

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/25/2025

General Information

Name: James W Westbrook

PID 311903

AGENCY INFORMATION

Organization	Suborganization	Title
Jackson County	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2024 was \$ 901,000.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
22-5N-09-0000-0060-0000 /80acres off Hartsfield Rd, Greenwood, FL	\$ 160,000.00
15-5N-09-0000-0090-0000/160 acres,Greenwood, FL	\$ 320,000.00
16-5N-09-0000-0060-0000/ 229.86 acres 5600 West Fork Lane 5600 West Fork Lane, Greenwood, FL	\$ 459,720.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Description of Asset	Value of Asset
21-5N-09-0000-0060-0000/ 10 acres	\$ 20,000.00
27-7N-09-0000-0090-0000/ 85.37acres with house at 5636 Gemstone Rd., Malone, FLd house at 5636 Gemstone Rd. with house	\$ 300,100.00
21-5N-09.0000-0030.0000/ 268.20 acres	\$ 538,000.00
32-5N-09-0000-0340-0000/ 20.54 acres	\$ 81,000.00
29-5N-09-0000-0020-0010 /45.64 acres	\$ 92,000.00
28-5N-09-0000-0030-0000/ 90.666/Poplar Sprgs Rd	\$ 182,000.00
20-6N-08-0000-0010-0010/40 acres/Speights Way	\$ 80,000.00
17-6N-08-0000-0080-0000/58.86 acres	\$ 118,000.00
16-6N-08-0000-0070-0010/80.25 acres/Hill Road	\$ 160,000.00
15-5N-09-0000-0050-0000/50acres	\$ 100,000.00
06-5N-09-0000-0340-0150/ 4076 Bryan st St house and lot	\$ 150,000.00
00000000-00-2218-007/3.6 acres/ 1332 Main Street, Chipley, FL in Washington co.	\$ 500,000.00
10-6N-09-0000-0300-0010/5024 Basswood Rd. house and lot	\$ 200,000.00
11-4N-10-0202-0080-0020/4787 Dean Rd, Marianna, FLhouse and lot	\$ 80,000.00
10-6N-09-0000-0300-0010 vacant lot on Basswood Rd	\$ 10,000.00
First Eagle Funds (retirement)	\$ 215,428.52
American Funds (retirement)	\$ 205,164.44
Mutual funds/First Eagle Funds	\$ 305,434.15
Mutual Funds/Franklin Templeton	\$ 334,472.49
Mutual fundsAmerican Funds	\$ 64,128.08
CD/ First State Bank of Blakely, GA	\$ 2,111,194.45
Annuity/ Security First	\$ 250,276.46
Business worth/ J & W Well Drilling	\$ 1,500,000.00
Peoples South Bank (personal checking)	\$ 505,000.00
Truist Bank retirement funds	\$ 74,757.25
Truist Bank Checking	\$ 11,260.19

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/25/2025

Description of Asset	Value of Asset
Regions Bank checking (well business)	\$ 125,527.76
Peoples South Bank (farm checking)	\$ 73,150.31
Farm buildings and equipment	\$ 550,000.00
Annuity/Security First	\$ 250,276.46
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
N/A		

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
N/A	N/A	N/A	N/A

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

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer 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.

James W Westbrook

Digitally signed: 06/25/2025

Filed with COE: 06/25/2025

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 , ending		See separate instructions.
Your first name and middle initial JAMEY W.	Last name WESTBROOK	Your social security number
If joint return, spouse's first name and middle initial GAYLE K.	Last name WESTBROOK	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. P.O. BOX 135		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BASCOM		
State FL	ZIP code 32423	
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

☐ Single ☐ Head of household (HOH)

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

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

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

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

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
				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) STMT 1	1a	5,387.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	5,387.
	2a Tax-exempt interest	2a	
	3a Qualified dividends 12,478.	3a	104,318.
	4a IRA distributions	4a	26,004.
	5a Pensions and annuities 76,788.	5a	27,400.
	6a Social security benefits 61,408.	6a	76,753.
b Taxable interest	2b	52,197.	
b Ordinary dividends	3b		
b Taxable amount	4b		
b Taxable amount	5b		
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	18,861.	
8 Additional income from Schedule 1, line 10	8	55,539.	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	366,459.	
10 Adjustments to income from Schedule 1, line 26	10	15,021.	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	351,438.	
12 Standard deduction or itemized deductions (from Schedule A)	12	32,300.	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	8,111.	
14 Add lines 12 and 13	14	40,411.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	311,027.	

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

Form 1040 (2024)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	57,966.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	57,966.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	1,213.
21	Add lines 19 and 20	21	1,213.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	56,753.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,977.
24	Add lines 22 and 23. This is your total tax	24	62,730.

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	SEE STATEMENT 7	25a 202.
b	Form(s) 1099	SEE STATEMENT 11	25b 18,050.
c	Other forms (see instructions)		25c
d	Add lines 25a through 25c		25d 18,252.
26	2024 estimated tax payments and amount applied from 2023 return		26
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	10,918.
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	10,918.
33	Add lines 25d, 26, and 32. These are your total payments	33	29,170.

Refund

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

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	35,443.
38	Estimated tax penalty (see instructions)	38	1,883.

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 **SARA HUGHES, CPA** Phone no. **850-526-3207** Personal identification number (PIN) **[REDACTED]**

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

Sign Here

Your signature _____ Date _____ Your occupation **SELF-EMPLOYED** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) **[REDACTED]**

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation **RETIRED** If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) **[REDACTED]**

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name SARA HUGHES, CPA, CFE	Preparer's signature SARA HUGHES, CPA, CFE	Date 06/05/25	PTIN P00094714	Check if: ☐ Self-employed
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Firm's name **CRI ADVISORS, LLC** Phone no. **850.526.3207**

Firm's address **4267 LAFAYETTE STREET** Firm's EIN **99-4625061**

MARIANNA, FL 32447

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

Form 1040 (2024)

SEE STMT FOR INT AND PEN NOT INCLUDED. TOTAL DUE \$36174

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **01**

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

JAMEY W. & GAYLE K. WESTBROOK

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	15,021.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	40,518.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	55,539.

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	1,061.
16	Self-employed SEP, SIMPLE, and qualified plans	16	2,792.
17	Self-employed health insurance deduction	17	11,168.
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	15,021.

Schedule 1 (Form 1040) 2024

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

JAMEY W. & GAYLE K. WESTBROOK

Your social security number

Part I Tax

1 Additions to tax:			
a Excess advance premium tax credit repayment. Attach Form 8962	1a		
b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y	1z		
2 Alternative minimum tax. Attach Form 6251	2		
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3		0.

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	2,122.
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6	7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here	8	
9 Household employment taxes. Attach Schedule H	9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11 Additional Medicare Tax. Attach Form 8959	11	
12 Net investment income tax. Attach Form 8960	12	3,855.
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16 Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (i)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	5,977.

Schedule 2 (Form 1040) 2024

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

JAMEY W. & GAYLE K. WESTBROOK

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	1,213.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,213.

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	10,000.
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	918.
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	10,918.

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

Schedule 3 (Form 1040) 2024

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

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

Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

2024Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

JAMEY W. & GAYLE K. WESTBROOK**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210 .		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210 .
	Yes	You must figure your penalty.

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	56,753.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	5,977.
3	Other payments and refundable credits (see instructions)	3	(918.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	61,812.
5	Multiply line 4 by 90% (0.90)	5	55,631.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	18,252.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	43,560.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	69,034.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	55,631.

Next: Is line 9 more than line 6?

No. You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.☒ Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

• If box B, C, or D applies, you must figure your penalty and file Form 2210.

• If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2024)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25	
10	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	13,908.	13,908.	13,908.	13,907.
11	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	4,563.	4,563.	4,563.	4,563.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12	Enter the amount, if any, from line 18 in the previous column	12				
13	Add lines 11 and 12	13		4,563.	4,563.	4,563.
14	Add the amounts on lines 16 and 17 in the previous column	14		9,345.	18,690.	28,035.
15	Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	4,563.	0.	0.	0.
16	If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		4,782.	14,127.	
17	Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	9,345.	13,908.	13,908.	13,907.
18	Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	1,883.
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Form 2210 (2024)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) JAMEY W. & GAYLE K. WESTBROOK					Identifying Number	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
		-0-				
04/15/24	13,908.	13,908.				
04/15/24	-4,563.	9,345.	61	.000218579	125.	
06/15/24	13,908.	23,253.				
06/15/24	-4,563.	18,690.	92	.000218579	376.	
09/15/24	13,908.	32,598.				
09/15/24	-4,563.	28,035.	107	.000218579	656.	
12/31/24	0.	28,035.	15	.000191781	81.	
01/15/25	13,907.	41,942.				
01/15/25	-4,563.	37,379.	90	.000191781	645.	
Penalty Due (Sum of Column F).					1,883.	

* Date of estimated tax payment, withholding credit date or installment due date.



SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

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**

JAMEY W. & GAYLE K. WESTBROOK

Your social security number

Part I

Interest

- 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:

FIRST STATE BANK OF BLAKELY
FIRST STATE BANK OF BLAKELY
PEOPLESSOUTH BANK
PEOPLESSOUTH BANK
NATIONAL FINANCIAL SERVICES LLC
WESTFORK INT INC

Amount

1,694.
100,845.
59.
1,387.
165.
168.

1

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.

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

2 104,318.

3

4 104,318.

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

Part II

Ordinary Dividends

- 5** List name of payer:
AMERICAN BALANCED A
FIRST EAGLE OVERSEAS CLASS A
TEMPLETON WORLDWIDE INC.
TEMPLETON WORLDWIDE INC.
TEMPLETON WORLDWIDE INC.
NATIONAL FINANCIAL SERVICES LLC

Amount

1,369.
17,628.
2,200.
1,489.
3,191.
127.

5

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.

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

6 26,004.

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 Instr. 427501 10-25-24

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

- 7a** At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
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

Interest and Dividend Summary

Name: JAMEY W. & GAYLE K. WESTBROOK

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	FIRST STATE BANK OF BLAKELY	1,694.							
B	FIRST STATE BANK OF BLAKELY	100,845.							
C	PEOPLESSOUTH BANK	59.							
D	PEOPLESSOUTH BANK	1,387.							
E	AMERICAN BALANCED A							1,369.	648.
F	FIRST EAGLE OVERSEAS CLASS A							17,628.	7,217.
G	NATIONAL FINANCIAL SERVICES LLC	165.							
H	TEMPLETON WORLDWIDE INC.							2,200.	776.
I	TEMPLETON WORLDWIDE INC.							1,489.	1,489.
J	TEMPLETON WORLDWIDE INC.							3,191.	2,269.
K	NATIONAL FINANCIAL SERVICES LLC							127.	79.
Totals		104,318.						26,004.	12,478.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E	3,333.				29.				
F	7,538.			611.					725.
G									
H	243.								408.
I	2,365.								80.
J	5,302.								
K	80.				6.				
Totals	18,861.			611.	35.				1,213.

Interest and Dividend Summary

Name: JAMEY W. & GAYLE K. WESTBROOK

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	WESTFORK INT INC	168.							
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals									

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

JAMEY W. WESTBROOK

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

WATER WELL DRILLING

Social security number (SSN)

B Enter code from instructions

238990

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

J & W WELL DRILLING

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

E Business address (including suite or room no.)

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

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

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

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

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

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 13	1	415,248.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	415,248.
4 Cost of goods sold (from line 42)	4	213,644.
5 Gross profit. Subtract line 4 from line 3	5	201,604.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	201,604.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	101,691.	21 Repairs and maintenance	21	12,351.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	42,657.	23 Taxes and licenses	23	2,567.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	3,995.	25 Utilities	25	5,089.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	18,233.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____			28	186,583.	
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		29	15,021.	
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .	31	15,021.			
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .	32a				
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b				

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

For Paperwork Reduction Act Notice, see the separate instructions.

LHA 420001 10-29-24

Schedule C (Form 1040) 2024

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		☐ Yes ☐ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	176,369.	
37	Cost of labor. Do not include any amounts paid to yourself	37	37,275.	
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	213,644.	
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	213,644.	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	/ /	
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:		
a	Business	b Commuting	c Other
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

TELEPHONE	6,417.
POSTAGE	200.
SMALL TOOLS	1,741.
FUEL & OIL	9,875.
48 Total other expenses. Enter here and on line 27a	48 18,233.

Business Name:
J & W WELL DRILLING

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
INCOME			
GROSS RECEIPTS OR SALES	622,775.	415,248.	-207,527.
LESS: COST OF GOODS SOLD	182,509.	213,644.	31,135.
GROSS PROFIT	440,266.	201,604.	-238,662.
GROSS INCOME	440,266.	201,604.	-238,662.
EXPENSES			
CAR AND TRUCK EXPENSES	26,121.	0.	-26,121.
DEPRECIATION AND SEC. 179 EXPENSE	219,091.	101,691.	-117,400.
INSURANCE	31,574.	42,657.	11,083.
OTHER INTEREST	149.	0.	-149.
LEGAL AND PROFESSIONAL SERVICES	4,385.	3,995.	-390.
OFFICE EXPENSE	1,472.	0.	-1,472.
REPAIRS AND MAINTENANCE	6,586.	12,351.	5,765.
SUPPLIES	1,566.	0.	-1,566.
TAXES AND LICENSES	15,882.	2,567.	-13,315.
TRAVEL	627.	0.	-627.
UTILITIES	4,721.	5,089.	368.
OTHER EXPENSES	15,611.	18,233.	2,622.
TOTAL EXPENSES	327,785.	186,583.	-141,202.
NET PROFIT OR (LOSS)	112,481.	15,021.	-97,460.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

JAMEY W. & GAYLE K. WESTBROOK

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

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				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions STMT 14				13 18,861.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 18,861.

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	18,861.
• 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 SEE STATEMENT 15	18	611.
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) }	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2024

Schedule D Tax Worksheet

Name(s) shown on return	Your SSN
JAMEY W. & GAYLE K. WESTBROOK	

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero and lines 15 and 16 of Schedule D are gains or if you file Form 4952 and you have an amount on line 4g, even if you don't need to file Schedule D. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16, (or in the instructions for Form 1040-NR, line 16) to figure your tax. Before completing this worksheet, complete Form 1040, 1040-SR, or 1040-NR through line 15.

Exception: Don't use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a; or
- Form 1040, 1040-SR, or 1040-NR, line 15, is zero or less.

Instead, see the instructions for Form 1040, line 16 (or Form 1040-NR, line 16).

1. Enter your taxable income from Form 1040, 1040-SR, or 1040-NR, line 15. (However, if you are filing Form 2555 (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 16.) 1. 311,027.
2. Enter your qualified dividends from Form 1040, 1040-SR, or 1040-NR, line 3a 2. 12,478.
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g 3. _____
4. Enter the amount from Form 4952, line 4e* 4. _____
5. Subtract line 4 from line 3. If zero or less, enter -0- 5. 0.
6. Subtract line 5 from line 2. If zero or less, enter -0-** 6. 12,478.
7. Enter the **smaller** of line 15 or line 16 of Sch. D 7. 18,861.
8. Enter the **smaller** of line 3 or line 4 8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0-** 9. 18,861.
10. Add lines 6 and 9 10. 31,339.
11. Add lines 18 and 19 of Schedule D** 11. 611.
12. Enter the **smaller** of line 9 or line 11 12. 611.
13. Subtract line 12 from line 10 13. 30,728.
14. Subtract line 13 from line 1. If zero or less, enter -0- 14. 280,299.
15. Enter:
 - \$47,025 if single or married filing separately;
 - \$94,050 if married filing jointly or qualifying surviving spouse; or
 - \$63,000 if head of household.15. 94,050.
16. Enter the **smaller** of line 1 or line 15 16. 94,050.
17. Enter the **smaller** of line 14 or line 16 17. 94,050.
18. Subtract line 10 from line 1. If zero or less, enter -0- 18. 279,688.
19. Enter the **smaller** of line 1 or:
 - \$191,950 if single or married filing separately;
 - \$383,900 if married filing jointly or qualifying surviving spouse; or
 - \$191,950 if head of household.19. 311,027.
20. Enter the **smaller** of line 14 or line 19 20. 280,299.
21. Enter the **larger** of line 18 or line 20 21. 280,299.
22. Subtract line 17 from line 16. This amount is taxed at 0% 22. 0.

If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23. Enter the **smaller** of line 1 or line 13 23. 30,728.
24. Enter the amount from line 22. (If line 22 is blank, enter -0-.) 24. 0.
25. Subtract line 24 from line 23. If zero or less, enter -0- 25. 30,728.
26. Enter:
 - \$518,900 if single;
 - \$291,850 if married filing separately;
 - \$583,750 if married filing jointly or qualifying surviving spouse; or
 - \$551,350 if head of household.26. 583,750.
27. Enter the **smaller** of line 1 or line 26 27. 311,027.
28. Add lines 21 and 22 28. 280,299.
29. Subtract line 28 from line 27. If zero or less, enter -0- 29. 30,728.
30. Enter the **smaller** of line 25 or line 29 30. 30,728.

Schedule D Tax Worksheet - Continued

31. Multiply line 30 by 15% (0.15)	31.	<u>4,609.</u>
32. Add lines 24 and 30	32.	<u>30,728.</u>
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.		
33. Subtract line 32 from line 23	33.	<u>0.</u>
34. Multiply line 33 by 20% (0.20)	34.	<u>0.</u>
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.		
35. Enter the smaller of line 9 above or Schedule D, line 19	35.	
36. Add lines 10 and 21	36.	
37. Enter the amount from line 1 above	37.	
38. Subtract line 37 from line 36. If zero or less, enter -0-	38.	
39. Subtract line 38 from line 35. If zero or less, enter -0-	39.	
40. Multiply line 39 by 25% (0.25)	40.	
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.		
41. Add lines 21, 22, 30, 33, and 39	41.	<u>311,027.</u>
42. Subtract line 41 from line 1	42.	<u>0.</u>
43. Multiply line 42 by 28% (0.28)	43.	<u>0.</u>
44. Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44.	<u>53,357.</u>
45. Add lines 31, 34, 40, 43, and 44	45.	<u>57,966.</u>
46. Figure the tax on the amount on line 1 . If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	46.	<u>60,731.</u>
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also, include this amount on Form 1040, 1040-SR, or 1040-NR, line 16. (If you are filing Form 2555, don't enter this amount on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040.)	47.	<u>57,966.</u>

* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet in the instructions for Form 1040, line 16, before completing this line.

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

Your social security number

JAMEY W. & GAYLE K. WESTBROOK

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

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A						
B						
C						
D						
Passive Income and Loss		Nonpassive Income and Loss				
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A						
B						
C						
D						
29a	Totals					
b	Totals					
30	Add columns (h) and (k) of line 29a				30	
31	Add columns (g), (i), and (j) of line 29b				31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31					32

Part III Income or Loss From Estates and Trusts

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

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	40,518.
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	40,518.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	106,065.
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Proprietor Name:
WESTFORK FARM

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
INCOME			
AGRICULTURAL PROGRAM PAYMENTS	80,235.	0.	-80,235.
OTHER INCOME	12,600.	106,065.	93,465.
GROSS INCOME	92,835.	106,065.	13,230.
EXPENSES			
DEPRECIATION AND SECTION 179	26,260.	23,401.	-2,859.
GASOLINE, FUEL, AND OIL	0.	12,314.	12,314.
LABOR HIRED	15,420.	0.	-15,420.
REPAIRS AND MAINTENANCE	5,332.	9,066.	3,734.
SUPPLIES PURCHASED	4,852.	6,260.	1,408.
TAXES	0.	12,882.	12,882.
UTILITIES	2,553.	482.	-2,071.
OTHER EXPENSES	135.	1,142.	1,007.
TOTAL EXPENSES	54,552.	65,547.	10,995.
NET PROFIT OR (LOSS)	38,283.	40,518.	2,235.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

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

JAMEY W. WESTBROOK

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A	1a	
	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
b	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	15,021.
3	Combine lines 1a, 1b, and 2	3	15,021.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	13,872.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	13,872.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	13,872.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	5,559.
b	Unreported tips subject to social security tax from Form 4137, line 10	8b	
c	Wages subject to social security tax from Form 8919, line 10	8c	
d	Add lines 8a, 8b, and 8c	8d	5,559.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	163,041.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1,720.
11	Multiply line 6 by 2.9% (0.029)	11	402.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	2,122.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,061.

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

Schedule SE (Form 1040) 2024

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

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

14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above	15	

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

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

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

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

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

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

Schedule SE (Form 1040) 2024

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

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

OMB No. 1545-0121

2024

Attachment
Sequence No. **19**

Name **JAMEY W. & GAYLE K. WESTBROOK** Identifying number as shown on page 1 of your tax return

JAMEY W. & GAYLE K. WESTBROOK

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** ☒ General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	32,300.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	32,300.			
d Gross foreign source income				
e Gross income from all sources	618,589.			
f Divide line 3d by line 3e	.000000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued							
	In foreign currency				In U.S. dollars			
	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(i) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(q) Dividends	(r) Rents and royalties	(s) Interest	
A								
B								
C								
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2								8

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2024)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11 Add lines 9 and 10	11		
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions	20		57,966.
Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24		

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		
33 Enter the smaller of line 20 or line 32	33		1,213.
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		1,213.

Form 1116 (2024)

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

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

OMB No. 1545-0121

2024
Attachment
Sequence No. **19**

Name **JAMEY W. & GAYLE K. WESTBROOK** Identifying number as shown on page 1 of your tax return

JAMEY W. & GAYLE K. WESTBROOK

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** ☒ Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:				
	21,317.			1a 21,317.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	32,300.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	32,300.			
d Gross foreign source income	21,317.			
e Gross income from all sources	618,589.			
f Divide line 3d by line 3e	.034460684			
g Multiply line 3c by line 3f	1,113.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,113.			6 1,113.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 20,204.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 17

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A 1099 TAX						1,213.				1,213.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 1,213.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2024)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	1,213.	
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11 Add lines 9 and 10	11	1,213.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		1,213.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	20,204.	
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	20,204.	
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	311,027.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.06496
20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions	20		57,966.
Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit)	21		3,765.
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		3,765.
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24		1,213.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		
33 Enter the smaller of line 20 or line 32	33		
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		

Form 1116 (2024)

Credit for Federal Tax Paid on Fuels

Go to www.irs.gov/Form4136 for instructions and the latest information.
Complete and attach the Statement Supporting Fuel Tax Credit (FTC) Computation-1 to your return (see instructions).

2024Attachment
Sequence No. **79**

Name (as shown on your income tax return)

Taxpayer identification number

JAMEY W. & GAYLE K. WESTBROOK**Caution:**

The person(s) signing the return with which this form is filed are declaring, under penalty of perjury, that the return and accompanying schedules, statements, and any other attachments are true, correct, and complete to the best of the signer's knowledge and belief. That declaration includes all amounts reported and all credits claimed on this form. It also includes certifying that all the statements for certain lines below are true as well.

You have the name and address of the person who sold the fuel to you and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, you haven't waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), a certificate hasn't been provided to the credit card issuer. For type of use 2, the equipment or vehicle used wasn't a highway vehicle, which generally means that it wasn't registered or required to be registered for use on public highways.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use	\$.183	777	\$ 142.	362
b	Use on a farm for farming purposes	.183			
c	Other nontaxable use (see Caution above line 1)	.183			
d	Exported	.184			411

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)	.193			324
c	Exported	.194			412
d	LUST tax on aviation fuels used in foreign trade	.001			433

3 Nontaxable Use of Undyed Diesel Fuel

You certify the following. The diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use	\$.243	3195	\$ 776.	360
b	Use on a farm for farming purposes	.243			
c	Use in trains	.243			
d	Use in certain intercity and local buses (see Caution above line 1)	.17			350
e	Exported	.244			413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

You certify the following. The kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$.244	\$.243		\$	346
b	Use on a farm for farming purposes	.243			
c	Use in certain intercity and local buses (see Caution above line 1)	.17			
d	Exported	.244			414
e	Nontaxable use taxed at \$.044	.043			377
f	Nontaxable use taxed at \$.219	.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Form **4136** (2024)

5 Kerosene Used in Aviation

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	\$.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or have obtained the written consent of the buyer to make the claim, and that the diesel fuel didn't contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here _____

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	360
b	Use in certain intercity and local buses	.17		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene for Use in Aviation)

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or have obtained the written consent of the buyer to make the claim, and that the kerosene didn't contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here _____

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	
b	Sales from a blocked pump	.243		346
c	Use in certain intercity and local buses	.17		347

8 Sales by Registered Ultimate Vendors of Kerosene for Use in Aviation

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the kerosene for use in aviation at a tax-excluded price and you haven't collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or you've obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

Form 4136 (2024)

9 Reserved for future use

Registration No. _____

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved for future use			\$	
b Reserved for future use				

10 Biodiesel, Renewable Diesel, or Sustainable Aviation Fuel Mixture Credit

Registration No. _____

If you haven't attached the appropriate certificates and, if applicable, appropriate reseller statements, **STOP**; you're not eligible to make Form 4136 claims.

You certify the following.

For all claims. You've attached the appropriate certificates and, if applicable, appropriate reseller statements. You have no reason to believe that the information in the certificate or statement is false.

Biodiesel or renewable diesel mixtures. You produced a mixture by mixing biodiesel with diesel fuel (or renewable diesel with liquid fuel (other than renewable diesel). The biodiesel used to produce the biodiesel mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS.

Sustainable aviation fuel (SAF) mixtures. You produced a qualified mixture by mixing SAF with kerosene. The qualified mixture was produced by you in the United States, such mixture was used by you (or sold by you for use) in an aircraft, such sale or use was in the ordinary course of your trade or business, and the transfer of such mixture to the fuel tank of such aircraft occurred in the United States. The SAF used to produce the qualified mixture is the portion of liquid fuel that is not kerosene that (i) either (A) meets the specifications of one of the ASTM D7566 Annexes, or (B) meets the specifications of ASTM D1655 Annex A1, (ii) isn't derived from coprocessing an applicable material (or materials derived from an applicable material) with a feedstock that is not biomass, (iii) isn't derived from palm fatty acid distillates or petroleum, and (iv) has been certified in accordance with section 40B(e) as having a lifecycle greenhouse gas emissions reduction percentage of at least 50 percent. See the instructions for additional information and requirements.

	(b) Rate	(c) Number of gallons sold or used	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307
d Sustainable aviation fuel mixtures (see instructions)				440

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)		\$.183		\$	419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG)		.243			425
h Liquefied gas derived from biomass		.183			435

Form 4136 (2024)

12 Alternative Fuel Credit

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Reserved for future use				
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

13 Registered Credit Card Issuers

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.197		\$	309
b Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$.001		\$	415
b Exported dyed kerosene	.001			416

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 3 (Form 1040), line 12; Form 1120, Schedule J, line 20b; Form 1120-S, line 24c; Form 1041, Schedule G, line 17; or the proper line of other returns

17

\$

918.

Form 4136 (2024)

Form **4835**Department of the Treasury
Internal Revenue Service

Name(s) shown on tax return

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

(Income Not Subject to Self-Employment Tax)

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

Go to www.irs.gov/Form4835 for the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. **37**

WESTFORK FARM

Your social security number

Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2024? See Instructions☒ Yes ☐ No**Part I** Gross Farm Rental Income - Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops		1	
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	2b	Taxable amount
3a	Agricultural program payments (see instructions)	3a	3b	Taxable amount
4	Commodity Credit Corporation (CCC) loans (see instructions):			
a	CCC loans reported under election		4a	
b	CCC loans forfeited	4b	4c	Taxable amount
5	Crop insurance proceeds and federal crop disaster payments:			
a	Amount received in 2024	5a	5b	Taxable amount
c	If election to defer to 2025 is attached, check here ☐	5d	Amount deferred from 2023	5d
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	SEE STATEMENT 18	6	106,065.
7	Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42		7	106,065.

Part II Expenses - Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses. Also attach Form 4562	8			21	Pension and profit-sharing plans	21	
9	Chemicals	9			22	Rent or lease:		
10	Conservation expenses	10			a	Vehicles, machinery, and equipment	22a	
11	Custom hire (machine work)	11			b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12	23,401.		23	Repairs and maintenance	23	9,066.
13	Employee benefit programs other than on line 21 (see Schedule F (Form 1040) instructions)	13			24	Seeds and plants	24	
14	Feed	14			25	Storage and warehousing	25	
15	Fertilizers and lime	15			26	Supplies	26	6,260.
16	Freight and trucking	16			27	Taxes	27	12,882.
17	Gasoline, fuel, and oil	17	12,314.		28	Utilities	28	482.
18	Insurance (other than health)	18			29	Veterinary, breeding, and medicine	29	
19	Interest:				30	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	19a			a	PEST CONTROL	30a	255.
b	Other	19b			b	PERMITS	30b	887.
20	Labor hired (less employment credits)	20			c		30c	
					d		30d	
					e		30e	
					f		30f	
					g		30g	
31	Total expenses. Add lines 8 through 30g. See instructions	31			31		31	65,547.
32	Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E (Form 1040), line 40. If the result is a loss, you must go to line 34. See instructions	32			32		32	40,518.
33	Reserved for future use	33			33		33	
34	If line 32 is a loss, check the box that describes your investment in this activity. See instructions	34a			34a	All investment is at risk.	34a	
c	You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked. If you checked box 34b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E (Form 1040), line 40. See instructions	34b			34b	Some investment is not at risk.	34b	
		34c			34c		34c	

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

Form **4835** (2024)

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

JAMEY W. & GAYLE K. WESTBROOK

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	WESTFORK FARM		40,518.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	40,518.
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	40,518.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	8,104.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) SEE STATEMENT 19	6	35.
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	35.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	7.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	8,111.
11	Taxable income before qualified business income deduction (see instructions)	11	319,138.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	31,339.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	287,799.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	57,560.
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	8,111.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

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

408421 12-19-24

Form **8995** (2024)

Qualified Business Income After Deductions

Activity: **J & W WELL DRILLING**

1.	Qualified business income before deductions		15,021.
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity	15,021.	
b.	Total income subject to self-employment tax	15,021.	
c.	Line 2a divided by line 2b (not greater than 1.000)	1.000000000	
d.	Amount from Schedule 1 (Form 1040), line 15	1,061.	
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		1,061.
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity	15,021.	
b.	Net earnings from SCHEDULE C	15,021.	
c.	Line 3a divided by line 3b (not greater than 1.000)	1.000000000	
d.	Amount from Schedule 1 (Form 1040), line 16	2,792.	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		2,792.
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity	11,168.	
b.	Health insurance limits for activity above	11,777.	
c.	Lesser of line 4a or line 4b	11,168.	
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		11,168.
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		0.

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity		
b.	Total income subject to self-employment tax		
c.	Line 2a divided by line 2b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 15		
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity		
b.	Net earnings from		
c.	Line 3a divided by line 3b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 16		
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity		
b.	Health insurance limits for activity above		
c.	Lesser of line 4a or line 4b		
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Net Investment Income Tax -
Individuals, Estates, and Trusts

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on your tax return

Your social security number or EIN

JAMEY W. & GAYLE K. WESTBROOK

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	104,318.
2	Ordinary dividends (see instructions)	2	26,004.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	55,539.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 20	4b	-15,021.
c	Combine lines 4a and 4b	4c	40,518.
5a	Net gain or loss from disposition of property (see instructions)	5a	18,861.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	18,861.
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	189,701.

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	189,701.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	351,438.
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	101,438.
16	Enter the smaller of line 12 or line 15	16	101,438.
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	3,855.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2024)

FORM 4562, PART V, LINE 26 - LISTED PROPERTY USED MORE THAN 50% IN A QUALIFIED BUSINESS

J & W WELL DRILLING

SCHEDULE C- 1

Description	Date In Service	Bus %	Cost Or Basis	Basis For Depreciation	Life	Method/ Conv	Depreciation Deduction	Elected Section 179 Cost	Business Miles	Commuting Miles	Personal Miles	Total Miles	Personal Use Off-Duty		> 5% Owner?		Another Veh. Avail.?	
													Yes	No	Yes	No	Yes	No
2015 CHEVY TRUCK	09/28/15	100.00	39,010.	39,010.	5.00	200DB-HY												
GMC TRUCK	12/29/23	100.00	56,940.		5.00	200DB-HY												
1984 TRUCK	02/16/23	100.00	14,000.		5.00	200DB-HY												
2015 FREIGHT LINER	02/21/23	100.00	45,000.		5.00	200DB-HY												
2023 CHEV HALF TON 4WD	12/29/24	100.00	46,940.		5.00	200DB-HY		46,940.										
6-T SMEAL DODGE TRUCK	06/30/24	100.00	50,000.		5.00	200DB-HY		50,000.										
TOTAL FORM 4562, LINE 26								96,940.										

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

SUMMARY

OMB No. 1545-0172

2024Attachment
Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

JAMEY W. & GAYLE K. WESTBROOK**ALL BUSINESS ACTIVITIES****Part I** Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	102,840.
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,220,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
SEMI		2,100.	2,100.
CONCRETE PUMP		2,300.	2,300.
MOWER		1,500.	1,500.
7	Listed property. Enter the amount from line 29	7	96,940.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	102,840.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	102,840.
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	121,748.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	102,840.
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

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

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)Attach to your tax return. **FORM 4835-1**Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179**

Business or activity to which this form relates

Identifying number

JAMEY W. & GAYLE K. WESTBROOK**WESTFORK FARM****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	1,500.
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	21,901.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	23,401.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? **X** Yes **No** **24b** If "Yes," is the evidence written? **X** Yes **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

2011 GMC TRUCK	11/30/11	100.00 %	30,900.	30,900.	5.00	200DB-HY		
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	7					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2024 tax year:

43 Amortization of costs that began before your 2024 tax year **43****44** Total. Add amounts in column (f). See the instructions for where to report **44**

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)Attach to your tax return. **SCHEDULE C- 1**Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179****JAMEY W. & GAYLE K. WESTBROOK****J & W WELL DRILLING****Part I** Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	101,340.
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	351.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	101,691.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **X** Yes **No** **24b** If "Yes," is the evidence written? **X** Yes **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use: **SEE ATTACHED OVERFLOW** **96,940.**

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29** **96,940.**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2024 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2024 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Depreciation and Amortization
(Including Information on Listed Property)Attach to your tax return. **SCHEDULE C- 1**Go to www.irs.gov/Form4562 for instructions and the latest information.**2024**Attachment
Sequence No. **179**

Business or activity to which this form relates

Identifying number

JAMEY W. & GAYLE K. WESTBROOK**J & W WELL DRILLING****Part I** Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

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

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

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

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

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Self-Employed Health Insurance Deduction

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

Go to www.irs.gov/Form7206 for instructions and the latest information.**2024**Attachment
Sequence No. 206

Name(s) shown on return

Your taxpayer identification number

JAMEY W. & GAYLE K. WESTBROOK**Note:** Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1 Enter the total amount paid in 2024 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2024 for you, your spouse, and your dependents. But don't include the following. See instructions. • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. • Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxable because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1	11,777.
2 For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b). (a) Total payments made for that person during the year. (b) The amount shown below. Use the person's age at the end of the tax year. \$470 - if that person is age 40 or younger \$880 - if age 41 to 50 \$1,760 - if age 51 to 60 \$4,710 - if age 61 to 70 \$5,880 - if age 71 or older Note: The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2024. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3 Add lines 1 and 2	3	11,777.
4 Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	15,021.
5 Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). Don't include any net losses shown on these schedules	5	15,021.
6 Divide line 4 by line 5	6	1.0000
7 Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	1,061.
8 Subtract line 7 from line 4	8	13,960.
9 Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	2,792.
10 Subtract line 9 from line 8	10	11,168.
11 Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12 Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13 Subtract line 12 from line 10 or 11, whichever applies	13	11,168.
14 Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	11,168.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Form 1116

U.S. and Foreign Source Income Summary

NAME

JAMEY W. & GAYLE K. WESTBROOK

INCOME TYPE		TOTAL	U.S.	FOREIGN	
				GENERAL	PASSIVE
Compensation		5,387.	5,387.		
Dividends/Distributions	STMT 24	26,004.	4,687.		21,317.
Interest		104,318.	104,318.		
Capital Gains		18,861.	18,861.		
Business/Profession		201,604.	201,604.		
Rent/Royalty		106,065.	106,065.		
State/Local Refunds					
Partnership/S Corporation					
Trust/Estate					
Other Income		156,350.	156,350.		
Gross Income		618,589.	597,272.		21,317.
Less:					
Section 911 Exclusion					
Capital Losses					
Capital Gains Tax Adjustment					
Total Income - Form 1116		618,589.	597,272.		21,317.
Deductions:					
Business/Profession Expenses		186,583.	186,583.		
Rent/Royalty Expenses		65,547.	65,547.		
Partnership/S Corporation Losses					
Trust/Estate Losses					
Capital Losses					
Non-capital Losses					
Individual Retirement Account					
Moving Expenses					
Self-employment Tax Deduction		1,061.	1,061.		
Self-employment Health Insurance		11,168.	11,168.		
Keogh Contributions		2,792.	2,792.		
Alimony					
Forfeited Interest					
Foreign Housing Deduction					
Other Adjustments					
Capital Gains Tax Adjustment					
Total Deductions		267,151.	267,151.		
Adjusted Gross Income		351,438.	330,121.		21,317.
Less Itemized Deductions:					
Specifically Allocated					
Home Mortgage Interest					
Other Interest					
Ratably Allocated		32,300.	31,187.		1,113.
Other Deductions		8,111.	8,111.		
Total Adjustments to Adjusted Gross Income		40,411.	39,298.		1,113.
Taxable Income		311,027.	290,823.		20,204.

Election to Depreciate MACRS Property With the
Alternative Depreciation System (ADS) Pursuant
to IRC Sec. 168(g)(7)

Jamey W. & Gayle K. Westbrook
P.O. Box 135
Bascom, FL 32423

Taxpayer Identification Number:

For the Year Ending December 31, 2024

Jamey W. & Gayle K. Westbrook hereby elect, pursuant to IRC Sec. 168(g)(7), to depreciate the following property placed in service during the tax year ending December 31, 2024, by way of the alternative depreciation system (ADS):

Personal Property:

All property in the 3 year class.
All property in the 5 year class.
All property in the 7 year class.

See attached Form 4562.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Jamey W. & Gayle K. Westbrook

P.O. Box 135

Bascom, FL 32423

Taxpayer Identification Number:

For the Year Ending December 31, 2024

Jamey W. & Gayle K. Westbrook are making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T COUNTY OF JACKSON BOARD OF COUNTY COMM	5,387.	202.			345.	81.
TOTALS	5,387.	202.			345.	81.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
AMERICAN BALANCED A	1,369.	648.
FIRST EAGLE OVERSEAS CLASS A	17,628.	7,217.
TEMPLETON WORLDWIDE INC.	2,200.	776.
TEMPLETON WORLDWIDE INC.	1,489.	1,489.
TEMPLETON WORLDWIDE INC.	3,191.	2,269.
NATIONAL FINANCIAL SERVICES LLC	127.	79.
TOTAL INCLUDED IN FORM 1040, LINE 3A		12,478.

FORM 1040

IRA DISTRIBUTIONS

STATEMENT 3

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
THE NEW ECONOMY FUND-A	11,410.	11,410.
AF U.S, GOVERNMENT MONEY MARKET-A	4,890.	4,890.
NEW PERSPECTIVE FUND-A	7,770.	7,770.
AF U.S, GOVERNMENT MONEY MARKET-A	3,330.	3,330.
TOTAL TO FORM 1040, LINES 4A AND 4B	27,400.	27,400.

FLORIDA RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	65,215.	
NONTAXABLE AMOUNT	35.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		65,180.

EQUITABLE EQUIVEST PROCESSING OFFICE

AMOUNT RECEIVED THIS YEAR	11,573.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		11,573.

TOTAL INCLUDED IN FORM 1040, LINE 5B		76,753.
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* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT 6
DESCRIPTION		AMOUNT
FROM SCHEDULE D WORKSHEET		57,966.
TOTAL TO FORM 1040, LINE 16		57,966.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 7
T S DESCRIPTION		AMOUNT
-		
T COUNTY OF JACKSON BOARD OF COUNTY COMM		202.
TOTAL TO FORM 1040, LINE 25A		202.

FORM 1040	TOTAL DUE WITH INTEREST AND PENALTIES	STATEMENT 8
AMOUNT DUE		35,443.
INTEREST NOT INCLUDED		395.
PENALTY NOT INCLUDED		336.
TOTAL DUE		36,174.

FORM 1040	LATE PAYMENT INTEREST				STATEMENT 9
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS INTEREST
TAX DUE	04/15/25	43,560.	43,560.	.0700	
FORM 4868 PAYMENT	04/15/25	-10,000.	33,560.	.0700	61 395.
DATE FILED	06/15/25		33,955.		
TOTAL LATE PAYMENT INTEREST					395.

FORM 1040		LATE PAYMENT PENALTY			STATEMENT 10
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	04/15/25	43,560.	43,560.		
FORM 4868 PAYMENT	04/15/25	-10,000.	33,560.	2	336.
DATE FILED	06/15/25				
TOTAL LATE PAYMENT PENALTY					336.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT 11
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T S DESCRIPTION	AMOUNT
S FLORIDA RETIREMENT SYSTEM	3,854.
S EQUITABLE EQUIVEST PROCESSING OFFICE	2,315.
S AF U.S, GOVERNMENT MONEY MARKET-A	3,330.
T AF U.S, GOVERNMENT MONEY MARKET-A	4,890.
T WITHHOLDING FROM FORM 1099-SSA	3,661.
TOTAL TO FORM 1040, LINE 25B	18,050.

SCHEDULE 1	SEP DEDUCTION	STATEMENT 12
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JAMEY W. WESTBROOK

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE	.200000
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1	15,021.
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM SCHEDULE 1, LINE 15	1,061.
4. SUBTRACT LINE 3 FROM LINE 2	13,960.
5. MULTIPLY LINE 4 TIMES LINE 1	2,792.
6. MULTIPLY \$345,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$69,000	69,000.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	2,792.
8. CONTRIBUTION DOLLAR LIMIT	69,000.
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9.	
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19.	
9. ALLOWABLE ELECTIVE DEFERRALS	
10. SUBTRACT LINE 9 FROM LINE 8	
11. SUBTRACT LINE 9 FROM LINE 4	
12. ENTER ONE-HALF OF LINE 11	
13. ENTER THE SMALLEST OF LINES 7, 10 OR 12	
14. SUBTRACT LINE 13 FROM LINE 4	
15. ENTER THE SMALLER OF LINE 9 OR LINE 14	
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16.	
*OTHERWISE, SKIP LINES 16 THROUGH 18.	
16. SUBTRACT LINE 15 FROM LINE 14	
17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	
18. ENTER THE SMALLER OF LINE 16 OR LINE 17	
19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 16, SCHEDULE 1	2,792.

SCHEDULE C	GROSS RECEIPTS	STATEMENT 13
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DESCRIPTION	AMOUNT
BLACK & VEATCH HLDG - FROM 1099-NEC	52,600.
GROSS RECEIPTS	362,648.
TOTAL TO SCHEDULE C, LINE 1	415,248.

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 14
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
AMERICAN BALANCED A	3,333.	
FIRST EAGLE OVERSEAS CLASS A	7,538.	611.
TEMPLETON WORLDWIDE INC.	243.	
TEMPLETON WORLDWIDE INC.	2,365.	
TEMPLETON WORLDWIDE INC.	5,302.	
NATIONAL FINANCIAL SERVICES LLC	80.	
TOTALS TO SCHEDULE D, LINE 13	18,861.	611.

SCHEDULE D	28% RATE GAIN WORKSHEET	STATEMENT 15
1. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM ITEMS YOU REPORTED ON FORM 8949, PART II		
2. ENTER AS A POSITIVE NUMBER THE TOTAL OF:		
* ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, PART II, WITH CODE "Q" IN COLUMN (F), THAT IS 50% OF THE GAIN;		
* 2/3 OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, PART II, WITH CODE "Q" IN COLUMN (F), THAT IS 60% OF THE GAIN; AND		
* 1/3 OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, PART II, WITH CODE "Q" IN COLUMN (F), THAT IS 75% OF THE GAIN.		
DO NOT MAKE AN ENTRY FOR ANY SECTION 1202 EXCLUSION THAT IS 100% OF THE GAIN.		
3. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM FORM 4684, LINE 4 (BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO); FORM 6252; FORM 6781, PART II; AND FORM 8824		
4. ENTER THE TOTAL OF ANY COLLECTIBLES GAIN REPORTED TO YOU ON:		
* FORM 1099-DIV, BOX 2D;		
* FORM 2439, BOX 1D,; AND		
* SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, ESTATE, OR TRUST		611.
5. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14 AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE D	()	
6. IF SCHEDULE D, LINE 7, IS A (LOSS), ENTER THAT (LOSS) HERE. OTHERWISE, ENTER -0-	()	
7. COMBINE LINES 1 THROUGH 6. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ALSO ENTER THIS AMOUNT ON SCHEDULE D, LINE 18		611.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 16
DESCRIPTION		AMOUNT
WATER WELL DRILLING		15,021.
TOTAL TO SCHEDULE SE, LINE 2		15,021.

FORM 1116	SUMMARY OF FOREIGN TAXES PAID OR ACCRUED	STATEMENT 17
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PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
OTHER COUNTRIES						
1099 TAX		0.	725.			
OC						
1099 TAX		0.	408.			
OTHER COUNTRIES						
1099 TAX		0.	80.			
			1,213.			
TOTAL TO FORM 1116, PART II, LINE 8						1,213.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2023			
2022			
2021			
2020			
2019			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

FORM 4835	OTHER INCOME	STATEMENT 18
DESCRIPTION		AMOUNT
MISC		515.
JOHN P JORDAN - FROM 1099-MISC		12,600.
JEFF & GINGER PITTMAN PARTNERSHIP - FROM 1099-MISC		92,950.
TOTAL TO FORM 4835, PART I, LINE 6		106,065.

FORM 8995	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 19
NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
AMERICAN BALANCED A	29.	
NATIONAL FINANCIAL SERVICES LLC	6.	
TOTAL TO FORM 8995, LINE 6	35.	

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 20
J & W WELL DRILLING		-15,021.
AMOUNT TO FORM 8960, LINE 4B		-15,021.

FORM 8582	ACTIVE RENTAL OF REAL ESTATE - PART IV			STATEMENT 21	
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
WESTFORK FARM	40,518.	0.		40,518.	
TOTALS	40,518.	0.		40,518.	

FORM 8582		SUMMARY OF PASSIVE ACTIVITIES				STATEMENT 22	
R R E A NAME		FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X WESTFORK FARM		FORM 4835	40,518.		40,518.		
TOTALS			40,518.		40,518.		
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME							
TOTAL							

FORM 4562

PART I - BUSINESS INCOME

STATEMENT 23

INCOME TYPEAMOUNT

SCH C - J & W WELL DRILLING

15,021.

WAGES

5,387.

SECTION 179 EXPENSE

101,340.

TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11

121,748.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
FOREIGN DIVIDEND INCOME

STATEMENT 24

DESCRIPTIONAMOUNT

FIRST EAGLE OVERSEAS CLASS A

10,411.

FIRST EAGLE OVERSEAS CLASS A

7,217.

TEMPLETON WORLDWIDE INC.

1,424.

TEMPLETON WORLDWIDE INC.

776.

TEMPLETON WORLDWIDE INC.

1,489.

TOTAL FOREIGN DIVIDEND INCOME

21,317.

Two-Year Comparison Worksheet

2024

Name(s) as shown on return		Social security number
JAMEY W. & GAYLE K. WESTBROOK		
2023 Filing Status	MARRIED FILING JOINT	2024 Filing Status MARRIED FILING JOINT
2023 Tax Bracket	24.0%	2024 Tax Bracket 24.0%

Description	Tax Year 2023	Tax Year 2024	Increase (Decrease)
WAGES, SALARIES, AND TIPS	0.	5,387.	5,387.
SCHEDULE B - TAXABLE INTEREST	57,162.	104,318.	47,156.
SCHEDULE B - QUALIFIED DIVIDENDS	10,777.	12,478.	1,701.
SCHEDULE B - ORDINARY DIVIDENDS	12,648.	26,004.	13,356.
TAXABLE IRA DISTRIBUTIONS	22,367.	27,400.	5,033.
TAXABLE PENSIONS AND ANNUITIES	62,909.	76,753.	13,844.
TAXABLE SOCIAL SECURITY BENEFITS	50,153.	52,197.	2,044.
SCHEDULE D (CAPITAL GAIN/LOSS)	2,530.	18,861.	16,331.
SCH. C (BUSINESS INCOME/LOSS)	112,481.	15,021.	-97,460.
FORM 4797 (OTHER GAINS OR LOSSES)	-18,517.	0.	18,517.
SCHEDULE E (RENTAL AND PASSTHROUGH)	38,283.	40,518.	2,235.
TOTAL INCOME	340,016.	366,459.	26,443.
DEDUCTIBLE PART OF SE TAX	7,947.	1,061.	-6,886.
SELF-EMPLOYED SEP AND SIMPLE PLANS	20,907.	2,792.	-18,115.
SELF-EMPLOYED HEALTH INS. DEDUCTION	6,201.	11,168.	4,967.
TOTAL ADJUSTMENTS	35,055.	15,021.	-20,034.
ADJUSTED GROSS INCOME	304,961.	351,438.	46,477.
STANDARD DEDUCTION	30,700.	32,300.	1,600.
QUALIFIED BUSINESS INCOME DEDUCTION	23,148.	8,111.	-15,037.
TOTAL DEDUCTIONS	53,848.	40,411.	-13,437.
TAXABLE INCOME	251,113.	311,027.	59,914.
TAX	45,869.	57,966.	12,097.
TAX BEFORE CREDITS	45,869.	57,966.	12,097.
FORM 1116 (FOREIGN TAX CREDIT)	1,093.	1,213.	120.
TAX AFTER NON-REFUNDABLE CREDITS	44,776.	56,753.	11,977.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	15,893.	2,122.	-13,771.
FORM 8960 (NET INVEST. INCOME TAX)	2,089.	3,855.	1,766.
TOTAL TAX	62,758.	62,730.	-28.
FED. INCOME TAX WITHHELD, FORM W-2	0.	202.	202.
FED. INCOME TAX WITHHELD, FORM 1099	13,587.	18,050.	4,463.
FORM 4868 (EXTENSION REQUEST)	0.	10,000.	10,000.
FORM 4136 (FUEL TAX CREDIT)	0.	918.	918.
TOTAL PAYMENTS	13,587.	29,170.	15,583.
FORM 2210/2210F (EST. TAX PENALTY)	2,203.	1,883.	-320.
BALANCE DUE (INCLUDING 2210/2210F)	51,374.	35,443.	-15,931.
LATE PAYMENT/FILING/8978 PEN. & INT.	0.	731.	731.
TOTAL DUE AFTER PENALTY & INTEREST	51,374.	36,174.	-15,200.