown on Return

ASHLEY COX

Social Security No.

Name of reporting financial institution ▶ AMERICAN ENTERPRISE INVESTMENT

Acct Number

Reporter's Tax ID . . . ▶

Owner of account

Transactions were not reported to IRS . ▶ ☐

Form 8949 Reporting Exception Transactions

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

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

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

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

Proceeds	Cost Basis

Quick Entry Table

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

Sale#	Property Description		Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Date Sold	Date Acquired			
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to S?	Reported on Form 1099B?	
1 AEI	12/31/24		20,000.00	000.00	
A		S	Yes X	No	Yes X No
				No	Yes No
			Yes	No	Yes No
				No	Yes No
				No	Yes No
				No	Yes No
				No	Yes No
				No	Yes No
				No	Yes No

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1A	AEI		20,000.00	20,000.00			0.00	S

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

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

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	20,000.00	20,000.00	0.00		0.00	
Box B						
Box C						
Box D						
Box E						
Box F						
Totals	20,000.00	20,000.00	0.00		0.00	

Form 8949 and Schedule D Totals

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

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

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	20,000.00	20,000.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

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

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

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

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

► Keep for your records

2024

Name(s) Shown on Return
[REDACTED] ASHLEY COX

Acct Number Reporter's Tax ID

Owner of account ▶ ☐

Transactions were not reported to IRS ▶ ☐

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

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

Box 2 transactions to report directly on Form 990, Line 12 (long term)

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

Proceeds	Cost Basis

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

Sale#	Property Description									
8949 Box	Date Sold		Date Acquired		Sales Price (Proceeds)		Cost o Other Basis		Disallowed Wash Sale	
Adjustment Amount*		Adjustment Code(s)*		Holding Period		Basis to Reporte S?		Reported on Form 1099B?		
1	AEI									
A		12/31/24				37,193.05		191.16		
				S		Y's	X	No	Yes	X
2	AEI									
D		12/31/24				4,949.23		39,640.42		14.41
				L		X	No	Yes	X	No
						Yes	No	Yes	No	No
						s	No	Yes	No	No

[illegible]

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

Sale Ty	Proceed	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	37,130.05	36,191.16	1,001.89		1,001.89	
Box B						
Box C						
Box D	44,949.23	39,640.42	5,308.81	14.41	5,323.22	W
Box E						
Box F						
Totals	82,142.28	75,831.58	6,310.70	14.41	6,325.11	

Form 8949 and Schedule D Totals

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

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

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	37,193.00	36,191.00			1,002.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	44,949.00	39,640.00	14.00W		5,320.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

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

Total Federal Backup Withholding

State ID

State Backup Withholding

Total State Backup Withholding

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

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

2024

- Keep for your records

Name(s) Shown on Return	Social Security Number
ASHLEY COX	

Estimated Tax Payments for 2024 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/24		04/15/24			04/15/24		
2	06/17/24		06/17/24			06/17/24		
3	09/16/24		09/16/24			09/16/24		
4	01/15/25	10,000.	01/15/25			01/15/25		
5								
Tot Estimated Payments . . .		10,000.						

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2024					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7	10,000				
9	2024 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			31,028.		
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC 10 9 NEC, 1099-K, 1099-G					
14	Schedules K-1					
15	Forms 1099-DIV and 1099-ORD					
16	Social Security and Railroad Retirement Benefits					
17	Form 1099-B					
18 a	Other withholding	St		Loc		
b	Other withholding	St		Loc		
c	Other withholding	St		Loc		
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			31,028.		
20	Total Tax Payments for 2024			41,028.		

Prior Year Taxes Paid In 2024 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2023 extensions				
22	2023 estimated tax paid after 12/31/2023				
23	Balance due paid with 2023 return				
24	Other (amended returns, installment payments, etc) . .				

Earned Income Worksheet**2024**

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	80,087.	114,158.	194,245.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, line 18 and 19	80,087.	114,158.	194,245.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	80,087.	114,158.	194,245.
11 Scholarship or fellowship income			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	80,087.	114,158.	194,245.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 a Wages, salaries, tips, etc	80,087.	114,158.	194,245.
b2 Amount of In. b. for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, line 2	80,087.	114,158.	194,245.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	80,087.	114,158.	194,245.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	80,087.	114,158.	194,245.

Form 6251
Line 37**Schedule D Tax Worksheet**
as refigured for the
Alternative Minimum Tax

► Keep for your records

2024

Name(s) Shown on Return

ASHLEY COX

Social Security Number

	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 15,541.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c	5,541	0.	15,541.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	15,541.		15,541.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 59,329.			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 61,931.			
c Enter the smaller of line 7a or line 7b	59,329.		59,329.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	59,329.	0.	59,329.
10 Add lines 6 and 9	74,870.		74,870.
A Enter the amount from Form 6251, line 14 142,014.			
B Capital gain excess. Subtract line A from line 10. * 0.			
11 Total 28% rate and unrecaptured section 125 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. So enter this amount on Form 6251, line 13			74,870.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Form 6251

Alternative Minimum Tax Worksheet

2024

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

Social Security Number

Taxable Income — Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)		246,114.
2	Additions to income	2	
3	Add lines 1 and 2	3	246,114.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	246,114.

Taxes — Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes — Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) — Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	275,314.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	275,314.
5	ATNOLD limitation. Multiply line 4 by 90	5	247,783.
6	Enter ATNOLD carried to 2023 or other year	6	
7	Enter ATNOLD included above and attributable to qualified disaster losses	7	
8	ATNOLD above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOLD deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOLD Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add line 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options — Line 2i

1	Incentive stock options from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	61,293.	61,293.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l		

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partn s	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheet	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling cost	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65	3	
4 Tentative drilling costs preference. Subtract line 3 from line 1	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

[REDACTED] ASHLEY COX [REDACTED]

Page 3

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$875,950:

1	Alternative minimum taxable income, Form 6251	1	
2	Threshold amount	2	
3	Subtract line 2 from line 1	3	
4	Multiply line 3 by 25% (.25)	4	
5	Smaller of line 4 or \$66,650	5	
6	Add line 1 and line 5. Enter on Form 6251, line 4	6	

Exemption – Line 5

1	Enter \$85,700 if single or head of household, \$133,300 if married filing jointly or qualifying surviving spouse, \$66,650 if married filing separately	1	133,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	275,314.
3	Enter \$609,350 if single or head of household, \$1,218,700 if married filing jointly or qualifying surviving spouse, \$609,350 if married filing separately	3	1,218,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	133,300.

2024

► Keep for your records

Name(s) Shown on Return [REDACTED] ASHLEY COX	Social Security Number [REDACTED]
--	--------------------------------------

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

(a) State	(b) Paid With Extension

(a) Localit	(b) Paid With Extension

(a) State	(c) Estimates Paid After 12/31

(Locality	(c) Estimates Paid After 12/31

(a) State	Paid With return

(a) Locality	(e) Paid With Return

(a) State	(g) d Amount

(a) Locality	(g) Applied Amount

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

SHLEY COX

Other Tax and Income Information		2023	2024
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	7,837.	5,967.
4	Check box if required to itemize deductions	☐	☐
5	Adjusted gross income	253,017.	275,355.
6	Tax liability for Form 2210 or Form 2210-F	38,705.	39,252.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2023	24
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	1 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2023	2024
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from	16 a	
	a 2024	b	
	b 2023	c	
	c 2022	d	
	d 2021	e	
	e 2020	f	
	f 2019		
17	AMT Nonrecap'd net Sec 1231 loss from:	17 a	
	a 2024	b	
	b 2023	c	
	c 2022	d	
	d 2021	e	
	e 2020	f	
	f 2019		

Credit Carryovers		2023	2024
18	General business credit	18	
19	Adoption credit from:	19 a	
	a 2024	b	
	b 2023	c	
	c 2022	d	
	d 2021	e	
	e 2020	f	
	f 2019		
20	Mortgage interest credit from:	20 a	
	a 2024	b	
	b 2023	c	
	c 2022	d	
	d 2021		
21	Credit for prior year minimum tax	21	
22	District of Columbia first-time homebuyer credit	22	
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	

Federal Carryover Worksheet page 3

2024

ASHLEY COX

Other Carryovers				2023	2024
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2023 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2023					0.
b	2022					
c	2021					
d	2020					
e	2019					
27	2024 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2024					0.
b	2023					
c	2022					
d	2021					
e	2020					

Qualified Business Income Deduction (Section 199) Carryovers				2023	2024
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b	100.00	
		2020	c	100.00	
		2021	d	100.00	
		2022	e	100.00	
		2023	f	100.00	

Two-Year Comparison

2024

Name(s) Shown on Return

Social Security Number

[REDACTED] ASHLEY COX

Income	2023	2024	Difference	%
Wages, salaries, tips, etc	222,813.	194,245.	-28,568.	-12.82
Interest and dividend income	19,369.	19,808.	439.	2.27
State tax refund				
Business income (loss)				
Capital and other gains (losses)	10,823.	61,293.	50,470.	466.32
IRA distributions		0.		
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above	12.		-3.	-25.00
Total Income	253,017.	275,355.	22,338.	8.83
Adjustments to Income				
Adjusted Gross Income	253,017.	275,355.	22,338.	8.83
Itemized Deductions				
Medical and dental				
Income or sales tax	2,196.	1,996.	-200.	-9.23
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity	5,638.	3,971.	-1,667.	-29.57
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	7,834.	5,967.	-1,867.	-23.86
Standard or Itemized Deduction	27,700.	29,200.	1,500.	5.42
Qualified Business Income Deduction	2.	41.	39.	1950.00
Taxable Income	225,255.	246,114.	20,859.	9.26
Income tax	38,473.	39,011.	538.	1.40
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	38,473.	39,011.	538.	1.40
Nonbusiness credits	2,031.	3,292.	1,261.	62.09
Business credits				
Total Credits	2,031.	3,292.	1,261.	62.09
Self-employment tax				
Other taxes	2,305.	3,584.	1,279.	55.49
Total Tax After Credits	38,747.	39,303.	556.	1.43
Withholding	35,984.	31,028.	-4,956.	-13.77
Estimated and extension payments		10,000.	10,000.	
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	35,984.	41,028.	5,044.	14.02
Form 2210 penalty		141.	141.	
Applied to next year's estimated tax				
Refund		1,584.	1,584.	
Balance Due	2,763.		-2,763.	-100.00

Current year effective tax rate 12.97 %

Tax History Report**2024**

► Keep for your records

Name(s) Shown on Return

ASHLEY COX

	Five Year Tax History:				
	2020	2021	2022	2023	2024
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	297,635.	230,591.	236,631.	253,017.	275,355.
Adjustments to income	2,300.				
Adjusted gross income	295,335.	230,591.	236,631.	253,17.	275,355.
Tax expense	10,000.	1,598.	10,000.	199.	1,996.
Interest expense . . .					
Contributions	8,519.	7,883.	9,095.	5,638.	3,971.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	24,800.	,700.	25,900.	27,700.	29,200.
QBI deduction	17.	15.	30.	62.	41.
Taxable income	270,518.	204,	210,701.	225,255.	246,114.
Tax	46	177.	36,776.	38,473.	39,011.
Alternative min tax . .					
Total credits	4,029.	28.	4,003.	2,031.	3,292.
Other taxes	4,90.	2,273.	2,612.	2,305.	3,584.
Payments	36,71.	35,495.	38,273.	35,984.	41,028.
Form 2210 p nalty . .	28.				141.
Amount o d	10,010.			2,763.	
Applied to next year's estimated tax . .					
Refund		73.	2,888.		1,584.
Effective tax rate % . .	14.38	14.20	13.85	14.40	12.97
**Tax bracket %	24.0	24.0	24.0	24.0	24.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2024

Name(s) Shown on Return

ASHLEY COX

Filing status Married Filing Jointly

Number of exemptions 4

Gross Income

Wages and salaries	194,245.
Interest and dividend income	19,808.
Business income (loss)	
Capital gains (losses)	61,293.
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	9.
Total Gross Income	5,355.

Adjustments to Income

Adjusted Gross Income (Last year's AGI)	2017.	275,355.
--	-------	----------

Itemized/Standard Deductions

Medical and dental	
Taxes	1,996.
Interest	
Contributions	3,971.
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	5,967.
Standard deduction	29,200.

Taxable Income	246,114.
---------------------------------	-----------------

Income tax	39,011.
Alternative minimum tax	
Total Taxes before Credits	39,011.
Nonbusiness credits	3,292.
Business credits	
Total Credits	3,292.
Self-employment tax	
Other taxes	3,584.

Total Tax	39,303.
----------------------------	----------------

Withholding	31,028.
Estimated tax payments	10,000.
Other payments	
Total Payments	41,028.
Estimated tax penalty	141.
Refund applied to next year's estimated tax	

Amount Overpaid	1,725.
----------------------------------	---------------

Refund	1,584.
-------------------------	---------------

Amount Applied to Estimate

Amount Due	0.
-----------------------------	-----------

Tax bracket	24.0 %
Effective tax rate	12.97 %

Smart Worksheets From 2024 Federal Tax Return

Schedule B: Interest and Dividend Income -- Smart Worksheet

Interest Income Smart Worksheet							
Payer's Name	Box 1		Box 2	Box 3	Box 8		Box 9
Double-Click on Payer to enter additional info	Interest Inc. OID Int*	Typ Int*	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST D	Private Activity Bon
AMERICAN ENTERPRISE INVESTMENT							
	1,166.						
AMERICAN ENTERPRISE INVESTMENT							
	10.						
WELLS FARGO							
	214.						
WELLS FARGO							
	16.						
AMERIPRISE BANK, FSB ACCT NO.							
	376.						

Schedule B: Interest and Dividend Income -- Smart Worksheet

Dividend Income Smart Worksheet					
Payer's Name	Box 1a	Box 1b	Box 2a	Box 2b	Box 3
Double-Click on Payer to enter additional info	Total Ordinary Dividends	Q Dividends	Capital Gain Distribution	Unrecap. Sec 1250	Nondividend Distributions
WELLS FARGO					
	9,13.	8,506.	932.		
AMERICAN ENTERPRISE INVESTMENT					
	2,603.	1,260.			
WELLS FARGO					
	5,775.	5,775.			
AMERICAN ENTERPRISE INVESTMENT					
	255.				

Schedule H: Household Employment Taxes (Spouse) -- Smart Worksheet

Filing Address Smart Worksheet

Mail Schedule H separately **only** if you are not filing a current year income tax return.

Send Schedule H to: Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 2 Smart Worksheet

A Total amount of HSA contributions you made for 2024 0.
B Excess HSA contributions carried over from 2023 that still in HSA
C Excess HSA contributions withdrawn before April 15, 2025
D Net amount of HSA contributions for 2024 after withdrawals, enter on line 2 0.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 3 Smart Worksheet

A If you had the same coverage every month of the 2024, select the type of coverage here ☐ Non ☐ Self-only ☒ Family
Or,
 if coverage varied during 2024, select your coverage each month below.
 Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.

1	January	☐ None	☐ Self-only	☒ Family	8,300.
2	February	☐ None	☐ Self-only	☒ Family	8,300.
3	March	☐ None	☐ Self-only	☒ Family	8,300.
4	April	☐ None	☐ Self-only	☒ Family	8,300.
5	May	☐ None	☐ Self-only	☒ Family	8,300.
6	June	☐ None	☐ Self-only	☒ Family	8,300.
7	July	☐ None	☐ Self-only	☒ Family	8,300.
8	August	☐ None	☐ Self-only	☒ Family	8,300.
9	September	☐ None	☐ Self-only	☒ Family	8,300.
10	October	☐ None	☐ Self-only	☒ Family	8,300.
11	November	☐ None	☐ Self-only	☒ Family	8,300.
12	December	☐ None	☐ Self-only	☒ Family	8,300.

B Maximum allowable contribution 8,300.
 Greater of: Sum of lines A1 through A12 divided by 12, OR line A12

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 6 Smart Worksheet	
A Enter the amount from line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	0.
B Portion of line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (line 6A minus line 4)	0.
C Portion of Line B amount to be carried to line 6 of spouse's form	0.
QuickZoom to Form 8889T	
D Remainder to be carried to Line 6 (line 5 minus line C).	8,300.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,200.
B Enter employer contributions made in 2024 for the tax year 20	
C Subtract line B from line A	1,200.
D Enter employer contributions made in 2025 for the tax year 2024	
E Other employer contributions for 2024 not reported above	
F Employer contributions for 2024. Add lines C, D and . Enter on line 9	1,200.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line Smart Worksheet	
A Gross distributions	4,466.
B Rollovers	
C Return of excess contributions	
D Subtract lines B and C from line A.	4,466.
E Taxable earnings on excess distributions	
Non-surviving spouse beneficiaries who received no distribution this year use lines	
F FMV of inherited HSA assets if no distribution received.	
G Qualified medical expenses	

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 18 Smart Worksheet			
Check here if failure to maintain HDHP coverage in 2024 was due to death or disability			☐
A	1 Total HSA contribution in 2023		1,700.
2	Excess contribution in 2023		
3	Net HSA contribution in 2023		1,700.
B Check the box below to indicate the type of coverage you had for each month of 2023. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.			
1	January	☐ None ☐ Self-only ☒ Family	
2	February	☐ None ☐ Self-only ☒ Family	
3	March	☐ None ☐ Self-only ☒ Family	
4	April	☐ None ☐ Self-only ☒ Family	
5	May	☐ None ☐ Self-only ☒ Family	
6	June	☐ None ☐ Self-only ☒ Family	
7	July	☐ None ☐ Self-only ☒ Family	
8	August	☐ None ☐ Self-only ☒ Family	
9	September	☐ None ☐ Self-only ☐ Family	
10	October	☐ None ☐ Self-only ☒ Family	
11	November	☐ None ☐ Self-only ☒ Family	
12	December	☐ None ☐ Self-only ☒ Family	
C			
1	Total maximum allowable contribution for 2023		
2	Amount allocated to spouse in 2023		0.
3	Net maximum allowable contribution for 2023		

Form 8995: QB Income Deduction Simplified Computation -- Smart Worksheet

Qualified REIT Dividend Income Smart Worksheet	
Qualified REIT dividends	205.
Qualified PTP income	

Form 8867: Paid Preparer's Due Diligence Checklist -- Smart Worksheet

Paid Preparer Smart Worksheet	
If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).	
A Enter paid preparer code from Firm/Preparer Info.	SJS

Form 8911 Schedule A (Property 1 : ALTERNATIVE FUELING PROPERTY): Alternative Fuel Vehicle Refueling Property -- Smart Worksheet

GEOID Smart Worksheet	
Enter the 11-digit census tract GEOID obtained with the CDFI mapping tool or the Census Geocoder	

Federal Information Worksheet -- Smart Worksheet

Print page 2 ☐

Federal Information Worksheet -- Smart Worksheet

Print page 3 ☐

Federal Information Worksheet -- Smart Worksheet

Print page 4 ☐

Federal Information Worksheet -- Smart Worksheet

Print page 5 ☐

Federal Information Worksheet -- Smart Worksheet

Print page 6 ☐

Form 1099-R Worksheet (AMERIPRISE TRUST COMPANY) -- Smart Worksheet

RMD Worksheet	
A	Required RMD amount
B	Amount distributed in 2024
C	Did you withdraw the remaining RMD during the correction window? Yes ☐ No ☐
D	Type of account IRA ☐ 403(b) ☐ Other ☐
E	QuickZoom to complete Form 5329 Taxpayer: Spouse:

Form 1099-R Worksheet (AMERIPRISE TRUST COMPANY) -- Smart Worksheet

Qualified Disaster Distribution Smart Worksheet	
A	If this is a Qualified Disaster distribution, indicate with which year the distribution qualifies under: 2023 Disaster Distribution ☐ 2024 Disaster Distribution ☐
B	Amount of Qualified Disaster Distribution Entire distribution is qualified ☐ or amount that is qualified
C	Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2024 tax return Entire distribution repaid ☐ or amount of partial repayment
D	If this Qualified Disaster Distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster event, indicate amount repaid Entire distribution repaid ☐ or amount of partial repayment

Form 1099-R Worksheet (AMERIPRISE TRUST COMPANY) -- Smart Worksheet

Explanation Statement Smart Worksheet		
If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then QuickZoom to the appropriate explanation statement.	Taxpayer ☐	Spouse ☐
☐ Return of IRA contribution before due date of tax return ▶ ☐ Return of prior year excess traditional IRA contributions ▶		

Form 1099-B Worksheet (WELLS FARGO X7309) -- Smart Worksheet

QuickZoom to another copy of **Form 1099-B** Worksheet ▶

For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶

QuickZoom to **Form 1099-K** reporting sale(s) of investment assets ▶

Form 1099-K reconciliation
☐ If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below. Payment(s) amount from linked Form 1099-K ▶

Form 1099-B Worksheet (WELLS FARGO X2695) -- Smart Worksheet

QuickZoom to another copy of **Form 1099-B** Worksheet ▶

For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶

QuickZoom to **Form 1099-K** reporting sale(s) of investment assets ▶

Form 1099-K reconciliation
☐ If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below. Payment(s) amount from linked Form 1099-K ▶

Form 1099-B Worksheet (AMERICAN ENTERPRISE INVESTMENT X88028) -- Smart Worksheet

QuickZoom to another copy of **Form 1099-B** Worksheet ▶

For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. . . . ▶

QuickZoom to **Form 1099-K** reporting sale(s) of investment assets ▶

Form 1099-K reconciliation
☐ If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below. Payment(s) amount from linked Form 1099-K ▶

ASHLEY COX

7

Form 1099-B Worksheet (AMERICAN ENTERPRISE INVESTMENT X8326) -- Smart Worksheet

QuickZoom to another copy of **Form 1099-B** Worksheet
 For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**.
QuickZoom to **Form 1099-K** reporting sale(s) of investment assets

Form 1099-K reconciliation

☐ If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported in the Quick Entry Table below must match the amount shown below.

Payment(s) amount from linked Form 1099-K

Earned Income Worksheet -- Smart Worksheet

**Medicaid Waiver Payments for the Earned Income Credit and
 Additional Child Tax Credit Smart Worksheet**

A Check box if any wages are Medicaid Waiver Payments that you choose to include in earned income

Payer
 Spouse

Tax History Report -- Smart Worksheet

Preparation Fee Smart Worksheet

Preparation fee	250.00	250.00	250.00	250.00	275.00
---------------------------	--------	--------	--------	--------	--------

Additional Information From 2024 Federal Tax Return**Electronic Filing Information Worksheet
TB266****Continuation Statement**

☐	Georgia
☐	Hawaii
☐	Idaho
☐	Indiana
☐	Kansas
☐	Kentucky
☐	Maryland
☐	Massachusetts
☐	Michigan
☐	Missouri
☐	Montana
☐	New Jersey
☐	New Mexico
☐	New York
☐	North Carolina
☐	Oklahoma
☐	Pennsylvania
☐	Rhode Island
☐	South Carolina
☐	Vermont
☐	Virginia
☐	Wisconsin