

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/19/2025

General Information

Name: Mr Sammy McCoy

PID 232947

AGENCY INFORMATION

Organization	Suborganization	Title
Hamilton County School Board	Elected Constitutional Officer	School Board Member

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,071,511.00.

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 \$ 15,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
VACATION HOME STEINHATCHEE FL1/2 INTREST	\$ 30,000.00
HOME JASPER FL AND 15 ACERS	\$ 250,000.00
PONTOON BOAT	\$ 25,000.00
RIVER BOAT	\$ 6,000.00
CAMPER	\$ 8,000.00
TRACTOR	\$ 30,000.00
DUMP TRAILER	\$ 10,000.00
FLAT BED TRAILER	\$ 10,000.00
MCCOY LAND SERVICES INC 24% INTREST	\$ 200,000.00
SAVINGS ACCOUNT FIRST FEDERAL SAVINGS BANK OF FLORIDA	\$ 319,317.54
FLORIDA RETIRMENT SYSTEM	\$ 63,194.00
2025 CHEVROLET P/U	\$ 60,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
GMC FINANCIAL	4001 EMBARCADERO DR ARLINGTON TX 76014	\$ 4,963.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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.

Sammy McCoy

Digitally signed: 06/19/2025

Filed with COE: 06/19/2025

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

See separate instructions.

Your first name and middle initial Sammy		Last name McCoy		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Erica H		Last name McCoy		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. PO Box 684				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Jasper			State FL	ZIP code 320520684	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
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing Status

☐ Single ☐ Head of household (HOH)

Check only one box.

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

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

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

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

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	144,868.
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	0.
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	144,868.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	
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	
8 Additional income from Schedule 1, line 10	8	7,660.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	152,634.
10 Adjustments to income from Schedule 1, line 26	10	541.
11 Subtract line 10 from line 9. This is your adjusted gross income	11	152,093.
12 Standard deduction or itemized deductions (from Schedule A)	12	29,200.
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	1,424.
14 Add lines 12 and 13	14	30,624.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	121,469.

Standard Deduction for—

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

Attach Sch. B if required.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	16,829.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,829.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,829.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,082.
	24	Add lines 22 and 23. This is your total tax	24	17,911.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	16,135.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,135.
	26	2024 estimated tax payments and amount applied from 2023 return	26	25,000.
	27	Earned income credit (EIC) ☐ No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	41,135.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	23,224.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	18,224.
Direct deposit? See instructions.	b	Routing number XXXXXXXXXX	c	Type: ☒ Checking ☐ Savings
	d	Account number XXXXXXXXXX		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	5,000.

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

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes . Complete below. ☐ No		
	Designee's name Kenneth M Daniels CPA PA	Phone no. (386) 792-1906	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	XXXXXXXXXX		Management	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	XXXXXXXXXX		Teacher	
	Phone no.	Email address smccoy64@yahoo.com		

Paid Preparer Use Only	Preparer's name Kenneth M Daniels CPA PA	Preparer's signature Kenneth M Daniels CPA PA	Date 06/18/2025	PTIN *****3519	Check if: ☒ Self-employed
	Firm's name Kenneth M. Daniels, CPA PA	Phone no. (386) 792-1906			
	Firm's address 107 2nd Ave SE Jasper FL 32052	Firm's EIN **--***4632			

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

Sammy & Erica H McCoy

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	8,403.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	-743.
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	7,660.

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	541.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	541.

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

Sammy & Erica H McCoy

Your social security number

[REDACTED]

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962 **1a**
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) **1b**
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) **1c**
- d** Recapture of net EPE from Form 4255, line 2a, column (l) **1d**
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
(i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n)
(iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n) **1e**
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o)
(iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o) **1f**
- y** Other additions to tax (see instructions): **1y**

z Add lines 1a through 1y **1z**

2 Alternative minimum tax. Attach Form 6251 **2**

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

Part II Other Taxes

- 4** Self-employment tax. Attach Schedule SE **4** 1,082.
- 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**
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 **13**
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares **14**
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 **15**
- 16** Recapture of low-income housing credit. Attach Form 8611 **16**

(continued on page 2)

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

1,082.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

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**

Name of proprietor <u>Sammy McCoy</u>		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) <u>Insurance Agent</u>	B Enter code from instructions <u>5 2 4 2 1 0</u>	
C Business name. If no separate business name, leave blank. <u>Alliance Financial Services of N.FL</u>	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) <u>440 NW 15th Ave/PO Box 684</u> City, town or post office, state, and ZIP code <u>Jasper, FL 32052</u>		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2024, check here		☐
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☒ Yes ☐ No
J If "Yes," did you or will you file required Form(s) 1099?		☒ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	13,333.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	13,333.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	13,333.
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	13,333.

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	450.
		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28			4,930.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			8,403.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				
				8,403.
				32a ☐ All investment is at risk.
				32b ☐ Some investment is not at risk.

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
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
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

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 (see instructions)
		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
47a	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.

Tax Preparation	450.
48	Total other expenses. Enter here and on line 27a 48 450.

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **14**

Name of proprietor <u>Sammy McCoy</u>		Social security number (SSN) 	
A Principal crop or activity <u>Pine Trees</u>	B Enter code from Part IV <u>113000</u>	C Accounting method: ☒ Cash ☐ Accrual	D Employer ID number (EIN) (see instr.)
E Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on passive losses		☒ Yes ☐ No	
F Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☐ Yes ☒ No	
G If "Yes," did you or will you file required Form(s) 1099?		☐ Yes ☐ No	

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

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

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

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

If a profit, stop here and see instructions for where to report. If a loss, complete line 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

a ☒ All investment is at risk. b ☐ Some investment is not at risk.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

Sammy McCoy

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a** -743.

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

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

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 8,403.

3 Combine lines 1a, 1b, and 2 **3** 7,660.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 7,074.

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** 7,074.

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

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

6 Add lines 4c and 5b **6** 7,074.

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** 77,641.

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** 77,641.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 90,959.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 877.

11 Multiply line 6 by 2.9% (0.029) **11** 205.

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** 1,082.

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** 541.

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

Schedule SE (Form 1040) 2024

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

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

14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm 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 ($\frac{2}{3}$) 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.

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Sammy & Erica H McCoy

Your taxpayer identification number

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	McCoy Tree Farm		-743.
ii	Alliance Financial Services of N.FL	**--***2857	7,862.
iii	Erica H McCoy		0.
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	7,119.		
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	7,119.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	1,424.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
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			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	1,424.
11	Taxable income before qualified business income deduction (see instructions)	11	122,893.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	122,893.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	24,579.
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	1,424.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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

REV 05/23/25 PRO

Form **8995** (2024)

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s)

Sammy McCoy

Your social security number

Part I Part of Your Home Used for Business

Insurance Agent

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	100
2	Total area of home	2	2,572
3	Divide line 1 by line 2. Enter the result as a percentage	3	3.89 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	3.89 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	8,403.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	0.
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	0.
13	Multiply line 12, column (b), by line 7	13	0.
14	Add line 12, column (a), and line 13	14	0.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	8,403.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	8,403.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2025

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Taxpayer:

Taxpayer:
 Last name McCoy
 First name Sammy
 Middle initial Suffix
 Social security no.
 Occupation Management
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2025 60
 Date of death
 Legally blind
 E-mail address smccoy64@yahoo.com
 Work phone (386) 792-4360 Ext
 Cell phone (386) 792-4360
 Home phone
 Fax number

Spouse:

Last name (if different) _____
 First name Erica _____
 Middle initial H _____ Suffix. _____
 Social security no. [REDACTED]
 Occupation Teacher _____
 Date of birth [REDACTED] (mm/dd/yyyy)
 Age as of 1-1-2025 52 _____
 Date of death _____
 Legally blind ☐ _____
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____

Note: Work phone is transmitted for electronic funds withdrawal.

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

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

US Address:

Address PO Box 684 Apt no.
City Jasper State FL ZIP code 32052-0684

Foreign Address: ☐ Check this box to use foreign address

Address Apt no.

City
Foreign code Foreign country

Foreign code . . . Foreign country . . . Foreign postal code

Foreign province/county _____ Foreign postal code _____
Foreign phone _____

Foreign phone : _____

APO/FPO/DPO address . . ☐ APO ☐ FPO ☒ DPO

Part II – Federal Filing Status

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

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information[illegible]

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

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

Identity Verification Worksheet

2024

▶ See tax help for more information on identity verification

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail**Taxpayer:**

Issuing state FL
License number
Issue date 08/31/2024
Expiration date 11/13/2032
Does not expire ☐
NY Document number (first 3 chars)*

Spouse:

Issuing state FL
License number
Issue date 10/02/2018
Expiration date 10/02/2025
Does not expire ☐
NY Document number (first 3 chars)*

State Identification Card Detail**Taxpayer:**

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

Spouse:

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

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

Additional Verification Information

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

Identity Verification Method (select one):

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

☐ Photo ID provided

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Hamilton County School Board	X	68,187.	5,536.		
Hamilton County School Board		28,681.	3,638.		
South East Personnel Leasing		48,000.	6,961.		
Totals		144,868.	16,135.		

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C			
b	W2 box 1 inmate or halfway house wages			
c	All other W2 box 1 wages	76,681.	68,187.	144,868.
d	Foreign wages included in total wages			
e	Unreported tips	0.	0.	0.
2	Total federal tax withheld	10,599.	5,536.	16,135.
3 & 7	Total social security wages/tips	77,641.	70,283.	147,924.
4	Total social security tax withheld	4,814.	4,358.	9,172.
5	Total Medicare wages and tips	77,641.	70,283.	147,924.
6	Total Medicare tax withheld	1,126.	1,019.	2,145.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	8,538.	8,538.	17,076.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	8,538.	8,538.	17,076.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14	961.	4,012.	4,973.
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Keep for your records

Name as shown on return

Erica H McCoy

Social Security Number

Employer EIN **-***0629

Employer Name Hamilton County School Board

Name (continued)

Street Address or P. O. Box 5683 US Hwy 129 S Ste 1

City Jasper State FL ZIP 32052

Foreign Province/County

Foreign Postal Code

Foreign Country



Spouse's W-2



Do not transfer this W-2 to next year



Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	68,187.	2	Federal income tax withheld	5,536.
3	Social security wages	70,283.	4	Social sec tax withheld	4,358.
5	Medicare wages and tips	70,283.	6	Medicare tax withheld	1,019.
7	Social security tips		8	Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	8,538.	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double-click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: ☐ Employer is not a state or local government
		Is this an elective deferral? Yes ☐ No ☐
		F: Enter amount attributable to ROTH SEP
		S: Enter amount attributable to ROTH SIMPLE

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

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

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

9	Dependent care benefits (Check if employer furnished care at work) ☐	9	
10	Dependent care benefits — Amount forfeited from flexible spending account	10	
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Sect. 457 and nonqualified plans - State Allocation
Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

(a) State ID	(b) Amount of distributions for state

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
RET	2,096.	Other (not classified)
SCI25	1,546.	Other (not classified)
CHRTB	370.	Other (not classified)

Erica H McCoy

Page 2

Employer Name Hamilton County School Board

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

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

F If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on housing or parsonage allowance only2 ☐ Pay self-employment tax on W-2 income only3 ☐ Pay self-employment tax on W-2 income and housing allowance4 ☐ Exempt from SE tax and have an approved exemption Form 4361**Non-Clergy:****G** If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on this W-2 income2 ☐ Exempt from self-employment tax and have an approved Form 4029**Part III – Unreported Tip Income****H 1** Tips \$20 or more in a month which were not reported to employer**2** Tips less than \$20 in a month which were not required to be reported**3** Value of non-cash tips, such as tickets or passes, not reported to employer**4** Actual amount of allocated tips if different than the amount in box 8**5** Tips paid out through a tip-sharing arrangement**6** ☐ Employer is a federal, state, or local government and tips are

only subject to Medicare tax

Part IV – Substitute Form W-2**1 a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"**d** QuickZoom to completed Form 4852 for reference**Part V – Inmate in a Penal Institution****J a** Pay from work performed while an inmate in a penal institution ☐**Part VI – Medicaid Waiver Payments****K a** Check if you have Medicaid Waiver Payments excludable from income as difficulty of care payments ☐**b** Amount of wages from box 1 excludable as difficulty of care payments.**c** Excludable difficulty of care payments received from this payer and NOT in box 1**Part VII – Additional Information for Electronic Filing and Certain States (See Help)****L a** ☐ Third-party sick pay
☐ Non-standard W-2 (handwritten, typewritten, or altered in any way)☐ Corrected W-2☐ Income from Paid Family Leave

Control number (optional)

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

Employee's SSN.

First name Erica M.I. Last name H McCoy Suff.

Address PO Box 684 City Jasper St FL ZIP code

Foreign Province/County Foreign Postal Code

Foreign Country

Keep for your records

Name as shown on return

Sammy McCoy

Social Security Number

Employer EIN **-***0629

Employer Name Hamilton County School Board

Name (continued)

Street Address or P. O. Box 5683 US Hwy 129 S STE 1

City Jasper State FL ZIP 32052

Foreign Province/County

Foreign Postal Code

Foreign Country



Spouse's W-2



Do not transfer this W-2 to next year

Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

- 1 Wages, tips, other comp 28,681. 2 Federal income tax withheld 3,638.
 3 Social security wages 29,641. 4 Social sec tax withheld 1,838.
 5 Medicare wages and tips 29,641. 6 Medicare tax withheld 430.
 7 Social security tips 8 Allocated tips
 13 b ☒ Retirement plan
☐ Foreign source income eligible for exclusion on Form 2555
☐ Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	8,538.	A: Enter amount attributable to RRTA Tier 2 tax M: Enter amount attributable to RRTA Tier 2 tax P: Double-click to link to Form 3903, line 4 R: Enter MSA contribution for Taxpayer Spouse W: Enter HSA contribution for Taxpayer Spouse G: ☐ Employer is not a state or local government Is this an elective deferral? Yes ☐ No ☐ F: Enter amount attributable to ROTH SEP S: Enter amount attributable to ROTH SIMPLE

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

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

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

9	10	11
Dependent care benefits (Check if employer furnished care at work) ☐	9	10
Dependent care benefits — Amount forfeited from flexible spending account		
Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	11
Section 457 and nonqualified plans - State Allocation Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).		
(a) State ID	(b) Amount of distributions for state	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
RET	961.	Other (not classified)

Sammy McCoy

Page 2

Employer Name Hamilton County School Board

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

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

F If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on housing or parsonage allowance only2 ☐ Pay self-employment tax on W-2 income only3 ☐ Pay self-employment tax on W-2 income and housing allowance4 ☐ Exempt from SE tax and have an approved exemption Form 4361**Non-Clergy:****G** If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on this W-2 income2 ☐ Exempt from self-employment tax and have an approved Form 4029**Part III – Unreported Tip Income****H 1** Tips \$20 or more in a month which were not reported to employer**2** Tips less than \$20 in a month which were not required to be reported**3** Value of non-cash tips, such as tickets or passes, not reported to employer**4** Actual amount of allocated tips if different than the amount in box 8**5** Tips paid out through a tip-sharing arrangement**6** ☐ Employer is a federal, state, or local government and tips are

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☐ Non-standard W-2 (handwritten, typewritten, or altered in any way)☐ Corrected W-2☐ Income from Paid Family Leave

Control number (optional)

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

Employee's SSN.

First name

M.I. Last name

Suff.

Sammy

McCoy

Address

City

St

ZIP code

PO Box 684

Jasper

FL

32052-0684

Foreign Province/County

Foreign Postal Code

Foreign Country

Sammy McCoy

Page 2

Employer Name South East Personnel Leasing

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

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

F If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on housing or parsonage allowance only2 ☐ Pay self-employment tax on W-2 income only3 ☐ Pay self-employment tax on W-2 income and housing allowance4 ☐ Exempt from SE tax and have an approved exemption Form 4361**Non-Clergy:****G** If no FICA was withheld, check the applicable box below1 ☐ Pay self-employment tax on this W-2 income2 ☐ Exempt from self-employment tax and have an approved Form 4029**Part III – Unreported Tip Income****H 1** Tips \$20 or more in a month which were not reported to employer**2** Tips less than \$20 in a month which were not required to be reported**3** Value of non-cash tips, such as tickets or passes, not reported to employer**4** Actual amount of allocated tips if different than the amount in box 8**5** Tips paid out through a tip-sharing arrangement**6** ☐ Employer is a federal, state, or local government and tips are

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Part IV – Substitute Form W-2**1 a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"**d** QuickZoom to completed Form 4852 for reference**Part V – Inmate in a Penal Institution****J a** Pay from work performed while an inmate in a penal institution ☐**Part VI – Medicaid Waiver Payments****K a** Check if you have Medicaid Waiver Payments excludable from income as difficulty of care payments ☐**b** Amount of wages from box 1 excludable as difficulty of care payments.**c** Excludable difficulty of care payments received from this payer and NOT in box 1**Part VII – Additional Information for Electronic Filing and Certain States (See Help)****L a** ☐ Third-party sick pay
☐ Non-standard W-2 (handwritten, typewritten, or altered in any way)☐ Corrected W-2☐ Income from Paid Family Leave

Control number (optional)

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

Employee's SSN.

First name

M.I. Last name

Suff.

Sammy

McCoy

Address

City

St

ZIP code

PO Box 684

Jasper

FL

32052-0684

Foreign Province/County

Foreign Postal Code

Foreign Country

Interest and Dividends Summary

2024

► Keep for your records

Name(s) Shown on Return
Sammy & Erica H McCoy

Social Security Number

Interest Summary		Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1	Seller-financed mortgage . . .				
2	From Schedule B, Part I . . .	106.			
3	From Schedule B, Part II . . .				
4	From K-1 Worksheets				
5	Exempt-int.divs (net of adj.) . .				
6	From Forms 6252				
7	From Forms 8814				
8	Subtotal	106.			
Less Adjustments:					
9	U.S. savings bond interest previously reported				
10	Nominee distribution				
11	OID adjustment				
12	ABP adjustment				
13	Accrued interest				
14	Other adjustment				
15	Series EE & I bond exclusion . .				
16	Total Adjustments				
17	Total to Schedule B, line 2 ►	106.			
18	Total to Form 1040, line 2a ►				
19	Total U.S. govt. interest . . . ►				
20	Total to Form 6251, line 2g ►				

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

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

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

Forms 1099-MISC / 1099-NEC Summary

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Strike Benefit Income			
	► Medicaid waiver payments			
	► California Middle Class Tax Refund			
	► East Palestine Train Derailment Relief			
	► Qualified Wildfire Relief Payments			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney			
	► Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation	13,333.		13,333.
	► Schedule C	13,333.		13,333.
	► Schedule F			
	► Wages			
	► Other Income			
4	Federal tax withheld			
5	State tax withheld — total			



DO NOT MAIL

2024

Payer's EIN ***-***7800 or SSN _____
Payer's Name Patriot Growth Ins Svc LLC
Name (cont.) . _____

Box 1 Nonemployee compensation 12,736.
 Double click to link to: Schedule C ▶ Insurance Agent
 Schedule F ▶
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
 If checked, enter Reason Code for Form 8919 (see Help) . . .
 Code on 8919
 If Reason Code A or C, enter determination date
☐ Other Income
☐ Medicaid waiver payments excludible from gross income

Box 4 Federal income tax withheld

First state	
Box 5	State tax withheld
Box 6	State Payer's state no.
Box 7	State income
Second state	
Box 5	State tax withheld
Box 6	State Payer's state no.
Box 7	State income
I confirm that the state withholding identification number(s) are accurate	

Transfer address from Federal Information Wks. ☐

Street _____

City _____

State _____ ZIP Code _____

Foreign Country _____

2024

Payer's address and ZIP code Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____	Recipient's address and ZIP code Transfer address from Federal Information Wks. Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____
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Qualified Business Income Component Worksheet

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

[REDACTED]

Aggregate trade or business name

McCoy Tree Farm

Aggregate trade or business ID number (EIN)

Social Security Number of owner if no EIN available

Reason for no EIN or SSN if none available

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

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

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

Business name	Tax ID	QBI	W2 wages	UBIA
McCoy Tree Farm		-743.	0.	59,350.

- 1 Qualified business income (QBI) -743.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income
- 3 Threshold Amount. \$383,900 if MFJ, \$191,950 if MFS, otherwise \$191,950
- 4 Subtract line 3 from line 2. If less than 0, enter 0.
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000
- 8 Wages allocable to qualified business income.
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI
- 12 SSTB reduction to allocable wages.
- 13 SSTB reduction to allocable UBIA
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income
- 15 Allocable wages
- 16 Allocable UBIA
- Tentative QBI component**
- 17 Adjustments for QBI losses
- 18 Loss-adjusted QBI (line 14 plus line 17)
- 19 Tentative QBI component before limitations (20% of line 18)
- Wages and assets limits**
- 20 50% of W2 wages
- 21 25% of W2 wages
- 22 2.5% of UBIA
- 23 Sum of 25% of W2 wages and 2.5% of UBIA
- 24 Wage and Asset Limit. Larger of line 20 or line 23
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)
(But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)
- 28 Qualified payments from agricultural or horticultural coop
- 29 Wages allocable to qualified payments from coop
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)
- Qualified business income component amount**
- 31 Subtract line 30 from line 27

2024

Name(s) Shown on Return

Sammy & Erica H McCov

Social Security Number

Aggregate trade or business name

Alliance Financial Services of N.F.L

Aggregate trade or business ID number (EIN)

★★—★★★2857

Social Security Number of owner if no EIN available

Reason for no EIN or SSN if none available

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

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

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

1	Qualified business income (QBI)	7,862.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. \$383,900 if MFJ, \$191,950 if MFS, otherwise \$191,950	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) ☐	
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
	Tentative QBI component	
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
	Wages and assets limits	
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
	Qualified business income component amount	
31	Subtract line 30 from line 27	

Qualified Business Income Component Worksheet

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

██████████

Aggregate trade or business name

Erica H McCoy

Aggregate trade or business ID number (EIN)

Social Security Number of owner if no EIN available

██████████

Reason for no EIN or SSN if none available

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

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

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

Business name	Tax ID	QBI	W2 wages	UBIA
Erica H McCoy		0.	0.	0.

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

Qualified Business Income Deduction Summary

2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
Sammy & Erica H McCoy	

QuickZoom to QBI Component Worksheet ►

QuickZoom to Form 8995. ►

QuickZoom to Form 8995-A ►

1 Trade or business name Net QBI

McCoy Tree Farm -743.

Alliance Financial Services of N.FL 7,862.

Erica H McCoy 0.

2 Net qualified business income (QBI) from qualified trades or businesses 7,119.

3 Loss from previous year

4 Sum of activities with gains (only positive amounts from table on line 1) 7,862.

5 Sum of activities with losses (only negative amounts from table on line 1) -743.

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 1,424.

8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 0.

9 Total REIT dividends

10 PTP Income from non-SSTBs

11 PTP Income from SSTBs

12 Allowed PTP Income from SSTBs

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

14 Carryover REIT/PTP losses from prior year

15 Total REIT/PTP income

16 20% of total REIT/PTP income

17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 1,424.

19 Taxable income before qualified business income deduction. 122,893.

20 Net capital gains 0.

21 Taxable income minus net capital gains. If zero or less, enter -0- 122,893.

22 20% of taxable income minus net capital gains 24,579.

23 QBI deduction before DPAD. 1,424.

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

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

Enter DPAD reported on 1099-PATR not connected with

business activity on this return **24a** _____

b DPAD from business activities on this return. **24b** _____

Section 199A(g) deduction for domestic production activities _____

25 Total 199A (QBI) deduction (sum of lines 23 and 24) 1,424.

2024

- Keep for your records

Name(s) Shown on Return Sammy & Erica H McCoy	Social Security Number [REDACTED]
--	--------------------------------------

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

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2024	25,000.				
7	Credited by estates and trusts					
8	Totals Lines 1 through 7	25,000.				
9	2024 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			16,135.		
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St		Loc		
18 a	Other withholding	St		Loc		
b	Other withholding	St		Loc		
c	Other withholding	St		Loc		
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			16,135.		
20	Total Tax Payments for 2024			41,135.		

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

Earned Income Worksheet

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

■■■■■■■■■■

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	7,660.		7,660.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	7,660.		7,660.
d One-half of self-employment tax	541.		541.
e Subtract line 1d from line 1c	7,119.		7,119.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	7,119.		7,119.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	7,119.		7,119.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	76,681.	68,187.	144,868.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	83,800.	68,187.	151,987.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	83,800.	68,187.	151,987.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	83,800.	68,187.	151,987.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	7,119.		7,119.
16 a Wages, salaries, tips, etc	76,681.	68,187.	144,868.
b2 Amount of ln. b1 for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2	83,800.	68,187.	151,987.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees	7,119.		7,119.
24 Wages, salaries, tips, etc	76,681.	68,187.	144,868.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	83,800.	68,187.	151,987.

Schedule SE Adjustments Worksheet

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

[REDACTED]

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ►	☐	☐
A Approved Form 4029. Exempt from SE tax on all income	☐	☐
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	-743.	
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1	-743.	
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AQ		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	8,403.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 1h		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	8,403.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	☐	☐
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	☐	☐
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Social Security Number

2023 State and Local Income Tax Information

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

2023 Locality Extension Information

(a) State	(b) Paid With Extension

(a) Locality	(b) Paid With Extension

2023 Locality Estimates Information

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

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

2023 Locality Taxes Due Information

(a) State	(e) Paid With Return

(a) Locality	(e) Paid With Return

2023 Locality Refund Applied Information

(a) State	(g) Applied Amount

(a) Locality	(g) Applied Amount

2023 Locality Tax Refund Information

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

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

Sammy & Erica H McCoy

Other Tax and Income Information			2023	2024
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	1,545.	1,358.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5	127,706.	152,093.
6	Tax liability for Form 2210 or Form 2210-F	6	12,335.	17,911.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8	25,000.	5,000.

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions			2023	2024
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2023	2024
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2024	b		0.
	b 2023	c	11,203.	11,203.
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		0.
	a 2024	b		11,203.
	b 2023	c	11,203.	
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			

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

Employee Home Office Worksheet

► Keep for your records

2024

Copy 1

Your name

Erica H McCoy

Social Security Number

Occupation in Which You Incurred Expenses . . . Education

Description of this Home Office

Part I Simplified Method

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2024**?Do you elect to use the simplified method in **2023**?

☐ Yes	☒ No
☐ Yes	☒ No

A	Enter the square footage of your office	A	
B	The lesser of the square footage of your office or 300	B	
C	Number of months in 2024 this home office was used at least 15 days during the month	C	
D	Business percentage for daycare facilities (if applicable from line 8 of Part II below, 100.00 if not applicable)	D	
E	Line B times line C divided by 12 times \$5.00	E	
F	Business income limitation	F	
G	Allowable Simple Method deduction. Enter the lesser of line E or line F	G	

Part II Actual Expenses: Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage	1	
2	Total area of home.	2	
3	Divide line 1 by line 2. Enter result as a percentage	3	
• For daycare facilities not used exclusively for business, also complete lines 4 - 9.			
• All others, skip lines 4 - 9 and enter the amount from line 3 on line 10.			
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2. Enter the result as a percentage	5	
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (365 x 24 hours).	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount	8	
9	Multiply line 8 by line 5	9	
10	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3	10	

Part III Actual Expenses: Figure Your Allowable Deduction

11	Total wages from this business	11	
12	Percent of wages from the business use of this home	12	
13	Wages from the business use of home. Multiply line 11 by line 12	13	
14	Gain from business use of home shown on Schedule D or Form 4797	14	
15	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14	15	
16 a	Total employee expenses (excluding home office)	16 a	
b	If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office.	b	
17	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797	17	
18	Net income from business use of home. Line 15 less line 16 and line 17	18	

See instructions for columns (a) and (b) before completing lines 19 - 29

19 Casualty losses(a)
Direct
expenses(b)
Indirect
expenses

	(a) Direct expenses	(b) Indirect expenses
See instructions for columns (a) and (b) before completing lines 19 - 29		
20	Deductible mortgage interest	
21	Real estate taxes	
22	Add lines 19, 20, and 21	
23	Multiply line 22, column (b) by line 10	
24	Add line 22, column (a) and line 23	
25	Subtract line 24 from line 18. If zero or less, enter -0-	
26	Insurance	
27	Rent	
28	Repairs and maintenance	
29	Utilities	
30	Other expenses	
31	Add lines 26 through 30	
32	Multiply line 31, column (b) by line 10	
33	Carryover of operating expenses from 2023.	
34	Add line 31, column (a), line 32, and line 33.	34
35	Allowable operating expenses. Enter the smaller of line 25 or line 34	35
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25.	36
37	Excess casualty losses	37
38	Depreciation of your home from Part III	38
39	Carryover of excess casualty losses and depreciation from 2023	39
40	Add lines 37 through 39	40
41	Allowable excess casualty losses and depreciation. Enter the smaller of line 36 or line 40	41
42	Add lines 24, 35, and 41	42
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to Form 4684 , Section B	43
44	Allowable expenses for business use of your home. Subtract line 43 from line 42.	44
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A	45
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3	46

Part IV Actual Expenses: Depreciation of Your Home

47	Enter the smaller of your home's adjusted basis or its fair market value	47
48	Value of land included on line 47	48
49	Basis of building. Subtract line 48 from line 47	49
50	Business basis of building. Multiply line 49 by line 10	50
51	Depreciation percentage	51
52	Depreciation attributable to business use of home. Multiply line 50 by line 51	52
53	Depreciation for additions and improvements attributable to business use of home	53
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38	54

Part V Actual Expenses: Carryover of Unallowed Expenses to 2025

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-	55
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-	56

Form 4562

Alternative Minimum Tax Depreciation Report

Tax Year 2024

- Keep for your records

2024

Sammy & Erica H McCoy

Sch F - McCoy Tree Farm

[illegible]

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

Two-Year Comparison

2024

Name(s) Shown on Return Sammy & Erica H McCoy			Social Security Number	
Income	2023	2024	Difference	%
Wages, salaries, tips, etc	121,085.	144,868.	23,783.	19.64
Interest and dividend income	138.	106.	-32.	-23.19
State tax refund				
Business income (loss)	10,340.	8,403.	-1,937.	-18.73
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc	0.			
Farm income (loss)	-3,857.	-743.	3,114.	80.74
Social security benefits				
Income other than the above				
Total Income	127,706.	152,634.	24,928.	19.52
Adjustments to Income		541.	541.	
Adjusted Gross Income	127,706.	152,093.	24,387.	19.10
Itemized Deductions				
Medical and dental				
Income or sales tax	1,545.	1,358.	-187.	-12.10
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	1,545.	1,358.	-187.	-12.10
Standard or Itemized Deduction	27,700.	29,200.	1,500.	5.42
Qualified Business Income Deduction	1,297.	1,424.	127.	9.79
Taxable Income	98,709.	121,469.	22,760.	23.06
Income tax	12,335.	16,829.	4,494.	36.43
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	12,335.	16,829.	4,494.	36.43
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax		1,082.	1,082.	
Other taxes				
Total Tax After Credits	12,335.	17,911.	5,576.	45.20
Withholding	12,878.	16,135.	3,257.	25.29
Estimated and extension payments	50,000.	25,000.	-25,000.	-50.00
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	62,878.	41,135.	-21,743.	-34.58
Form 2210 penalty				
Applied to next year's estimated tax	25,000.	5,000.	-20,000.	-80.00
Refund	25,543.	18,224.	-7,319.	-28.65
Balance Due				

Current year effective tax rate 11.06 %

Schedule C Two-Year Comparison

2024

► Keep for your records

Proprietor name: Sammy McCoy

Business or profession: Insurance Agent

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

	2023	2023 Percent of Net Sales*	2024	2024 Percent of Net Sales*	2023 to 2024 Comparison ☒ as amount ☐ as percent
Income:					
1 Gross receipts or sales . . .	10,790.	100.00	13,333.	100.00	2543.00
2 Returns & allowances . . .					
3 Net receipts or sales . . .	10,790.	100.00	13,333.	100.00	2543.00
Cost of goods sold:					
4 a Beginning inventory . . .					
b Purchases					
c Cost of labor					
d Materials & supplies . . .					
e Other costs					
f Ending inventory					
5 Cost of goods sold					
6 Gross profit	10,790.	100.00	13,333.	100.00	2543.00
7 Other income					
8 Gross income	10,790.	100.00	13,333.	100.00	2543.00
Expenses:					
9 Advertising					
10 Car & truck expenses . . .					
11 Commissions and fees . . .					
12 Contract labor			4,480.	33.60	4480.00
13 Depletion					
14 Depreciation & Sec 179 . . .			0.		0.00
15 Employee benefits					
16 Insurance					
17 a Mortgage interest					
b Other interest					
18 Legal and professional . . .					
19 Office expense					
20 Pension & profit-sharing . . .					
21 Rent or lease:					
a Vehicle/machinery/equip . . .					
b Other business property . . .					
22 Repairs & maintenance . . .					
23 Supplies					
24 Taxes and licenses					
25 a Travel					
b Meals & entertainment					
26 Utilities					
27 Wages (less job credit) . . .					
28 Other expenses	450.	4.17	450.	3.38	0.00
29 Energy effi com bldgs					
30 Total expenses	450.	4.17	4,930.	36.98	4480.00
31 Tentative profit (loss) . . .	10,340.	95.83	8,403.	63.02	-1937.00
32 Office in home					
33 Net profit (loss)	10,340.	95.83	8,403.	63.02	-1937.00
Passive suspended losses:					
Schedule C					
Form 4797					
Schedule D					

*Lines 1 through 32 as a percentage of net sales revenue.

Tax History Report

2024

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

	Five Year Tax History:				
	2020	2021	2022	2023	2024
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	132,406.	37,986.	216,269.	127,706.	152,634.
Adjustments to income	3,555.	250.	8,994.		541.
Adjusted gross income	128,851.	37,736.	207,275.	127,706.	152,093.
Tax expense	3,170.	611.	1,602.	1,545.	1,358.
Interest expense . . .		5,738.			
Contributions	1,120.	220.	360.		
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	24,800.	25,320.	25,900.	27,700.	29,200.
QBI deduction	9,160.	0.	12,442.	1,297.	1,424.
Taxable income	94,891.	12,416.	168,933.	98,709.	121,469.
Tax	12,453.	1,243.	28,399.	12,335.	16,829.
Alternative min tax . .					
Total credits		853.			
Other taxes	6,009.		17,988.		1,082.
Payments	16,775.	9,778.	9,420.	62,878.	41,135.
Form 2210 penalty . .					
Amount owed	1,687.		36,967.		
Applied to next year's estimated tax . .				25,000.	5,000.
Refund		9,388.		25,543.	18,224.
Effective tax rate % . .	9.66	1.03	13.70	9.66	11.06
**Tax bracket %	22.0	10.0	22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2024

Name(s) Shown on Return

Sammy & Erica H McCoy

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	144,868.
Interest and dividend income	106.
Business income (loss)	8,403.
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	-743.
Social security benefits	
Other income	
Total Gross Income	152,634.

Adjustments to Income 541.

Adjusted Gross Income (Last year's AGI) 127,706. 152,093.

Itemized/Standard Deductions

Medical and dental	
Taxes	1,358.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	1,358.
Standard deduction	29,200.

Taxable Income 121,469.

Income tax	16,829.
Alternative minimum tax	
Total Taxes before Credits	16,829.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	1,082.
Other taxes	

Total Tax 17,911.

Withholding	16,135.
Estimated tax payments	25,000.
Other payments	
Total Payments	41,135.
Estimated tax penalty	
Refund applied to next year's estimated tax	5,000.

Amount Overpaid 23,224.

Refund 18,224.

Amount Applied to Estimate 5,000.

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	11.06 %

► Keep for your records

Name(s) Shown on Return

Sammy & Erica H McCoy

Your Social Security Number

Part I 2025 Estimated Tax Amount Options**1 Select One of Six Ways to Calculate the Required Annual Payment for 2025 Estimates:**

- a 100% (110%) of 2024 taxes (default, see Tax Help) ☒ 19,702.
 b 100% of tax on 2025 estimated taxable income ☐ 17,770.
 c 90% of tax on 2025 estimated taxable income ☐ 15,993.
 d 66-2/3% of tax on 2025 estimated taxable income (farmers and fishers) ☐ 11,847.
 e Equal to 100% of overpayment (no vouchers) ☐ 23,224.
 f Enter total amount you want to use for estimates and check box ☐

2 Selected estimated tax amount:

- a 2025 Required Annual Payment based on your choice above 19,702.
 b Estimated amount of 2025 federal income tax withholding 16,135.
 c Total of estimated tax payments required for 2025 (line 2a less line 2b) 3,567.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default) ☒
 b Calculate estimates if _____ (specify amount) or more ☐
 c Calculate estimates regardless of amount ☐
 d Do not calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 1040 or 1040-SR, line 34) 23,224.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☐
 b Apply all (increase estimate if required) ☐
 c Apply to extent of total estimated tax and refund excess 3,568. ☐
 d Apply to extent of first quarter amount and refund excess 892. ☐
 e Enter amount you want to apply 5,000. ☒
 f Amount applied to 2025 estimated tax 5,000.
 g Overpayment to be refunded (line 1 less line 2f) 18,224.

3 Select Overpayment Application Sequence:

- a ☒ Consecutively b ☐ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)**1 Select Rounding Option:**

- a ☒ Round up to next \$1 b ☐ Round up to next \$10 c ☐ Round up to next \$100 d ☐ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ Print (per Part I, lines 3a - c) b ☐ Print only name, etc. c ☐ Do not print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2025	2 Jun 16, 2025	3 Sep 15, 2025	4 Jan 15, 2026	Total
1 If the client has already made payments, enter amounts					
2 Indicate which payment is due next.	☒	☐	☐	☐	
3 Required Payment	5,000.	0.	0.	0.	5,000.
4 Overpayment applied	5,000.	0.	0.	0.	5,000.
5 Net payment due	0.	0.	0.	0.	0.
6 Voucher amounts	0.	0.	0.	0.	0.

Part V Changes to Income, Deductions and Withholding for 2025

2024 income and deductions are shown in the '2024 Actual' column below.

***Caution:** For each line in the '2025 Estimated' column, enter the estimated 2025 amount **if different** from 2024. Otherwise, the '2024 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2024 Actual	2025 Estimated
1 a Adjusted gross income	152,093.	
b Foreign income or housing exclusions (info only)		
2 Net capital gains (losses) included in AGI (info only)		
3 a Self-employment profit included in AGI for Taxpayer	7,660.	
b Self-employment profit included in AGI for Spouse		
c Taxpayer's wages subject to Social Security tax included in AGI . .	77,641.	
Medicare wages for taxpayer (W-2 box 5) included in AGI	77,641.	
Add'l 0.9% Medicare tax withheld on taxpayer wages		
d Spouse's wages subject to Social Security tax included in AGI . . .		
Medicare wages for spouse (W-2 box 5) included in AGI	70,283.	
Add'l 0.9% Medicare tax withheld on spouse wages		
4 a Total itemized deductions (after limits)	1,358.	
b Net qualified disaster loss included on line 4a above (after limits)		
5 Federal income tax withholding	16,135.	
6 Deduction for qualified business income	1,424.	

Part VI Filing Status and Other Information for 2025

- 1 Choose 2025 filing status:
- ☐ Single ☒ Married filing jointly ☐ Head of Household ☐ Qualifying surviving spouse
- 2 Check if required to itemize in 2025 ☐
- 3 Check the boxes that will apply in 2025:
- Taxpayer: ☐ 65 or Over ☐ Blind
- Spouse: ☐ 65 or Over ☐ Blind
- 4 a Check if dependent of another in 2025 ☐
- b Enter 2025 expected earned income if dependent of another _____

Part VII 2025 Estimated Taxable Income and Tax

1	Estimated 2025 adjusted gross income	1	152,093.
2	Larger of itemized or standard deduction	2	30,000.
3	Line 1 less line 2	3	122,093.
4	Deduction for qualified business income	4	
5	Line 3 less line 4	5	122,093.
6	Income tax	6	16,688.
7	Enter additional taxes	7	
8	Line 6 plus line 7	8	16,688.
9	Enter nonrefundable credits	9	
10	Line 8 less line 9 (but not less than zero)	10	16,688.
11	Self-employment tax and additional 0.9% Medicare tax	11	1,082.
12	Other taxes (not including taxes on lines 6, 7 or 11)	12	
13	Enter refundable credits (not withholding)	13	
14	Sum of lines 10 - 12, less line 13. This is your 2025 tax based on your estimate of 2025 income	14	17,770.