

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/22/2026

General Information

Name: George J Albright III

PID 98587

AGENCY INFORMATION

Organization	Suborganization	Title
Marion County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of March 1, 2026 was \$ 2,230,000.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 1,000,000.00
1/3 ownership Ocala Landscape Mgt. Co. Ocala	\$ 300,000.00
Cash in Ameris & Regions Bank	\$ 50,000.00
1/3 ownership River Rental Partnership (family real estate)	\$ 200,000.00
1/4 ownership Weir Partnership (family real estate)	\$ 500,000.00
Vehicles, Antique cars, etc.	\$ 180,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 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 2025 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
Marion County Tax Collector	503 SE 25th Ave Ocala, FL 34471	\$ 217,448.00
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
Ocala Landscape Mgt Inc	Ocala Landscape	2755 SE 62nd St Ocala, FL 34480	Landscape
SSA	see attached	SSA	SSA
See Attached			

Interests in Specified Businesses

[illegible]

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.

George J Albright III

Digitally signed: 06/22/2026

Filed with COE: 06/22/2026

THIS CERTIFICATE IS AWARDED TO

George Albright, III

FOR SUCCESSFULLY COMPLETING THE 4-HOUR COURSE

Florida Ethics, Public Records & Sunshine Law 2026

Florida Bar CLE: #2403074N (5 hours General & 2.5 hours Ethics) | IIMC: .75 CMC Experience or .75 MMC
Professional Contribution Points

Issued: 2026-02-05

Certificate ID: tdoxfosjtm



FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

2025

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2025 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

Box 1. Name

GEORGE J ALBRIGHT III

Box 2. Beneficiary's Social Security Number

██████████

Box 3. Benefits paid in 2025

\$47,001.00

Box 4. Benefits Repaid to SSA in 2025

NONE

Box 5. Net Benefits for 2025 (Box 3 minus Box 4)

\$47,001.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$47,001.00
Benefits for 2025	\$47,001.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

GEORGE J ALBRIGHT III
209 SE 15TH AVE
OCALA FL 34471-2438

Box 8. Claim Number

(Use this number if you need to contact SSA.)

██████████

DO NOT RETURN THIS FORM TO SSA OR IRS

Department of the Treasury - Internal Revenue Service

Form 9325
(Rev. January 2017)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Albright, III, George J. & Tammy
209 S.E. 15th Avenue
Ocala, FL 34471

1. ☒ Your federal extension for tax year 2025 was filed electronically with the Martinsburg, WV Submission Processing Center. The electronic filing services were provided by Crippen & Co..
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment was accepted for processing.
5. ☐ Your electronic funds withdrawal payment was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Extension of Time to File U.S. Individual Income Tax Return, was accepted on 03/24/26. The Submission ID assigned to your extension is _____.

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you cannot pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59pm E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		OMB No. 1545-0029
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 206647.35	2 Federal income tax withheld 64510.81
	3 Social security wages 176100.00	4 Social security tax withheld 10918.17
b Employer ID number (EIN) 59-6000741	5 Medicare wages and tips 206647.35	6 Medicare tax withheld 2996.32
c Employer's name, address, and ZIP code MARION CNTY TAX COLLECTOR PO BOX 970 OCALA, FL 34478		
d Control number 0000001		
e Employee's name, address, and ZIP code GEORGE J. ALBRIGHT III 209 SE 15TH AVE OCALA FL 34471		
7 Social security tips .00	8 Allocated tips	9
10 Dependent care benefits .00	11 Nonqualified plans .00	12a Code See inst. for box 12 C 2286.00
13 Statutory employee	14 Other	12b Code DD 22414.40
Retirement plan	.00	12c Code .00
Third-party sick pay		12d Code .00
15 State Employer's state ID number	16 State wages, tips, etc. .00	17 State income tax .00
18 Local wages, tips, etc. .00	19 Local income tax .00	20 Locality name

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury - IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

**Crippen & Co.
1900 SE 18th Ave.
Ocala, FL 34471-8312
352-732-4260**

June 16, 2026

CONFIDENTIAL

George J. Albright, III & Tammy Albright
209 S.E. 15th Avenue
Ocala, FL 34471

Dear George & Tammy:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Crippen & Co. LLP

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return
With
Form 8879 IRS e-file Signature Authorization
Taxable Year Ended December 31, 2025

Name: George J. Albright, III & Tammy Albright

Date Due: October 15, 2026

Remittance: None is required. The return shows a total overpayment of \$52,849, which is to be refunded in its entirety.

Your refund will be direct deposited into your Regions Bank checking account no. [REDACTED]

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization.

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning 2025, ending 20 See separate instructions.
☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial **GEORGE J.** Last name **ALBRIGHT, III** Your social security number [REDACTED]
If joint return, spouse's first name and middle initial **TAMMY** Last name **ALBRIGHT** Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. **209 S.E. 15TH AVENUE** Apt. no. [REDACTED] Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
City, town, or post office. If you have a foreign address, also complete spaces below. **Ocala** State **FL** ZIP code **34471** 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)
☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: 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 2025, 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

Dependents (see instructions) **Dependent 1** **Dependent 2** **Dependent 3** **Dependent 4**
(1) First name (2) Last name (3) SSN (4) Relationship (5) Check if lived with you more than half of 2025 (a) ☐ Yes (b) ☐ And in the U.S. (6) Check if (a) ☐ Full-time student ☐ Permanently and totally disabled (b) ☐ Child tax credit ☐ Credit for other dependents (7) Credits (a) ☐ Full-time student ☐ Permanently and totally disabled (b) ☐ Child tax credit ☐ Credit for other dependents
☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income **1a** Total amount from Form(s) W-2, box 1 (see instructions) **1a** **206,647**
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 31 **1f**
g Wages from Form 8919, line 6 **1g**
h Other earned income (see instructions). Enter type and amount: **1h**
i Nontaxable combat pay election (see instructions) **1i**
z Add lines 1a through 1h **1z** **206,647**
2a Tax-exempt interest **2a** **2b** Taxable interest **2b** **2,714**
3a Qualified dividends **3a** **49** **3b** Ordinary dividends **3b** **544**
c Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b
4a IRA distributions **4a** **4b** Taxable amount **4b**
c Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐
5a Pensions and annuities **5a** **5b** Taxable amount **5b**
c Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐
6a Soc. sec. ben. **6a** **47,001** **6b** Taxable amount **6b** **39,951**
c If you elect to use the lump-sum election method, check here (see instructions) ☐
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐
7a Capital gain or (loss). Attach Schedule D if required **7a** **-3,000**
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)
8 Additional income from Schedule 1, line 10 **8** **-3,918**
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** **9** **242,938**
10 Adjustments to income from Schedule 1, line 26 **10** **0**
11a Subtract line 10 from line 9. This is your **adjusted gross income** **11a** **242,938**

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) **11b** 242,938
- 12a** Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
b ☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien
- d** You: ☒ Were born before January 2, 1961 ☐ Are blind
Spouse: ☐ Was born before January 2, 1961 ☐ Is blind
- e** **Standard deduction or itemized deductions** (from Schedule A) **12e** 57,813
- 13a** Qualified business income deduction from Form 8995 or Form 8995-A **13a**
- b** Additional deductions from Schedule 1-A, line 38 **13b** 424
- 14** Add lines 12e, 13a, and 13b **14** 58,237
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** 184,701
- 16** Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972
3 ☐
- 17** Amount from Schedule 2, line 3 **17**
- 18** Add lines 16 and 17 **18** 30,462
- 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** 30,462
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21 **23**
- 24** Add lines 22 and 23. This is your **total tax** **24** 30,462

Standard Deduction for --
• Single or Married filing separately, \$15,750
• Married filing jointly or Qualifying surviving spouse, \$31,500
• Head of household, \$23,625
• If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

Payments and Refundable Credits

- 25** Federal income tax withheld from:
- a** Form(s) W-2 **25a** 64,511
- b** Form(s) 1099 **25b**
- c** Other forms (see instructions) **25c**
- d** Add lines 25a through 25c **25d** 64,511
- 26** 2025 estimated tax payments and amount applied from 2024 return **26** 18,800
- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):
- 27a** Earned income credit (EIC) **27a**
- b** Clergy filing Schedule SE (see instructions) ☐
- c** If you do not want to claim the EIC, check here ☐
- 28** Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ **28**
- 29** American opportunity credit from Form 8863, line 8 **29**
- 30** Refundable adoption credit from Form 8839, line 13 **30**
- 31** Amount from Schedule 3, line 15 **31**
- 32** Add lines 27a, 28, 29, 30, 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** 83,311

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** 52,849
- 35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a** 52,849
- b** Routing number ☐ **c** Type: ☒ Checking ☐ Savings
- d** Account number ☐
- 36** Amount of line 34 you want **applied to your 2026 estimated tax** **36**

Amount You Owe

- 37** Subtract line 33 from line 24. This is the **amount you owe**. **37**
- For details on how to pay, go to www.irs.gov/Payments or see instructions.
- 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 **BRENDA L. FORD** Phone no. **352-732-4260** Personal identification number (PIN) ☐

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.

Email address

Paid

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Preparer**BRENDA L. FORD****BRENDA L. FORD****06/16/26**☐ Self-employed**Use Only**Firm's name **CRIPPEN & CO.**Phone no. **352-732-4260**

1900 SE 18TH AVE.

Firm's address **OCALA****FL 34471-8312**Firm's EIN **59-2032210**

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

2025Attachment
Sequence No. **01**

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

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Your social security number

For 2025, 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	-35,703
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	31,785
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____	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	-3,918

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

Schedule 1 (Form 1040) 2025

**SCHEDULE 1-A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Additional Deductions**

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

2025Attachment
Sequence No. **1A**

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

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Married joint return

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	242,938
2a	Enter any income from Puerto Rico that you excluded	2a	
b	Enter the amount from Form 2555, line 45	2b	
c	Enter the amount from Form 2555, line 50	2c	
d	Enter the amount from Form 4563, line 15	2d	
e	Add lines 2a, 2b, 2c, and 2d	2e	
3	Add lines 1 and 2e	3	242,938

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.			
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a	0	
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	0	
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			4c
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			5
6	Add lines 4c and 5			6
7	Enter the smaller of the amount on line 6 or \$25,000			7
8	Enter the amount from line 3			8
9	Enter \$150,000 (\$300,000 if married filing jointly)			9
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			10
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			11
12	Multiply line 11 by \$100			12
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-			13

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b		
c	Add lines 14a and 14b			14c
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)			15
16	Enter the amount from line 3			16
17	Enter \$150,000 (\$300,000 if married filing jointly)			17
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			18
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			19
20	Multiply line 19 by \$100			20
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-			21

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

Schedule 1-A (Form 1040) 2025

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVL I paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.		Interest for this loan:	
(i) Vehicle identification number (VIN)		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	242,938
32	Enter \$75,000 (\$150,000 if married filing jointly)	32	150,000
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33	92,938
34	Multiply line 33 by 6% (0.06)	34	5,576
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	424
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	424
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b	37	424

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	424
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Schedule 1-A (Form 1040) 2025

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025Attachment
Sequence No. **07**

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

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Your social security number

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** 13,888
- 2 Enter amount from Form 1040 or 1040-SR, line 11b **2** 242,938
- 3 Multiply line 2 by 7.5% (0.075) **3** 18,220
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** 0

**Taxes You
Paid**

- 5 State and local taxes (SALT).
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ **5a** 6,033
- b State and local real estate taxes (see instructions) **5b** 5,473
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** 11,506
- e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions **5e** 11,506
- 6 Other taxes. List type and amount:

7 Add lines 5e and 6 **7** 11,506**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a**
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Reserved for future use **8d**
- e Add lines 8a through 8c **8e**
- 9 Investment interest. Attach Form 4952 if required. See instructions **9** 3,258
- 10 Add lines 8e and 9 **10** 3,258

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** 2,649
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 **12** 40,400
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** 43,049

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount: **16**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e **17** 57,813
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

Form **1040****State and Local Tax (SALT) Limitation Worksheet****2025**

Name

Taxpayer Identification Number

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

2025 Schedule A Itemized Deductions - State and Local Taxes Limitation

1. Enter the Adjusted Gross Income (AGI) from Form 1040, 1040-SR or 1040-NR Line 11b	1.	242,938
2. Additions to Adjusted Gross Income		
Excluded Puerto Rico Income	0	
Foreign Earned Income and/or Housing Exclusion from Form 2555, line 45	0	
Housing Deduction from Form 2555, line 50	0	
Excluded American Samoa Income from Form 4563, line 15	0	
Total Additions to Adjusted Gross Income	2.	0
3. Add Lines 1 and 2 (Total Modified AGI)	3.	242,938
4. Enter \$500,000 (\$250,000 if married filing separately (MFS))	4.	500,000
5. Subtract Line 4 from Line 3 (leave blank if less than zero)	5.	
6. Enter \$40,000	6.	40,000
7. Multiply Line 5 by 30% (0.30)	7.	
8. Subtract Line 7 from Line 6 (leave blank if less than zero)	8.	40,000
9. Enter the larger of Line 8 or \$10,000	9.	40,000
10. State and local tax deduction - Smaller of Line 9 (half the amount of Line 9, if MFS) or SALT paid on Schedule A line 5d (1040-NR Schedule A Line 1a)	10.	11,506

SCHEDULE B

(Form 1040)

Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2025Attachment
Sequence No. **08**

Name(s) shown on return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Your social security number

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:	
	AMERIS BANK - [REDACTED]	44
	AMERIS BANK - [REDACTED]	201
	IRS DEPARTMENT OF THE TREASURY	409
	REGIONS BANK - [REDACTED]	630
	REGIONS BANK - [REDACTED]	2
	RIVER RETREAT PARTNERSHIP 59-3480433	1,428
2	Add the amounts on line 1	2,714
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	2,714

Note: If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

		Amount
5	List name of payer:	
	CHARLES SCHWAB & CO., INC - ACCT [REDACTED]	544
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	544

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign****Accounts****and Trusts****Caution:** If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required to
file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

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

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2025

Attachment
Sequence No. 09Department of the Treasury
Internal Revenue Service

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

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

Name of proprietor

GEORGE J. ALBRIGHT, III

Social security number (SSN)

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

ANTIQUE CARS

B Enter code from instructions

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

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

E Business address (including suite or room no.) 209 S.E. 15TH AVENUE

City, town or post office, state, and ZIP code OCALA FL 34471

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

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

I Did you make any payments in 2025 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	26,750
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	26,750
4	Cost of goods sold (from line 42)		4	38,000
5	Gross profit. Subtract line 4 from line 3		5	-11,250
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	-11,250

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	8,800	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	4,598
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	634	23	Taxes and licenses	23	591
16	Int. (see instr.):			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	500	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b	Other expenses (from line 48)	27b	9,330
	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			28		28	24,453
31	Net profit or (loss). Subtract line 30 from line 29.			29		29	-35,703
	• 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.						
				31		31	-35,703
				32a	☒ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025

GEORGE J. ALBRIGHT, III

Schedule C (Form 1040) 2025

ANTIQUE CARS

Page 2

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 32,900

36 Purchases less cost of items withdrawn for personal use

36 3,225

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

SEE STATEMENT 1

39 18,400

40 Add lines 35 through 39

40 54,525

41 Inventory at end of year

41 16,525

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

42 38,000

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 2025, 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 8-27a, or line 30.

DUES & MEMBERSHIP

318

E-BAY

4,197

SHIPPING

4,609

SUBSCRIPTION & LITERATURES

206

48 Total other expenses. Enter here and on line 27b

48 9,330

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

2025Attachment
Sequence No. **12**Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐ Yes ☒ No

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

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

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

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked	0	9,437	0	-9,437
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 84
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -9,353

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

Schedule D (Form 1040) 2025

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-9,353
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

Social security number or taxpayer identification number

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

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

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

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

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

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- ☒ (F) Long-term transactions, other than digital asset transactions, not reported to you on Form 1099-B or Form 1099-DA
- ☐ (J) Long-term transactions reported on Form(s) 1099-DA showing basis was reported to the IRS (see Note above)
- ☐ (K) Long-term transactions reported on Form(s) 1099-DA showing basis was not reported to the IRS
- ☐ (L) Long-term digital asset transactions not reported to you on Form 1099-DA or Form 1099-B

(a) Description of property (Example: 100 sh, XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					(f) Code(s) from instructions	(g) Amount of adjustment	
CLOSET ENVY ONLINE BOUTIQUE INC VARIOUS VARIOUS			0	9,437			-9,437
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D or Box J above is checked), line 9 (if Box E or Box K (if Box E above is checked), or line 10 (if Box F or Box L above is checked)			0	9,437		0	-9,437

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

Form

4797

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2025Attachment
Sequence No. **27**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Identifying number

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HPS SPREADER	09/07/16	01/01/25		1,334	1,334	
	ICE MAKER	09/20/17	01/01/25		900	900	
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions		
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4		

18a**18b**

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2025)

THERE ARE NO AMOUNTS FOR PAGE 2

Form

4952Department of the Treasury
Internal Revenue Service**Investment Interest Expense Deduction**

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.

OMB No. 1545-0191

2025Attachment
Sequence No. **51**

Name(s) shown on return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

[REDACTED]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2025 (see instructions)	1	2,656
2	Disallowed investment interest expense from 2024 Form 4952, line 7	2	1,539
3	Total investment interest expense. Add lines 1 and 2	3	4,195

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	3,258		
4b	Qualified dividends included on line 4a	4b	49		
4c	Subtract line 4b from line 4a	4c		3,209	
4d	Net gain from the disposition of property held for investment	4d			
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
4f	Subtract line 4e from line 4d	4f			
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	49		
4h	Investment income. Add lines 4c, 4f, and 4g	4h		3,258	
5	Investment expenses (see instructions)	5			
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		3,258	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2026. Subtract line 6 from line 3. If zero or less, enter -0-	7	937
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	3,258

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2025)

Investment Interest Expense Deduction

OMB No. 1545-0191

Form **4952**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.**2025**Attachment
Sequence No. **51**

Name(s) shown on return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2025 (see instructions)	1	2,656
2	Disallowed investment interest expense from 2024 Form 4952, line 7	2	1,539
3	Total investment interest expense. Add lines 1 and 2	3	4,195

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	3,258	
b	Qualified dividends included on line 4a	4b	49	
c	Subtract line 4b from line 4a	4c		3,209
d	Net gain from the disposition of property held for investment	4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e		
f	Subtract line 4e from line 4d	4f		
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g	49	
h	Investment income. Add lines 4c, 4f, and 4g	4h	3,258	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	3,258	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2026. Subtract line 6 from line 3. If zero or less, enter -0-	7	937
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	3,258

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2025)

Form

8995

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-0074

2025Department 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

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

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 \$197,300 (\$394,600 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	OCALA LANDSCAPE MANAGEMENT	59-3564793	34,872
ii	REAL ESTATE INVESTMENTS	59-3480433	-1,559
iii	WEIR PARTNERS	59-3486884	-741
iv	ANTIQUE CARS		-35,703
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-3,131
3	Qualified business net (loss) carryforward from the prior year	3	787
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
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	0
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	0
11	Taxable income before qualified business income deduction (see instructions)	11	184,701
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	49
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	184,652
14	Income limitation. Multiply line 13 by 20% (0.20)	14	36,930
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	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	3,918
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	

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

Form **8995** (2025)

Form

8959**Additional Medicare Tax**

OMB No. 1545-0074

2025Attachment
Sequence No. **71**Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	206,647	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	206,647	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		0
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	206,647	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	43,353	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		
----	--	----	--	--

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,996	
20	Enter the amount from line 1	20	206,647	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,996	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

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

Form **8959** (2025)

Form **8283**

(Rev. December 2025)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**Attach one or more Forms 8283 to your tax return if you claimed a total deduction
of over \$500 for all contributed property.Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **36**

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if
different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** — List in this section **only** an item
(or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded
securities and certain other property even if the deduction is more than \$5,000. If you need more space,
attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	THE HOPE CHEST THRIFT STORE 320 N MAGNOLIA AVE OCALA FL 34475	☐	FURNITURE AND CLOTHING
B	THE HOPE CHEST THRIFT STORE 320 N MAGNOLIA AVE OCALA FL 34475	☐	WARDROBE AND NEW CLOTHES
C	THE HOPE CHEST THRIFT STORE 320 N MAGNOLIA AVE OCALA FL 34475	☐	CLOTHING AND WARDROBE (NEW)
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	10/18/25	VARIOUS	PURCHASE	1,800	600	THRIFT SHOP VALUE
B	06/17/25	VARIOUS	PURCHASE	3,300	1,100	THRIFT SHOP VALUE
C	03/23/25	VARIOUS	PURCHASE	3,600	1,200	THRIFT SHOP VALUE
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which
you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A).
Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal
is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property**

2 Check the box that describes the type of property donated. See instructions for definitions.

- | | | |
|---|--|---|
| a ☐ Art (contribution of \$20,000 or more) | d ☐ Other real estate | i ☐ Vehicles |
| b ☐ Qualified conservation contribution | e ☐ Equipment | j ☐ Clothing and household items |
| b(1) ☐ Certified historic structure | f ☐ Securities | k ☐ Digital assets |
| NPS # _____ | g ☐ Collectibles | l ☐ Other |
| c ☐ Art (contribution of less than \$20,000) | h ☐ Intellectual property | |

3 (a) Description of donated property (if you need more space, attach a separate statement)				(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.		(c) Appraised fair market value
A						
B						
C						
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2025)

Form **8283**

(Rev. December 2025)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**Attach one or more Forms 8283 to your tax return if you claimed a total deduction
of over \$500 for all contributed property.Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **36**

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if
different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** — List in this section **only** an item
(or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded
securities and certain other property even if the deduction is more than \$5,000. If you need more space,
attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		☐	
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property****2** Check the box that describes the type of property donated. See instructions for definitions.

- | | | |
|--|--|---|
| a ☐ Art (contribution of \$20,000 or more) | d ☐ Other real estate | i ☐ Vehicles |
| b ☐ Qualified conservation contribution | e ☐ Equipment | j ☐ Clothing and household items |
| b(1) ☐ Certified historic structure | f ☐ Securities | k ☐ Digital assets |
| NPS # _____ | g ☐ Collectibles | l ☐ Other |
| c ☒ Art (contribution of less than \$20,000) | h ☐ Intellectual property | |

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A	LARGE 1850 OIL PAINTING BY NELSON COOK	ORIGINAL AND EXCELLENT	9,500
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A	12/01/19	GIFT	1,000			
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2025)

Form **8283**

(Rev. December 2025)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions****Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **36**

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** — List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		☐	
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property****2** Check the box that describes the type of property donated. See instructions for definitions.**a** ☐ Art (contribution of \$20,000 or more)**b** ☐ Qualified conservation contribution**b(1)** ☐ Certified historic structure

NPS # _____

c ☐ Art (contribution of less than \$20,000)**d** ☐ Other real estate**e** ☐ Equipment**f** ☐ Securities**g** ☒ Collectibles**h** ☐ Intellectual property**i** ☐ Vehicles**j** ☐ Clothing and household items**k** ☐ Digital assets**l** ☐ Other

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A	1948 TUCKER AUTOMOBILE NEON DEALER SIGN	ORIGINAL EXCELLENT COND.	25,000
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A	03/01/15	GIFT	1,000			
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2025)

Form **8283**

(Rev. December 2025)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**Attach one or more Forms 8283 to your tax return if you claimed a total deduction
of over \$500 for all contributed property.Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **36**

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if
different from above.

Name: _____ Identifying number: _____

Check this box if a family pass-through entity made the non-cash charitable contribution. See instructions ☐**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** — List in this section **only** an item
(or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded
securities and certain other property even if the deduction is more than \$5,000. If you need more space,
attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		☐	
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which
you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A).
Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal
is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property****2** Check the box that describes the type of property donated. See instructions for definitions.a ☐ Art (contribution of \$20,000 or more)b ☐ Qualified conservation contributionb(1) ☐ Certified historic structure

NPS # _____

c ☐ Art (contribution of less than \$20,000)d ☐ Other real estatee ☐ Equipmentf ☐ Securitiesg ☐ Collectiblesh ☐ Intellectual propertyi ☐ Vehiclesj ☐ Clothing and household itemsk ☐ Digital assetsl ☒ Other

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A	CIVIL WAR ERA FOLDING DENTIST CHAIR	EXCELLENT ORIGINAL COND.	3,000
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A	01/01/14	PURCHASE	200			
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2025)

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) —

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I.

Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest

If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I:

(1) For this tax year

(2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept**e** Name of any person, other than the donee organization, having actual possession of the property**5a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Yes No

Part III Taxpayer (Donor) Statement — List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

A LARGE 1850 OIL PAINTING BY NELSON COOK

Signature of

taxpayer (donor)

Date

Part IV Declaration of Appraiser — See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 5701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Appraiser signature

Date

Here Appraiser name CHARLES DAVID GLYNN

Title LICENSED APPRAISER

Business address (including room or suite no.)

15323 NW GAINESVILLE ROAD

Identifying number

59-3327735

City or town, state, and ZIP code

REDDICK FL 32686

Part V Donee Acknowledgment — See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date 05/21/25

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use?

☐ Yes ☒ No

Name of charitable organization (donee)

SARATOGA SPRINGS HISTORY MUSEUM

Employer identification number

14-6029881

Address (number, street, and room or suite no.)

#1 EAST CONGRESS STREET

City or town, state, and ZIP code

SARATOGA SPRINGS NY 12866

Authorized signature

Title

EXECUTIVE DIRECTOR

Date

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) —

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I.

Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest

If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I:

(1) For this tax year

(2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept**e** Name of any person, other than the donee organization, having actual possession of the property**5a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Yes No

Part III Taxpayer (Donor) Statement — List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

A 1948 TUCKER AUTOMOBILE NEON DEALER SIGN

Signature of

taxpayer (donor)

Date

Part IV Declaration of Appraiser — See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Appraiser signature

Date

Here Appraiser name CHARLES DAVID GLYNN

Title LICENSED APPRAISER

Business address (including room or suite no.)

15323 NW GAINESVILLE ROAD

Identifying number

59-3327735

City or town, state, and ZIP code

REDDICK FL 32686

Part V Donee Acknowledgment — See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date 09/03/25

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use?

☐ Yes ☒ No

Name of charitable organization (donee)

GARLITS MUSEUM OF DRAG RACING, INC

Employer identification number

59-1763307

Address (number, street, and room or suite no.)

13700 SW 16TH AVE

City or town, state, and ZIP code

OCALA

FL 34473

Authorized signature

Title

CEO

Date

Name(s) shown on your income tax return

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Identifying number

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) —

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I.

Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest

If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I:

(1) For this tax year

(2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept**e** Name of any person, other than the donee organization, having actual possession of the property**5a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Yes	No

Part III Taxpayer (Donor) Statement — List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

A CIVIL WAR ERA FOLDING DENTIST CHAIR

Signature of
taxpayer (donor)

Date

Part IV Declaration of Appraiser — See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Appraiser signature

Date

Here Appraiser name CHARLES DAVID GLYNN

Title LICENSED APPRAISER

Business address (including room or suite no.)

15323 NW GAINESVILLE ROAD

Identifying number

59-3327735

City or town, state, and ZIP code

REDDICK FL 32686

Part V Donee Acknowledgment — See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date 10/10/25

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ☐ Yes ☒ No

Name of charitable organization (donee)

NATIONAL MUSEUM OF DENTISTRY

Employer identification number

52-6002033

Address (number, street, and room or suite no.)

31 SOUTH GREENE STREET

City or town, state, and ZIP code

BALTIMORE

MD 21201

Authorized signature

Title

CURATOR

Date

Form

7203

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

GEORGE J. ALBRIGHT, III

Identifying number

A Name of S corporation

OCALA LANDSCAPE MANAGEMENT, INC.

B Employer identification number

59-3564793

C Stock block (see instructions):

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

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

1	Stock basis at the beginning of the corporation's tax year	1	61,185
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	34,872
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	34,872
5	Stock basis before distributions. Add lines 1, 2, and 4	5	96,057
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	95,000
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	1,057
8a	Nondeductible expenses	8a	334
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	334
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	723
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	669
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	669
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	54

Part II Shareholder Debt Basis**Section A—Amount of Debt (If more than three debts, see instructions.)**

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

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

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

Section C—Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	669		669		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	669		669		

Federal Statements

Antique Cars

Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs

Description	Amount
PARTS	\$ 18,400
TOTAL	\$ 18,400

Federal Statements

Statement 2 - Schedule E, Page 2, Line 28

Name	P S	For Ptr	EIN	Basis Comp Required	Not at Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
OCALA LANDSCAPE MANAGEMENT, INC.	S		59-3564793	X		\$	\$	\$		\$ 34,872
RIVER RETREAT PARTNERSHIP	P		59-3480433					1,559		
WEIR PARTNERS	P		59-3486884					741		
PYA - BASIS LIMITATION	P		59-3486884					787		
CLOSET ENVY ONLINE BOUTIQUE INC	S		84-3360285							
TOTAL						\$ 0	\$ 0	\$ 3,087	\$ 0	\$ 34,872

Form 1040	Shareholder's Basis Worksheet Page 1	2025
Name GEORGE J. ALBRIGHT, III		Taxpayer Identification Number [REDACTED]
Name of Entity Ocala Landscape Management, Inc.		EIN 59-3564793
Passive Activity Type NOT PASSIVE		K1 Unit 1

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	61,185
Increases to stock basis		
2. Capital contributions made or additional stock acquired	2.	
3. Ordinary business income	3.	34,872
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	34,872
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	96,057
Decreases to stock basis		
15. Distributions allowed	15.	95,000
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	1,057
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	1,003
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	1,003
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	54

Shareholder Debt Basis

22. Debt basis at the beginning of corporation's tax year	22.	
23. Additional loans	23.	
24. Debt basis restoration	24.	
25. Nontaxable debt repayment	25.	
26. Debt basis before losses and deductions. Combine lines 22 through 25	26.	
27. Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28. Debt basis at the end of year (Subtract line 27 from line 26)	28.	0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28)	29.	54

Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	95,000
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	96,057
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30)	32.	0

● Sch D/8949, short-term capital gain

● Sch D/8949, long-term capital gain

Name GEORGE J. ALBRIGHT, III

Id No.

K1 Unit 1

Entity Name	Ocala Landscape Management, Inc.	EIN	59-3564793	Passive Activity Type	NOT	PASSIVE

Loss Allocated to Shareholder Stock and Debt Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible expenses		334	334	1.0000	334					334
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense		669	669	1.0000	669					669
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		669	669	1.0000	669					669
Total nonded and deductible items		1,003	1,003		1,003					1,003

Form 1040	Shareholder's Basis Worksheet Page 1	2025
Name TAMMY ALBRIGHT		Taxpayer Identification Number [REDACTED]
Name of Entity CLOSET ENVY ONLINE BOUTIQUE INC		EIN 84-3360285
Passive Activity Type NOT PASSIVE		K1 Unit 6

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	9,437
Increases to stock basis		
2. Capital contributions made or additional stock acquired	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	0
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	9,437
Decreases to stock basis		
15. Distributions allowed	15.	
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	9,437
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18. Other decreases to stock basis	18.	9,437
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	9,437
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	0

Shareholder Debt Basis

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

Gain Recognized on Excess Distributions

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

Federal Statements**Closet Envy Online Boutique Inc****Shareholder's Basis Page 1, Line 18 - Other Decreases To Stock Basis**

Description	Amount
SALE OF BUSINESS	\$ 9,437
TOTAL	\$ 9,437

Form 1040	Shareholder's Basis Worksheet Page 1, AMT	2025
Name GEORGE J. ALBRIGHT, III		Taxpayer Identification Number [REDACTED]
Name of Entity OCALA LANDSCAPE MANAGEMENT, INC.		EIN 59-3564793
Passive Activity Type NOT PASSIVE		K1 Unit 1

Shareholder Stock Basis, AMT

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	83,353
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	29,590
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	29,590
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	112,943
Decreases to stock basis		
15. Distributions allowed	15.	95,000
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	17,943
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	1,003
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	1,003
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	16,940

Shareholder Debt Basis, AMT

22. Debt basis at the beginning of corporation's tax year	22.	
23. Additional loans	23.	
24. Debt basis restoration	24.	
25. Nontaxable debt repayment	25.	
26. Debt basis before losses and deductions. Combine lines 22 through 25	26.	
27. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	27.	
28. Debt basis at the end of year (Subtract line 27 from line 26)	28.	0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28)	29.	16,940

AMT Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	95,000
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	112,943
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30)	32.	0

● Sch D/8949, short-term capital gain _____

● Sch D/8949, long-term capital gain _____

Form **1040**

Shareholder's Basis Worksheet Page 3, AMT

2025

Name **GEORGE J. ALBRIGHT, III**Id No. XXXXXXXXXXEntity Name **OCALA LANDSCAPE MANAGEMENT, INC.** EIN **59-3564793** Passive Activity Type **NOT PASSIVE**K1 Unit **1**

BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS

AMT Loss Allocated to Shareholder Stock and Debt Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible expense		334	334	1.0000	334					334
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797- Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense		669	669	1.0000	669					669
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		669	669	1.0000	669					669
Total nonded and deductible items		1,003	1,003		1,003					1,003

Form 1040	Shareholder's Basis Worksheet Page 1, AMT	2025
Name TAMMY ALBRIGHT		Taxpayer Identification Number
Name of Entity CLOSET ENVY ONLINE BOUTIQUE INC		EIN 84-3360285
Passive Activity Type NOT PASSIVE		K1 Unit 6

Shareholder Stock Basis, AMT

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	9,437
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary gain	8.	
9. Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	0
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	9,437
Decreases to stock basis		
15. Distributions allowed	15.	
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	9,437
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18. Other decreases to stock basis SEE STATEMENT	18.	9,437
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	9,437
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	0

Shareholder Debt Basis, AMT

22. Debt basis at the beginning of corporation's tax year	22.	
23. Additional loans	23.	
24. Debt basis restoration	24.	
25. Nontaxable debt repayment	25.	
26. Debt basis before losses and deductions. Combine lines 22 through 25	26.	
27. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	27.	
28. Debt basis at the end of year (Subtract line 28 from line 27).	28.	0
29. Stock and debt basis at the end of the year (Add lines 21 and line 28)	29.	0

AMT Gain Recognized on Excess Distributions

30. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	
31. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	
32. Total gain recognized on excess distributions. (Subtract line 31 from line 30)	32.	

● Sch D/8949, short-term capital gain

● Sch D/8949, long-term capital gain

Federal Statements

Closet Envy Online Boutique Inc

AMT Shareholder's Basis Page 1. Line 18 - Other Decreases To Stock Basis

Description	Amount
SALE OF BUSINESS	\$ 9,437
TOTAL	\$ 9,437

Form **1040****Partner's Basis Worksheet Page 1****2025**

Name GEORGE J. ALBRIGHT, III	Taxpayer Identification Number [REDACTED]
Name of Entity RIVER RETREAT PARTNERSHIP	EIN 59-3480433
Passive Activity Type NOT PASSIVE	K1 Unit 2

Part 1 - Partners Basis

1. Adjusted basis at the beginning of tax year, 1. 37,941

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3. Increase in liabilities 3. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. 1,428

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. 84

4j. Net section 1231 gain and ordinary business gains 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt interest, other tax-exempt income, and recapture of credits 4l. _____

4m. Other increases to basis 4m. _____

4n. Business interest expense (BIE) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. 1,512

5. Gain recognized on contributions of property during the year 5. _____

6. Excess of deductions for depletion over basis of property (other than oil and gas) 6. _____

7. Total basis before decreases (add lines 1,2,3, 4o, 5 and 6) 7. 39,453

Section B - Decreases

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. 1,634

8b. Distributions subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. 1,634

9a. Decrease in share of partnership liabilities 9a. 85

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. 85

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. 1,719

11. Basis after distributions (line 7 less line 10) 11. 37,734

12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. 0

13a. Oil and gas property depletion deduction up to adjusted basis of property 13a. _____

13b. Other decreases 13b. _____

13c. Total decreases other than distributions. Combine lines 12 to 13b. 13c. _____

14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. 37,734

15. Total deductions and losses. (See Partner's Basis Worksheet Page 2) 15. 1,559

16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. 1,559

17. Unused EBIE on sale of partnership interest 17. _____

18. Adjusted basis at the end of the year. (Subtract lines 16 and 17 from line 14. Do not enter less than zero) 18. 36,175

Gain Recognized on Distributions

19. Total distributions less other property distributions. (Line 10 less line 8c) 19. 1,719

20. Total basis before decreases (line 7) 20. 39,453

21. Gain recognized on excess distributions. (Subtract line 20 from line 19) 21. 0

• Sch E page 2, ordinary income _____

• Sch D/8949, short-term capital gain _____

• Sch D/8949, long-term capital gain _____

22. Gain recognized on disposition of section 737 property 22. _____

Form 1040	Partner's Basis Worksheet Page 2	2025
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Name GEORGE J. ALBRIGHT, III	Taxpayer Identification Number
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Name of Entity RIVER RETREAT PARTNERSHIP	EIN 59-3480433
Passive Activity Type NOT PASSIVE	K1 Unit 2

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed loss and Deductions	Disallowed Loss Carryforward
12. Nondeductible expenses						
13. Depletion for oil and gas						
15. Ptrship losses and deductions						
Ordinary business loss		1,559	1,559	1.0000	1,559	
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Cash contributions						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		1,559	1,559	1.0000	1,559	

Form **1040****Partner's Basis Worksheet Page 1****2025**

Name **GEORGE J. ALBRIGHT, III** Taxpayer Identification Number **[REDACTED]**
 Name of Entity **WEIR PARTNERS** EIN **59-3486884**
 Passive Activity Type **NOT PASSIVE** K1 Unit **3**

Part 1 - Partners Basis

1. Adjusted basis at the beginning of tax year, 1. 0

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____
 3. Increase in liabilities SEE STATEMENT 3. 1,528

4a. Ordinary business income 4a. _____
 4b. Net rental real estate income 4b. _____
 4c. Other net rental income 4c. _____
 4d. Interest income 4d. _____
 4e. Ordinary dividends 4e. _____
 4f. Dividend equivalents 4f. _____
 4g. Royalties 4g. _____
 4h. Net short-term capital gain 4h. _____
 4i. Net long-term capital gain 4i. _____
 4j. Net section 1231 gain and ordinary business gains 4j. _____
 4k. Other income 4k. _____
 4l. Tax-exempt interest, other tax-exempt income, and recapture of credits 4l. _____
 4m. Other increases to basis 4m. _____
 4n. Business interest expense (BIE) 4n. _____
 4o. Total increases (add lines 4a through 4n) 4o. 0
 5. Gain recognized on contributions of property during the year 5. _____
 6. Excess of deductions for depletion over basis of property (other than oil and gas) 6. _____
 7. Total basis before decreases (add lines 1,2,3, 4o, 5 and 6) 7. 1,528

Section B - Decreases

8. Withdrawals, distributions of money, and the adjusted basis of distributed property
 8a. Cash and marketable securities distributed 8a. _____
 8b. Distributions subject to section 737 8b. _____
 8c. Other property distributed 8c. _____
 8d. Total distributions (add lines 8a through 8c) 8d. _____
 9a. Decrease in share of partnership liabilities 9a. _____
 9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____
 9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____
 10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. 0
 11. Basis after distributions (line 7 less line 10) 11. 1,528
 12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. 0
 13a. Oil and gas property depletion deduction up to adjusted basis of property 13a. _____
 13b. Other decreases 13b. _____
 13c. Total decreases other than distributions. Combine lines 12 to 13b. 13c. _____
 14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. 1,528
 15. Total deductions and losses. (See Partner's Basis Worksheet Page 2) 15. 2,408
 16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. 1,528
 17. Unutilized EBIE on sale of partnership interest 17. _____
 18. Adjusted basis at the end of the year. (Subtract lines 16 and 17 from line 14. Do not enter less than zero) 18. 0

Gain Recognized on Distributions

19. Total distributions less other property distributions. (Line 10 less line 8c) 19. _____
 20. Total basis before decreases (line 7) 20. _____
 21. Gain recognized on excess distributions. (Subtract line 20 from line 19) 21. _____
 • Sch E page 2, ordinary income _____
 • Sch D/8949, short-term capital gain _____
 • Sch D/8949, long-term capital gain _____
 22. Gain recognized on disposition of section 737 property 22. _____

Form **1040****Partner's Basis Worksheet Page 2****2025**

Name GEORGE J. ALBRIGHT, III Taxpayer Identification Number XXXXXXXXXX

Name of Entity WEIR PARTNERS EIN 59-3486884
 Passive Activity Type NOT PASSIVE K1 Unit 3

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed loss and Deductions	Disallowed Loss Carryforward
12. Nondeductible expenses						
13. Depletion for oil and gas						
15. Ptrship losses and deductions						
Ordinary business loss	787	1,621	2,408	1.0000	1,528	880
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Cash contributions						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions	787	1,621	2,408	1.0000	1,528	880

Federal Statements

Weir Partners

Partner's Basis Worksheet Page 1 - Increase in Share of Partnership Liabilities

Description	Amount	Amount
2025 SHARE OF PARTNERSHIP LIABILITIES (SCH K-1 (1065) ITEM L)	\$	\$
1. NONRECOURSE		
2. QUALIFIED NONRECOURSE FINANCING		
3. RECOURSE	2,089	
4. 2025 TOTAL SHARE OF PARTNERSHIP LIABILITIES. COMBINE LINES 1 THROUGH 3.		2,089
2024 SHARE OF PARTNERSHIP LIABILITIES (SCH K-1 (1065) ITEM L)		
5. NONRECOURSE		
6. QUALIFIED NONRECOURSE FINANCING		
7. RECOURSE	561	
8. 2024 TOTAL SHARE OF PARTNERSHIP LIABILITIES. COMBINE LINES 5 THROUGH 7.		561
9. SUBTRACT LINE 8 FROM LINE 4		1,528
10. PARTNERSHIP LIABILITIES ASSUMED DURING THE TAX YEAR		
11. INCREASE IN SHARE OF PARTNERSHIP LIABILITIES. COMBINE LINES 9 AND 10.		1,528

Form **1040****Partner's Basis Worksheet Page 1, AMT****2025**

Name GEORGE J. ALBRIGHT, III Taxpayer Identification Number [REDACTED]
 Name of Entity RIVER RETREAT PARTNERSHIP EIN 59-3480433
 Passive Activity Type NOT PASSIVE K1 Unit 2

Part 1 - Partners Basis

1. Adjusted basis at the beginning of tax year, 1. 37,941

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3. Increase in liabilities 3. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest income 4d. 1,428

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. 84

4j. Net section 1231 gain and ordinary business gains 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt interest, other tax-exempt income, and recapture of credits 4l. _____

4m. Other increases to basis 4m. _____

4n. Business interest expense (BIE) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. 1,512

5. Gain recognized on contributions of property during the year 5. _____

6. Excess of deductions for depletion over basis of property (other than oil and gas) 6. _____

7. Total basis before decreases (add lines 1,2,3, 4o, 5 and 6) 7. 39,453

Section B - Decreases

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. 1,634

8b. Distributions subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. 1,634

9a. Decrease in share of partnership liabilities 9a. 85

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. 85

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. 1,719

11. Basis after distributions (line 7 less line 10) 11. 37,734

12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. 0

13a. Oil and gas property depletion deduction up to adjusted basis of property 13a. _____

13b. Other decreases 13b. _____

13c. Total decreases other than distributions. Combine lines 12 to 13b. 13c. _____

14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. 37,734

15. Total deductions and losses. (See Partner's Basis Worksheet Page 2) 15. 1,559

16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. 1,559

17. Unused EBIE on sale of partnership interest 17. _____

18. Adjusted basis at the end of the year. (Subtract lines 16 and 17 from line 14. Do not enter less than zero) 18. 36,175

Gain Recognized on Distributions

19. Total distributions less other property distributions. (Line 10 less line 8c) 19. 1,719

20. Total basis before decreases (line 7) 20. 39,453

21. Gain recognized on excess distributions. (Subtract line 20 from line 19) 21. 0

• Sch E page 2, ordinary income

• Sch D/8949, short-term capital gain

• Sch D/8949, long-term capital gain

22. Gain recognized on disposition of section 737 property 22. _____

Form 1040	Partner's Basis Worksheet Page 2, AMT	2025
Name GEORGE J. ALBRIGHT, III		Taxpayer Identification Number
Name of Entity RIVER RETREAT PARTNERSHIP		EIN 59-3480433
Passive Activity Type NOT PASSIVE		K1 Unit 2

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss and Deductions	Disallowed Loss Carryforward
12. Nondeductible expenses						
13. Depletion for oil and gas						
15. Partnership losses and deductions						
Ordinary business loss		1,559	1,559	1.0000	1,559	
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Portfolio deduct (other)						
Cash contributions						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Investment interest expense						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		1,559	1,559	1.0000	1,559	

Form **1040****Partner's Basis Worksheet Page 1, AMT****2025**

Name GEORGE J. ALBRIGHT, III Taxpayer Identification Number [REDACTED]
 Name of Entity WEIR PARTNERS EIN 59-3486884
 Passive Activity Type NOT PASSIVE K1 Unit 3

Part 1 - Partners Basis

1. Adjusted basis at the beginning of tax year, 1. 0

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____
 3. Increase in liabilities 3. 1,528

4a. Ordinary business income 4a. _____
 4b. Net rental real estate income 4b. _____
 4c. Other net rental income 4c. _____
 4d. Interest income 4d. _____
 4e. Ordinary dividends 4e. _____
 4f. Dividend equivalents 4f. _____
 4g. Royalties 4g. _____
 4h. Net short-term capital gain 4h. _____
 4i. Net long-term capital gain 4i. _____
 4j. Net section 1231 gain and ordinary business gains 4j. _____
 4k. Other income 4k. _____
 4l. Tax-exempt interest, other tax-exempt income, and recapture of credits 4l. _____
 4m. Other increases to basis 4m. _____
 4n. Business interest expense (BIE) 4n. _____
 4o. Total increases (add lines 4a through 4n) 4o. 0
 5. Gain recognized on contributions of property during the year 5. _____
 6. Excess of deductions for depletion over basis of property (other than oil and gas) 6. _____
 7. Total basis before decreases (add lines 1,2,3, 4o, 5 and 6) 7. 1,528

Section B - Decreases

8. Withdrawals, distributions of money, and the adjusted basis of distributed property
 8a. Cash and marketable securities distributed 8a. _____
 8b. Distributions subject to section 737 8b. _____
 8c. Other property distributed 8c. _____
 8d. Total distributions (add lines 8a through 8c) 8d. _____
 9a. Decrease in share of partnership liabilities 9a. _____
 9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____
 9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____
 10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. 0
 11. Basis after distributions (line 7 less line 10) 11. 1,528
 12. Nondeductible expenses. (See Partner's Basis Worksheet Page 2) 12. 0
 13a. Oil and gas property depletion deduction up to adjusted basis of property 13a. _____
 13b. Other decreases 13b. _____
 13c. Total decreases other than distributions. Combine lines 12 to 13b. 13c. _____
 14. Basis after nondeductible expenses and depletion. (line 11 less line 13c) 14. 1,528
 15. Total deductions and losses (See Partner's Basis Worksheet Page 2) 15. 2,408
 16. Allowable deductions and losses. (See Partner's Basis Worksheet Page 2) 16. 1,528
 17. Unutilized EBIE on sale of partnership interest 17. _____
 18. Adjusted basis at the end of the year. (Subtract lines 16 and 17 from line 14. Do not enter less than zero) 18. 0

Gain Recognized on Distributions

19. Total distributions less other property distributions. (Line 10 less line 8c) .. 19. _____
 20. Total basis before decreases (line 7) 20. _____
 21. Gain recognized on excess distributions. (Subtract line 20 from line 19) 21. _____
 • Sch E page 2, ordinary income _____
 • Sch D/8949, short-term capital gain _____
 • Sch D/8949, long-term capital gain _____
 22. Gain recognized on disposition of section 737 property 22. _____

Form **1040****Partner's Basis Worksheet Page 2, AMT****2025**

Name **GEORGE J. ALBRIGHT, III** Taxpayer Identification Number XXXXXXXXXX

Name of Entity **WEIR PARTNERS**EIN **59-3486884**Passive Activity Type **NOT PASSIVE**K1 Unit **3**

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss and Deductions	Disallowed Loss Carryforward
12. Nondeductible expenses						
13. Depletion for oil and gas						
15. Partnership losses and deductions						
Ordinary business loss	787	1,621	2,408	1.0000	1,528	880
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Portfolio deduct (other)						
Cash contributions						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Investment interest expense						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions	787	1,621	2,408	1.0000	1,528	880

Year Ending: December 31, 2025

George J. Albright, III & Tammy Albright
209 S.E. 15th Avenue
Ocala, FL 34471

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

Under IRC Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Schedule **C****Qualified Business Income Calculation Worksheet****2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer Identification Number

Form/Schedule

C

Unit

1

Principle business or profession

ANTIQUE CARS

1.	Schedule C, Line 31, Net profit or (loss)	1.	-35,703
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	2.	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 carryover	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7.	
8.	Deductible portion of self-employment taxes	8.	
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	
11.	Tip income excluded from net profit under Section 224	11.	
12.	Reserved	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	-35,703

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

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

Schedule E

K-1 Reconciliation Worksheet - Qualified Business Income

2025

Name		GEORGE J. ALBRIGHT, III		Entity Type		S CORPORATION		Taxpayer Identification Number		Screen K1		K1 Unit	
Entity Name		OCALA LANDSCAPE MANAGEMENT, INC.		EIN		59-3564793		Passive Activity Type		NOT PASSIVE		Entire disposition of activity	
Activity		Screen K1QBI Amount		QBI Items from Schedule K-1		Basis Limit Adjustment		At-risk Limit Adjustment		Passive Limitation		Qualified Business Income	
Qualified Business Income													
Ordinary business incl/-loss		34,872		34,872								34,872	
Net rental real estate incl/-loss													
Other net rental income/-loss													
Royalties													
Section 1231 gain (loss)													
Section 179 expense													
Disallowed Section 179 exp													
Other income (loss)													
Other income/-loss Form 1040													
Reserved													
Other deductions													
4797 ordinary income / -loss													
Depletion													
UPE + Debt financed acquisit													
Deductible part of SE tax													
Self-employed health insurance													
Self-employed qualified plans													
Ordinary gains on distribution													
Total Qualified Business Income												34,872	

Form 8995 or 8995-A

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

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

Schedule E K-1 Reconciliation Worksheet - Qualified Business Income

2025

Name		GEORGE J. ALBRIGHT, III		Taxpayer Identification Number		Screen K1		K1 Unit		2	
Entity Name		RIVER RETREAT PARTNERSHIP		EIN		59-3480433		Entity Type		PARTNERSHIP	
Activity		RIVER RETREAT PARTNERSHIP		Passive Activity Type		NOT PASSIVE		Entire disposition of activity			
Qualified Business Income	Screen K1 QBI Amount	QBI Items from Schedule K-1	Basis Limit Adjustment	At-risk Limit Adjustment	Passive Limitation	Qualified Business Income	Prior Year Suspended QBI Losses Allowed	Passive / 179	Basis	At-risk	
Ordinary business inc/loss	-1,559	-1,559				-1,559					
Net rental real estate inc/loss											
Other net rental income/loss											
Royalties											
Section 1231 gain (loss)											
Section 179 expense											
Disallowed Section 179 exp											
Other income (loss)											
Other income/loss Form 1040											
Reserved											
Other deductions											
4797 ordinary income / loss											
Depletion											
UPE + Debt financed acqisit											
Deductible part of SE tax											
Self-employed health insurance											
Self-employed qualified plans											
Ordinary gains on distribution											
Total Qualified Business Income						-1,559					

Form 8995 or 8995-A

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

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

Form **1040****Carryover Report****2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer's SSN Number

Carryover Item	Available to 2025	2025 Amounts		Carryover to 2026
Minimum tax credit				
Investment interest	1,539	UTILIZED	-602	937
Investment interest - AMT	1,539	UTILIZED	-602	937
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss		GENERATED	6,353	6,353
Long-term capital loss - AMT		GENERATED	6,353	6,353
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				
Qualified business income loss		GENERATED	3,918	3,918
Qualified REIT income and PTP loss				
Excess business loss portion of NOL				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797			AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2020 Amounts			2020 Amounts		
2021 Amounts			2021 Amounts	GENERATED	1,360
2022 Amounts			2022 Amounts		
2023 Amounts			2023 Amounts		
2024 Amounts			2024 Amounts	UTILIZED	-584
Available to 2025			Available to 2025		776
2025 Amounts			2025 Amounts		
Carryover to 2026			Carryover to 2026		776

Form **1040****Return Carryover Summary****2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer Identification Number

Activity/Form	Unit	Description	Carryover to 2026
K-1	3	WEIR PARTNERS - WEIR PARTNERS	
		BASIS - ORDINARY BUSINESS	880
		ORDINARY BUSINESS AMT	880
D		LONG-TERM CAPITAL LOSS	6,353
D		LONG-TERM CAPITAL LOSS AMT	6,353
4952		DISALLOWED INVESTMENT INTEREST EXPENSES	937
4952		DISALLOWED INVESTMENT INTEREST EXPENSES AMT	937
4797		NON-RECAPTURED NET SECTION 1231 LOSSES AMT	776
IRA		TRADITIONAL IRA BASIS - TAXPAYER	1,181
1040		QUALIFIED BUSINESS INCOME DEDUCTION CARRYFORWARD	3,918

Form **1040****Salaries & Wages Report****2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer Identification Number

T/S **Employer****A T** MARION COUNTY TAX COLLECTOR

Federal Wages

Federal Withheld

% Federal W/H to Wages

Soc Sec Wages

Soc Sec Withheld

176,100

10,918

31,220

64,511

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Form **1040****Two Year Comparison Report - Page 1****2024 & 2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer Identification Number

		2024	2025	Differences
Filing Status		MFJ	MFJ	
Dependents		0	0	
Income	1. Salaries and wages	186,505	206,647	20,142
	2. Interest income	955	2,714	1,759
	3. Tax exempt interest income			
	4. Dividend income		544	544
	5. Qualified dividend income		49	49
	6. Taxable state/local refunds			
	7. Alimony received			
	8. Business income/loss	-9,073	-35,703	-26,630
	9. Capital gain/loss	33,148	-3,000	-36,148
	10. Other gains/losses			
	11. Taxable IRA distributions			
	12. Taxable pensions			
	13. Rent and royalty income including farm rental			
	14. Partnership/S corp income	103,868	31,785	-72,083
	15. Estate or trust income			
	16. Farm income/loss			
	17. Unemployment compensation			
	18. Taxable social security	38,471	39,951	1,480
	19. Other income			
	20. Total income	353,874	242,938	-110,936
Adjustments	21. Moving expenses			
	22. Deductible part of self-employment tax			
	23. SEP/SIMPLE/Qualified plans deductions			
	24. SE health insurance			
	25. Penalty on early withdrawal of savings			
	26. Alimony paid			
	27. IRA deductions			
	28. Student loan interest			
	29. Other adjustments			
	30. Adjusted gross income	353,874	242,938	-110,936
Deductions	31. Medical			
	32. Taxes	7,500	11,506	4,006
	33. Interest	955	3,258	2,303
	34. Contributions	2,797	43,049	40,252
	35. Casualty losses			
	36. Miscellaneous expenses			
	37. Allowable itemized deductions	11,252	57,813	46,561
	38. Standard deduction	30,750	33,100	2,350
		STANDARD	ITEMIZED	
	39. Deduction taken	30,750	57,813	27,063
	40. Additional deductions (Sch 1-A)		424	424
	41. Taxable income before qualified business inc ded (QBID)	323,124	184,701	-138,423
	42. Qualified business income deduction	18,959	0	-18,959
43. Taxable income	304,165	184,701	-119,464	

Form **1040****Two Year Comparison Report - Page 2****2024 & 2025**

Name

GEORGE J. ALBRIGHT, III & TAMMY ALBRIGHT

Taxpayer Identification Number

		2024	2025	Differences
44.	Taxable income from 2YR page 1, line 43	304,165	184,701	-119,464
45.	Tax on taxable income	56,101	30,462	-25,639
46.	Alternative minimum tax			
47.	Excess advance premium tax credit & other advanced repayments			
48.	Child care credit			
49.	Education credits			
50.	Retirement savings credit			
51.	Child & other dependent tax credit			
52.	General business credit			
53.	Other credits			
54.	Total credits			
55.	Net tax liability	56,101	30,462	-25,639
56.	Self-employment taxes			
57.	Other taxes	1,274		-1,274
58.	Total tax	57,375	30,462	-26,913
59.	Income tax withheld	54,449	64,511	10,062
60.	Estimated tax payments	47,400	18,800	-28,600
61.	Earned income credit			
62.	Additional Child tax credit			
63.	Other refundable tax credits			
64.	Other payments			
65.	Total payments	101,849	83,311	-18,538
66.	Tax due/-refund	-44,474	-52,849	-8,375
67.	Penalties and interest			
68.	Net tax due/-refund	-44,474	-52,849	-8,375
69.	Refund applied to estimated tax payments	8,800		-8,800
70.	Refund received	-35,674	-52,849	-17,175
71.	Effective tax rate	19.0 %	16.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2024	2024 Marginal	2025	2025 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	271,017	24.0 %	184,701	22.0 %
Capital income	33,148	15.0 %		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form 1040	Two Year Comparison Report - Schedule C	2024 & 2025
------------------	--	------------------------

Name **GEORGE J. ALBRIGHT, III** Taxpayer identification number XXXXXXXXXX

Principal business or profession
ANTIQUE CARS

Unit
1

Income		2024	2025	Differences
1. Gross receipts or sales	1.	5,659	26,750	21,091
2. Returns and allowances	2.			
3. Cost of goods sold	3.	1,728	38,000	36,272
4. Gross profit	4.	3,931	-11,250	-15,181
5. Other income	5.			
6. Gross income	6.	3,931	-11,250	-15,181

Expenses		2024	2025	Differences
7. Advertising	7.	23		-23
8. Car and truck expenses	8.			
9. Commissions and fees	9.			
10. Contract labor	10.		8,800	8,800
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.			
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.		634	634
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.	400	500	100
18. Office expense	18.			
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.	2,384	4,598	2,214
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.			
24. Taxes and licenses	24.	1,193	591	-602
25. Travel	25.			
26. Total meals and entertainment	26.			
26a. Nondeductible meals and entertainment	26a.			
26b. Deductible meals and entertainment	26b.			
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.	9,004	9,330	326
30. Energy efficient commercial buildings deduction (Form 7205)	30.			
31. Total expenses	31.	13,004	24,453	11,449

Profit/ (loss)		2024	2025	Differences
32. Tentative profit (loss)	32.	-9,073	-35,703	-26,630
33. Expenses for business use of home	33.			
34. Net profit or (loss)	34.	-9,073	-35,703	-26,630

Cost of Goods Sold		2024	2025	Differences
35. Inventory - Beginning of year	35.	5,000	32,900	27,900
36. Purchases	36.	26,400	3,225	-23,175
37. Labor	37.			
38. Materials	38.			
39. Other costs	39.	3,228	18,400	15,172
40. Goods available for sale (sum of lines 34-38)	40.	34,628	54,525	19,897
41. Inventory - End of year	41.	32,900	16,525	-16,375

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID) 

Taxpayer's name

GEORGE J. ALBRIGHT, III

Social security number

Spouse's name

TAMMY ALBRIGHT

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

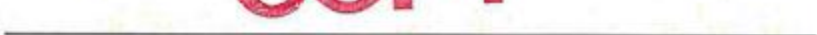
1	Adjusted gross income	1	242,938
2	Total tax	2	30,462
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	64,511
4	Amount you want refunded to you	4	52,849
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

Your signature  Date 06/19/26

Spouse's PIN: check one box only

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

Spouse's signature  Date 06/19/26**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros

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

ERO's signature BRENDA L. FORD Date 06/19/26

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

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

Form **8879** (Rev. 01-2021)