2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/13/2026

General Information

Name: Hon Douglas Wade Mercer

CONFIDENTIAL

PID 12336

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (14Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of May 1, 2026 was $ 300,000.00.

Filed with COE: 05/13/2026

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 $ 140,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Homestead residence and land {REDACTED}	$ 625,000.00
2014 Kubota L3200; 2018 Kubota ZTR Mower	$ 8,500.00
Honda ATV, Artic Kat ATV	$ 3,500.00
Bank Accounts (First Federal Bank)	$ 14,400.00
Bank Account (CD - First Commerce Credit Union	$ 9,000.00
Chevrolet Silverado (2026)	$ 52,000.00
Honda Civic (2019)	$ 28,000.00
Chevrolet Colorado (2019)	$ 20,000.00

Filed with COE: 05/13/2026

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Commerce Credit Union (Mortgages)	4472 Lafayette Street, Marianna, Fl. 32446	$ 335,000.00
First Commerce Credit Union (Auto Loans)	4472 Lafayette Street, Marianna, Fl. 32446	$ 46,000.00
GTE Credit Union (Auto Loan)	P.O. Box 172599, Tampa, Fl. 33672-0599	$ 50,400.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 05/13/2026

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
See Attached		

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

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

Interests in Specified Businesses

Business Entity # 1
N/A

Filed with COE: 05/13/2026

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Douglas Wade Mercer

Digitally signed: **05/13/2026**

Filed with COE: 05/13/2026

COVER PAGE

Filing Checklist for 2025 Tax Return Filed On Standard Forms

Prepared on: 02/05/2026 09:39:32 am

Return: C:\Users\mercerw\OneDrive - 14th Judicial Circuit\Documents\HRBlock\Douglas Mercer 2025 Tax Return.T25

To file your 2025 tax return, simply follow these instructions:

Step 1. Sign and date the return

Because you're filing a joint return, Douglas and Samantha both need to sign the tax return.

If your return is signed by a representative for you, you must have a power of attorney attached that specifically authorizes the representative to sign your return. To do this, you can use Form 2848, Power of Attorney and Declaration of Representative.

Step 2. Assemble the return

These forms should be assembled behind Form 1040: U.S. Individual Income Tax Return

- Schedule 1
- Schedule A
- Schedule D
- Schedule F
- Schedule 8812

Staple these documents to the front of the first page of the return:

Form W-2: Wage and Tax Statement

1st (State of Florida)

2nd [redacted]

Step 3. Mail the return

Mail the return to this address:

Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0002

We recommend that you use one of these IRS-approved methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.

- DHL Express, Express 9:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.

- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.

- UPS Next Day Air Early A.M., Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 4. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the IRS:

- - Background Worksheet
- - Dependents Worksheet
- - Child Tax Credit Worksheet
- - Last Year's Data Worksheet
- - Form 1099-INT/OID
- - Home Mortgage Interest Worksheet
- - Charitable Worksheet
- - Noncash or Item Donations

2025 return information - Keep this for your records

Here is some additional information about your 2025 return. Keep this information with your records.

You will need your 2025 AGI to electronically sign your return next year.

Quick Summary

Income		$229,773
/ djustments	-	$300
Adjusted gross income		**$229,473**
Deductions	-	$60,495
Taxable income		**$168,978**
Tax withheld or paid already		$38,838
Actual tax due	-	$26,003
Refund applied to next year	-	$0
Refund		**$12,835**

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** | **2025** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space

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	Last name	Your social security number
Douglas W	Mercer	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
[redacted] O	Mercer	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] | Apt. no. | 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. [redacted] | State [redacted] | ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

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

Filing Status Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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	[redacted]			
(2) Last name	Mercer	Mercer		
(3) SSN	[redacted]			
(4) Relationship	Son	Son		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☒ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

☐ 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

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	234,490
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	0
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	234,490
2a	Tax-exempt interest 2a 0 b Taxable interest	2b	760
3a	Qualified dividends 3a 0 b Ordinary dividends	3b	0
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a b Taxable amount	4b	0
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐ _____		
5a	Pensions and annuities 5a b Taxable amount	5b	0
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐ _____		
6a	Social security benefits 6a b Taxable amount	6b	
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	-2,477
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	229,773
10	Adjustments to income from Schedule 1, line 26	10	300
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	229,473

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	229,473
	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		
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 inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	60,495
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0
	b	Additional deductions from Schedule 1-A, line 38	13b	0
	14	Add lines 12e, 13a, and 13b	14	60,495
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	168,978
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	27,003
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	27,003
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	1,000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	26,003
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your **total tax**	24	26,003

Payments and Refundable Credits

	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	38,838	
	b	Form(s) 1099	25b	0	
	c	Other forms (see instructions)	25c	0	
	d	Add lines 25a through 25c			25d 38,838
	26	2025 estimated tax payments and amount applied from 2024 return			26 0
		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
If you have a qualifying child, you may need to attach Sch. EIC.	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	0	
	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	0	
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32 0
	33	Add lines 25d, 26, and 32. These are your **total payments**			33 38,838

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	12,835
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	12,835
Direct deposit? See instructions.	b	Routing number [redacted] c Type: ☒ Checking ☐ Savings		
	d	Account number [redacted]		
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	0

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

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

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

Joint return? See instructions. Keep a copy for your records.

Phone no. [redacted] Email address [redacted]

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

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

2025

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Douglas W Mercer

Your social security number: [redacted]

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 0

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	0
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	0
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684		4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	-2,477
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 (0)		
b	Gambling	8b 0		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (0)		
e	Income from Form 8853	8e 0		
f	Income from Form 8889	8f 0		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i 0		
j	Activity not engaged in for profit income	8j 0		
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 0		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m 0		
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 0		
r	Scholarship and fellowship grants not reported on Form W-2	8r 0		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (0)		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t 0		
u	Wages earned while incarcerated	8u 0		
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
z	Other income. List type and amount: _____	8z 0		
9	Total other income. Add lines 8a through 8z		9	0
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	-2,477

Part II Adjustments to Income

11	Educator expenses		11	300
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	0
13	Health savings account deduction. Attach Form 8889		13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	0
15	Deductible part of self-employment tax. Attach Schedule SE		15	0
16	Self-employed SEP, SIMPLE, and qualified plans		16	0
17	Self-employed health insurance deduction		17	0
18	Penalty on early withdrawal of savings		18	0
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instruction), check here ☐		20	0
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	0
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	0	
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	0	
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j	0	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	0	
z	Other adjustments. List type and amount:	24z	0	
25	Total other adjustments. Add lines 24a through 24z		25	0
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	300

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

2025

Attachment Sequence No. 1A

Name(s) shown on Form 1040, 1040-SR, or 1040-NR.
Douglas W Mercer

Your social security number
[redacted]

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			1	229,473
2a	Enter any income from Puerto Rico that you excluded	2a	0		
b	Enter the amount from Form 2555, line 45	2b	0		
c	Enter the amount from Form 2555, line 50	2c	0		
d	Enter the amount from Form 4563, line 15	2d	0		
e	Add lines 2a, 2b, 2c, and 2d			2e	0
3	Add lines 1 and 2e			3	229,473

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			
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	0
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	0
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	

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 QPVLI 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.

	(i) Vehicle identification number (VIN)	Interest for this loan: (ii) Deducted on Schedule C, Schedule E, or Schedule F	Interest for this loan: (iii) Schedule 1-A
a	[redacted]		910
b			

23	Add lines 22a and 22b, column (iii)	23	910
24	Enter the smaller of the amount on line 23 or $10,000	24	910
25	Enter the amount from line 3	25	229,473
26	Enter $100,000 ($200,000 if married filing jointly)	26	200,000
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	29,473
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
29	Multiply line 28 by $200	29	5,800
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	30	0

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	
32	Enter $75,000 ($150,000 if married filing jointly)	32	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	33	
34	Multiply line 33 by 6% (0.06)	34	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	35	
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	
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	0

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	0

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

2025

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR: Douglas W Mercer

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	0	
	2	Enter amount from Form 1040 or 1040-SR, line 11b (2: 229,473)			
	3	Multiply line 2 by 7.5% (0.075)	3	17,210	
	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 [X]	5a	7,025	
	b	State and local real estate taxes (see instructions)	5b	3,174	
	c	State and local personal property taxes	5c	0	
	d	Add lines 5a through 5c	5d	10,199	
	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	10,199	
	6	Other taxes. List type and amount :	6	0	
	7	Add lines 5e and 6			7: 10,199
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	17,240	
	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	0	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	0	
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	17,240	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10: 17,240
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	4,777	
	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	200	
	13	Carryover from prior year	13	28,079	
	14	Add lines 11 through 13			14: 33,056
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: 0
Other Itemized Deductions	16	Other – from list in instructions. List type and amount:			16: 0
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: 60,495
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]			

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2025

Attachment Sequence No. **12**

Name(s) shown on return

Douglas W Mercer

Your social security number

[redacted]

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	0	0		0
1b Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked	0	0	0	0
2 Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked	0	0	0	0
3 Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked	0	0	0	0

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	0
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	(0)
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	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 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 8b	0	0		0
8b Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked	0	0	0	0
9 Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked	0	0	0	0
10 Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked	0	0	0	0

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	0
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	0
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(-23,000)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	15	-23,000

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . 16 -23,000

- 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 Forms 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 Forms 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE F (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

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

OMB No. 1545-0074

2025

Attachment Sequence No. 14

Name of proprietor	Social security number (SSN)
Douglas W Mercer	[redacted]

A Principal crop or activity	B Enter code from Part IV	C Accounting method:	D Employer ID number (EIN) (see instr.)
Timber	113000	[X] Cash [ ] Accrual	

E Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on passive losses . . . [X] Yes [ ] No

F Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions . . . [ ] Yes [X] No

G If "Yes," did you or will you file required Form(s) 1099? . . . [ ] Yes [X] No

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

1a	Sales of purchased livestock and other resale items (see instructions)	1a				
b	Cost or other basis of purchased livestock or other items reported on line 1a	1b				
c	Subtract line 1b from line 1a				1c	0
2	Sales of livestock, produce, grains, and other products you raised				2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a	0	3b Taxable amount	3b	
4a	Agricultural program payments (see instructions)	4a		4b Taxable amount	4b	
5a	Commodity Credit Corporation (CCC) loans reported under election				5a	
b	CCC loans forfeited	5b		5c Taxable amount	5c	
6	Crop insurance proceeds and federal crop disaster payments (see instructions):					
a	Amount received in 2025	6a	0	6b Taxable amount	6b	
c	If election to defer to 2026 is attached, check here [ ]			6d Amount deferred from 2024	6d	
7	Custom hire (machine work) income				7	
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				8	0
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions				9	0

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

10	Car and truck expenses (see instructions). Also attach Form 4562	10	0	23 Pension and profit-sharing plans	23	
11	Chemicals	11		24 Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14	0	25 Repairs and maintenance	25	
15	Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16	Feed	16		27 Storage and warehousing	27	
17	Fertilizers and lime	17		28 Supplies	28	
18	Freight and trucking	18		29 Taxes	29	79
19	Gasoline, fuel, and oil	19		30 Utilities	30	
20	Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	
21	Interest (see instructions):			32 Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a	2,398	a	32a	
b	Other	21b		b	32b	
22	Labor hired (less employment credits)	22		c	32c	
				d	32d	
				e	32e	
				f	32f	

33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions	33	2,477
34	**Net farm profit or (loss).** Subtract line 33 from line 9. If a profit, stop here and see instructions for where to report. If a loss, complete line 36.	34	-2,477

35 Reserved for future use.

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

a [X] All investment is at risk. b [ ] Some investment is not at risk.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. 47

Name(s) shown on return: Douglas W Mercer

Your social security number: [redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	229,473
2a	Enter income from Puerto Rico that you excluded	2a	0		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0		
c	Enter the amount from line 15 of your Form 4563	2c	0		
d	Add lines 2a through 2c			2d	0
3	Add lines 1 and 2d			3	229,473
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,200			5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	1,000
8	Add lines 5 and 7			8	1,000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0
11	Multiply line 10 by 5% (0.05)			11	0
12	Is the amount on line 8 more than the amount on line 11?			12	1,000
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	27,003
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	1,000

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use		15	
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit		16a	0
b	Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. **TIP:** The number of children you use for this line is the same as the number of children you used for line 4.		16b	
17	Enter the **smaller** of line 16a or line 16b		17	
18a	Earned income (see instructions)	18a		
b	Nontaxable combat pay (see instructions) 18b			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-		25	
26	Enter the **larger** of line 20 or line 25		26	

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

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

AMENDED

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: DOUGLAS W. MERCER
Social security number: [redacted]

Spouse's name: [redacted] MERCER
Spouse's social security number: [redacted]

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	229,473
2	Total tax	2	32,181
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	38,838
4	Amount you want refunded to you	4	
5	Amount you owe	5	6,178

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 LESLIE A. TUCKER CPA PA (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ▶ 03/19/26

Spouse's PIN: check one box only

☒ I authorize LESLIE A. TUCKER CPA PA (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ▶ 03/19/26

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 ▶ LESLIE A TUCKER, CPA Date ▶ 03/19/26

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

1040 | Federal Return Summary | 2025

Name

DOUGLAS W. [redacted] MERCER

Taxpayer Identification Number

[redacted]

Tax Form	1040 AMENDED
Tax Method Used	TAX COMPUTATION WRK

Income

Salaries & wages	234,490
Taxable interest income	760
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	-3,000
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	-2,477
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	229,773

Adjustments

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	300
Total adjustments	300
Adjusted gross income	229,473

Deductions

Medical and Dental expenses	
Taxes paid	10,199
Interest paid	17,240
Charitable contributions	4,977
Other itemized deductions	
Total itemized deductions	32,416
or, Standard deduction	
Additional deductions (Schedule 1-A)	
Taxable income before QBID	197,057
Qualified Business Income Deduction (QBID)	
Taxable income	197,057

Filing Status	MFJ
Dependents	2

Tax Computation

Regular tax	33,181
Excess advance premium tax credit	
Repayment clean vehicle transfers and other	
Alternative minimum tax	
Total tax before credits	33,181
Child and dependent care credit	
Education credits	
Other credits	1,000
Total credits	1,000
Tax after credits	32,181
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	32,181

Payments

Federal income tax withheld	38,838
Estimated payments	
Other payments/credits	
Total payments	38,838

Refund/Amount Due

Amount overpaid	6,657
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-6,657
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-6,657

2026 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income*	22.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	16.0 %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

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

Name: DOUGLAS W. [redacted] MERCER

Taxpayer Identification Number: [redacted]

Activity/Form	Unit	Description	Carryover to 2026
D		LONG-TERM CAPITAL LOSS	20,000
D		LONG-TERM CAPITAL LOSS AMT	20,000
1040		QUALIFIED BUSINESS INCOME DEDUCTION CARRYFORWARD	2,477

[redacted] 03/19/2026 12:29 PM Pg 13

Form **1040-X** (Rev. December 2025)

Department of the Treasury — Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

You must: • Attach a completed Form 1040, 1040-SR, or 1040-NR, with your changes, for the return year entered below; and
• Attach any supporting documents and new or changed forms and schedules and complete Part II. See instructions.

This return is for calendar year (enter year) 2025 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	Your social security number
DOUGLAS W.	MERCER	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
[redacted]	MERCER	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] State ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, didn't previously want $3 to go to this fund, but now do. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. You must complete Part II on page 2 and explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change – amount of increase or (decrease) – explain in Part II	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1	229,473		229,473
2 Itemized deductions or standard deduction	2	60,495	-28,079	32,416
3 Subtract line 2 from line 1	3	168,978	28,079	197,057
4a Qualified business income deduction	4a			
b Deductions for tips, overtime, car loan interest, and seniors from Schedule 1-A (Form 1040). Attach your Schedule 1-A	4b			
5 Taxable income. Subtract the total of lines 4a and 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5	168,978	28,079	197,057
Tax Liability				
6 Tax. Enter method(s) used to figure tax. See instructions: TCW	6	27,003	6,178	33,181
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7	1,000		1,000
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	26,003	6,178	32,181
9 Reserved for future use	9			
10 Other taxes	10			
11 Total tax. Add lines 8 and 10	11	26,003	6,178	32,181
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	38,838		38,838
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16	17			38,838
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			12,835
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			26,003
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	20			6,178
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22 Amount of line 21 you want **refunded to you**	22			
23 Amount of line 21 you want **applied to your (enter year): estimated tax**	23			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1040-X** (Rev. 12-2025)

DAA

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents.
Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24			
25 Your dependent children who lived with you more than half of the year	25	2		2
26 Reserved for future use	26			
27 Other dependents	27			
28 Reserved for future use	28			
29 Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	[redacted]			
(2) Last name	MERCER	MERCER		
(3) SSN	[redacted]			
(4) Relationship	SON	SON		
(5) Check if lived with you more than half of return year entered at top of page 1	(a) [X] Yes (b) [X] And in the U.S.	(a) [X] Yes (b) [X] And in the U.S.	(a) [ ] Yes (b) [ ] And in the U.S.	(a) [ ] Yes (b) [ ] And in the U.S.
(6) Check if	[ ] Full-time student [ ] Permanently and totally disabled	[X] Full-time student [ ] Permanently and totally disabled	[ ] Full-time student [ ] Permanently and totally disabled	[ ] Full-time student [ ] Permanently and totally disabled
(7) Credits	[ ] Child tax credit [X] Credit for other dependents	[ ] Child tax credit [X] Credit for other dependents	[ ] Child tax credit [ ] Credit for other dependents	[ ] Child tax credit [ ] Credit for other dependents

If more than four dependents, see instructions and check here ... [ ]

[ ] Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of return year entered at top of page 1, 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 return year entered at top of page 1.

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X. You must complete Part II.

CARRYOVER FOR CHARITABLE GIFTS ON SCHEDULE A WAS INCORRECT.

Remember to keep a copy of this form for your records.

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

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		JUDGE	
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.)
		TEACHER	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
LESLIE A TUCKER, CPA	LESLIE A TUCKER, CPA	03/19/26	*********	[ ] Self-employed
Firm's name: LESLIE A. TUCKER CPA PA			Phone no. 850-482-7333	
Firm's address: PO BOX 5768 MARIANNA FL 32447			Firm's EIN **-***9366	

[redacted] 03/19/2026 12:29 PM Pg 15

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** AMENDED OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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	Last name	Your social security number
DOUGLAS W.	MERCER	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
[redacted]	MERCER	[redacted]

Home address (number and street). If you have a P.O box, see instructions. [redacted] Apt. no. 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. [redacted] State ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

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

Filing Status Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	[redacted]	[redacted]		
(2) Last name	MERCER	MERCER		
(3) SSN	[redacted]	[redacted]		
(4) Relationship	SON	SON		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☐ And in the U.S.	(a) ☒ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☒ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ 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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	234,490
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	234,490
2a	Tax-exempt interest 2a b Taxable interest	2b	760
3a	Qualified dividends 3a b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		
6a	Soc. sec. ben. 6a b Taxable amount	6b	
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	-2,477
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	229,773
10	Adjustments to income from Schedule 1, line 26	10	300
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	229,473

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)		11b	229,473
	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			
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.		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind			
	e	**Standard deduction or itemized deductions** (from Schedule A)		12e	32,416
	13a	Qualified business income deduction from Form 8995 or Form 8995-A		13a	
	b	Additional deductions from Schedule 1-A, line 38		13b	
	14	Add lines 12e, 13a, and 13b		14	32,416
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**		15	197,057
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____		16	33,181
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	33,181
	19	Child tax credit or credit for other dependents from Schedule 8812		19	1,000
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	1,000
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	32,181
	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	32,181
Payments and Refundable Credits	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 38,838		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	38,838
	26	2025 estimated tax payments and amount applied from 2024 return		26	
If you have a qualifying child, you may need to attach Sch. EIC.		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	38,838
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	6,657
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	6,657
Direct deposit? See instructions.	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.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes.** Complete below. ☐ **No**

Designee's name LESLIE A TUCKER, CPA Phone no. 850-482-7333 Personal identification number (PIN) [redacted]

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

Joint return? See instructions. Keep a copy for your records.

Phone no. Email address

Paid Preparer Use Only

Preparer's name LESLIE A TUCKER, CPA	Preparer's signature LESLIE A TUCKER, CPA	Date 03/19/26	PTIN ********	Check if: ☐ Self-employed
Firm's name LESLIE A. TUCKER CPA PA			Phone no. 850-482-7333	
Firm's address PO BOX 5768 MARIANNA FL 32447			Firm's EIN **-***9366	

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
2025
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DOUGLAS W. [redacted] MERCER

Your social security number
[redacted]

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	
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	
6	Farm income or (loss). Attach Schedule F		6	-2,477
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	-2,477

DOUGLAS W. [redacted] MERCER [redacted]

Schedule 1 (Form 1040) 2025

Part II Adjustments to Income

11	Educator expenses		11	300
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	300

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

2025

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR
DOUGLAS W. [redacted] MERCER

Your social security number
[redacted]

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1		
	2 Enter amount from Form 1040 or 1040-SR, line 11b	2			
	3 Multiply line 2 by 7.5% (0.075)		3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4
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	X	5a	7,025	
	b State and local real estate taxes (see instructions)		5b	3,174	
	c State and local personal property taxes		5c		
	d Add lines 5a through 5c		5d	10,199	
	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	10,199	
	6 Other taxes. List type and amount:		6		
	7 Add lines 5e and 6				7 10,199
Interest You Paid	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	☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	17,240	
	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	17,240	
	9 Investment interest. Attach Form 4952 if required. See instructions		9		
	10 Add lines 8e and 9				10 17,240
Gifts to Charity	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions		11	4,777	
Caution: If you made a gift and got a benefit for it, see instructions.	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	200	
	13 Carryover from prior year		13		
	14 Add lines 11 through 13				14 4,977
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 32,416
	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

DOUGLAS W. [redacted] MERCER | [redacted]

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.	229,473
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.	229,473
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.	10,199

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
2025
Attachment Sequence No. **08**

Name(s) shown on return
DOUGLAS W. [redacted]MERCER

Your social security number
[redacted]

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: TAXABLE INTEREST INCOME	1	760
2	Add the amounts on line 1	2	760
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	760

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

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

Part III Foreign Accounts and Trusts

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.

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.

		Yes	No
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		
b	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		
	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		

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2025

Attachment Sequence No. **12**

Name(s) shown on return
DOUGLAS W. [redacted]MERCER

Your social security number
[redacted]

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				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	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	(23,000)
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	-23,000

DOUGLAS W. [redacted] MERCER [redacted]

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-23,000
	• 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) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE F (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065.

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

OMB No. 1545-0074

2025

Attachment Sequence No. 14

Name of proprietor

DOUGLAS W. MERCER

Social security number (SSN) [redacted]

A Principal crop or activity: TIMBER

B Enter code from Part IV: 113000

C Accounting method: [X] Cash [ ] Accrual

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

E Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on passive losses . . [X] Yes [ ] No

F Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions . . . . . [ ] Yes [X] No

G If "Yes," did you or will you file required Form(s) 1099? . . . . . [ ] Yes [ ] No

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

1a	Sales of purchased livestock and other resale items (see instructions)	1a			
b	Cost or other basis of purchased livestock or other items reported on line 1a	1b			
c	Subtract line 1b from line 1a			1c	
2	Sales of livestock, produce, grains, and other products you raised			2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b Taxable amount	3b
4a	Agricultural program payments (see instructions)	4a		4b Taxable amount	4b
5a	Commodity Credit Corporation (CCC) loans reported under election				5a
b	CCC loans forfeited	5b		5c Taxable amount	5c
6	Crop insurance proceeds and federal crop disaster payments (see instructions):				
a	Amount received in 2025	6a		6b Taxable amount	6b
c	If election to defer to 2026 is attached, check here [ ]			6d Amount deferred from 2024	6d
7	Custom hire (machine work) income				7
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				8
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions				9

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

10	Car and truck expenses (see instructions). Also attach Form 4562	10		23	Pension and profit-sharing plans	23	
11	Chemicals	11		24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14		25	Repairs and maintenance	25	
15	Employee benefit programs other than on line 23	15		26	Seeds and plants	26	
16	Feed	16		27	Storage and warehousing	27	
17	Fertilizers and lime	17		28	Supplies	28	
18	Freight and trucking	18		29	Taxes	29	79
19	Gasoline, fuel, and oil	19		30	Utilities	30	
20	Insurance (other than health)	20		31	Veterinary, breeding, and medicine	31	
21	Interest (see instructions):			32	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a	2,398	a		32a	
b	Other	21b		b		32b	
22	Labor hired (less employment credits)	22		c		32c	
				d		32d	
				e		32e	
				f		32f	
33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions					33	2,477
34	**Net farm profit or (loss).** Subtract line 33 from line 9					34	-2,477

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

35 Reserved for future use.

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

a [X] All investment is at risk. b [ ] Some investment is not at risk.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return

DOUGLAS W. & [redacted]MERCER

Your social security number

[redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	229,473
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	229,473
4	Number of qualifying children under age 17 with the required social security number	4			
5	Multiply line 4 by $2,200			5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	1,000
8	Add lines 5 and 7			8	1,000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	1,000
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	33,181
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			14	1,000
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

DOUGLAS W. [redacted] MERCER [redacted]

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use		15
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit		16a
b	Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. **TIP:** The number of children you use for this line is the same as the number of children you used for line 4.		16b
17	Enter the **smaller** of line 16a or line 16b		17
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions) 18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-		25
26	Enter the **larger** of line 20 or line 25		26

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	0

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return: DOUGLAS W. [redacted] MERCER

Your taxpayer identification number: [redacted]

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	TIMBER	***-**-[redacted]	-2,477
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-2,477		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	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	197,057		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	197,057		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	39,411
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	(2,477)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 25
Attachment Sequence No. **70**

Taxpayer name(s) shown on return
DOUGLAS W. [redacted] MERCER

Taxpayer identification number
[redacted]

Preparer's name
LESLIE A TUCKER, CPA

Preparer tax identification number
****

Part I Due Diligence Requirements

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

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

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

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

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

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			X

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

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

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

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

Part VI Eligibility Certification

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

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **1040** | **Capital Loss Carryover Worksheets** | **2025**

Name: DOUGLAS W. [redacted]ERCER

Taxpayer Identification Number: [redacted]

2025 to 2026 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2025 to 2026 if Schedule D, Line 21, is a loss and **(a)** that loss is a smaller loss than the loss on Schedule D, line 16, or **(b)** Form 1040, line 15, is less than zero. Otherwise, you do not have any carryovers.

1.	Enter the amount from Form 1040, line 15. If a loss, enclose the amount in parentheses		197,057
2.	Enter the loss from Schedule D, line 21, as a positive amount		3,000
3.	Combine lines 1 and 2. If zero or less, enter -0-		200,057
4.	Enter the **smaller** of line 2 or line 3		3,000
	If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from Schedule D, line 7, as a positive amount		0
6.	Enter any gain from Schedule D, line 15. If a loss, enter -0-		
7.	Add lines 4 and 6		
8.	**Short-term capital loss carryover to 2026.** Subtract line 7 from line 5. If zero or less, enter -0-		
	If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from Schedule D, line 15, as a positive amount		23,000
10.	Enter any gain from Schedule D, line 7		
11.	Subtract line 5 from line 4. If zero or less, enter -0-	3,000	
12.	Add lines 10 and 11		3,000
13.	**Long-term capital loss carryover to 2026.** Subtract line 12 from line 9. If zero or less, enter -0-		20,000

2025 to 2026 Capital Loss Carryover Worksheet, AMT

Use this worksheet to figure AMT capital loss carryovers from 2025 to 2026 if AMT Schedule D, Line 21, is a loss and **(a)** that loss is a smaller loss than the loss on AMT Schedule D, line 16 or **(b)** Form 6251, line 4 is a loss. Otherwise, you do not have any carryovers.

1.	Enter the amount from Form 6251, line 4. If a loss, enclose the amount in parentheses		207,256
2.	Enter the loss from AMT Schedule D, line 21 as a positive amount		3,000
3.	Combine lines 1 and 2. If zero or less, enter -0-		210,256
4.	Enter the **smaller** of line 2 or line 3		3,000
	If line 7 of AMT Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5.	Enter the loss from AMT Schedule D, line 7 as a positive amount		
6.	Enter the gain, if any, from AMT Schedule D, line 15		
7.	Add lines 4 and 6		
8.	**AMT Short-term capital loss carryover to 2026.** Subtract line 7 from line 5. If zero or less, enter -0-		
	If line 15 of AMT Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9.	Enter the loss from AMT Schedule D, line 15, as a positive amount		23,000
10.	Enter the gain, if any, from AMT Schedule D, line 7		
11.	Subtract line 5 from line 4. If zero or less, enter -0-	3,000	
12.	Add lines 10 and 11		3,000
13.	**AMT Long-term capital loss carryover to 2026.** Subtract line 12 from line 9. If zero or less, enter -0-		20,000

Form 982 Reduction of Capital Loss Carryovers to 2026

			Regular	AMT
1.	Subtract 2025 to 2026 Capital Loss Carryover Worksheet, line 7 from line 5	1.		
2.	Form 982 line 9 reduction of tax attributes applied to short-term capital loss carryover	2.		
3.	**Adjusted Short-term capital loss carryover to** 2026. Subtract line 2 from line 1. Enter this amount on line 8 in the 2025 to 2026 Capital Loss Carryover Worksheet	3.		
4.	Subtract 2025 to 2026 Capital Loss Carryover Worksheet, line 12 from line 9	4.		
5.	Form 982 line 9 reduction of tax attributes applied to long-term capital loss carryover	5.		
6.	**Adjusted Long-term capital loss carryover to** 2026. Subtract line 5 from line 4. Enter this amount on line 13 in the 2025 to 2026 Capital Loss Carryover Worksheet	6.		

Form **1040** | **General Sales Tax Deduction Worksheet** | **2025**

Name as shown on return: DOUGLAS W. & [redacted] MERCER

Taxpayer Identification Number: [redacted]

State of: FLORIDA

Locality of: JACKSON COUNTY

General Sales Tax from IRS Tables

1.	Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 11b	1.	229,473
2.	Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 5a, 6a (Exclude rollovers and tax-free Sec. 1035 exchanges)	2.	
3.	Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2025	3.	
4.	Add lines 1 through 3, this is income for general sales tax table purposes	4.	229,473
5.	Enter the amount from the sales tax table in the Schedule A instructions. Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9	5.	1,616
6.	Enter the number of days of residence in state	6.	
7.	Total days in year	7.	365
8.	Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.	
9.	Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.	9.	1,616

Local Sales Tax Using IRS Tables

10.	Enter the amount from the sales tax table in the Schedule A instructions.	10.	1,616
11.	If you are a resident of Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions.	11.	
12.	Enter the local general sales tax rate (exclude statewide local sales tax rate)	12.	1.50000
13.	Enter the state general sales tax rate (include statewide local sales tax rate)	13.	6.0000
14.	Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.	0.250
15.	If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19		
	If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19	15.	404
16.	Enter the number of days of residence in locality	16.	
17.	Total days in year	17.	365
18.	Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	
19.	Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.	19.	404

General Sales Tax Summary

20.	Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	1,616
21.	Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	404
22.	Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	2,020
23.	Enter the actual state and local general sales taxes paid	23.	
24.	Enter the greater of line 22 or line 23	24.	2,020
25.	Enter the state and local taxes paid on specified items (major purchases)	25.	5,005
26.	Add lines 24 and 25, this is the deductible General Sales tax	26.	7,025
27.	Enter total state and local income taxes paid	27.	

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Form **1040** | **Child Tax Credit Limit Worksheets A and B** | **2025**

Name: DOUGLAS W. & [redacted] MERCER

Taxpayer Identification Number: [redacted]

Credit Limit Worksheet A

1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18	1.	33,181
2. Add the amounts from Schedule 3, lines 1, 2, 3, 4, 5b, 6d, 6f, 6l and 6m. Enter the total	2.	
3. Subtract line 2 from line 1	3.	33,181
4. Do you meet all the following conditions? • You are claiming one or more of the following credits: Form 8396; Form 8839; Form 5695, Part I; Form 8859 • You are **not** filing Form 2555. • Schedule 8812, line 4 is more than zero. [X] **No.** Enter -0-. [ ] **Yes.** Enter the amount from the Credit Limit Worksheet B.	4.	0
5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 13	5.	33,181

Credit Limit Worksheet B

Use this worksheet **only** if you checked "Yes" on line 4 of the Credit Limit Worksheet A above.

1. Enter the amount from Schedule 8812, line 12	1.	
2. Number of qualifying children under age 17 with the required social security number: ___ x $1,700. Enter the result	2.	
3. Enter the earned income from line 7 of the Child Tax Credit Earned Income Worksheet	3.	
4. Is the amount on line 3 more than $2,500? [ ] **No.** Leave line 4 blank, enter -0- on line 5, and go to line 6. [ ] **Yes.** Subtract $2,500 from the amount on line 3. Enter the result.	4.	
5. Multiply the amount on line 4 by 15% (.15) and enter the result	5.	
6. On line 2 of this worksheet, is the amount $5,100 or more? [ ] **No.** If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7. Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. [ ] **Yes.** If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.		
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7.	
8. Enter the total of the amounts from Schedule 1, line 15 and Schedule 2, lines 5, 6 and 13	8.	
9. Add lines 7 and 8. Enter the total	9.	
10. Enter the amounts from Form 1040/1040-SR, line 27a and Schedule 3, line 11; 1040-NR, Schedule 3, line 11	10.	
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-	11.	
12. Enter the **larger** of line 5 or line 11	12.	
13. Enter the **smaller** of line 2 or line 12	13.	
14. Is the amount on line 13 of this worksheet more than the amount on line 1? [ ] **No.** Subtract line 13 from line 1. Enter the result. [ ] **Yes.** Enter -0-.	14.	
15. Enter the total of the amounts from Schedule 3, lines 5a, 6c, 6g, and 6h. Enter this amount on line 4 of the Credit Limit Worksheet A	15.	

Schedule **F** | **Qualified Business Income Calculation Worksheet** | **2025**

Name: DOUGLAS W. [redacted] MERCER

Taxpayer Identification Number: [redacted]

Farm description: TIMBER

Form/Schedule: F | Unit: 1

1.	Schedule F, Line 34, Net farm profit or (loss)	1.	-2,477
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	2.	
	Prior to TCJA suspended losses allowed:		
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 (including share of net 1231 loss)	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.	-2,477

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

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

Schedule A, Line 5a - State and Local General Sales Taxes

Description	Amount
GENERAL SALES TAX	$ 7,025
TOTAL	$ 7,025

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	$ 24,352
TOTAL	$ 24,352

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
125	$ 3,471
TOTAL	$ 3,471

Federal Statements

[redacted]

Form W-2, Box 14 - Other

Description	Amount
FRS	$ 1,696
TOTAL	$ 1,696

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

Name: DOUGLAS W. & [redacted] MERCER

Taxpayer Identification Number: [redacted]

Carryover Item	Available to 2025	2025 Amounts		Carryover to 2026
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss	23,000	UTILIZED	-3,000	20,000
Long-term capital loss - AMT	23,000	UTILIZED	-3,000	20,000
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				
Qualified business income loss		GENERATED	2,477	2,477
Qualified REIT income and PTP loss				
Excess business loss portion of NOL				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2020 Amounts		
2021 Amounts		
2022 Amounts		
2023 Amounts		
2024 Amounts		
Available to 2025		
2025 Amounts		
Carryover to 2026		

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2020 Amounts		
2021 Amounts		
2022 Amounts		
2023 Amounts		
2024 Amounts		
Available to 2025		
2025 Amounts		
Carryover to 2026		

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

Name: DOUGLAS W. [redacted] MERCER

Taxpayer Identification Number: [redacted]

	T/S	Employer	Federal Wages	Federal Withheld	% Federal W/H to Wages	Soc Sec Wages	Soc Sec Withheld
A	T	STATE OF FLORIDA	178,823	30,164	16.870	176,100	10,918
B	S	[redacted]	55,667	8,674	15.580	57,362	3,556
C							
D							
E							
F							
G							
H							
Taxpayer			178,823	30,164		176,100	10,918
Spouse			55,667	8,674		57,362	3,556
Totals			234,490	38,838		233,462	14,474

	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Qualified Tips	Qualified Overtime	Other, Box 14
A	184,461	2,675						3,471
B	57,362	832						1,696
C								
D								
E								
F								
G								
H								
Taxpayer	184,461	2,675						3,471
Spouse	57,362	832						1,696
Totals	241,823	3,507						5,167

	State	State Wages	State Withheld	% State W/H to Wages	Name of Locality		Local Wages		Local Withheld
A									
B									
C									
D									
E									
F									
G									
H									
Taxpayer									
Spouse									
Totals									

Form **1040X** | **Amended Return Comparison Report** | **2025**

Name: DOUGLAS W. [redacted] MERCER

Taxpayer Identification Number: [redacted]

		Original Amount	Net Change	Correct Amount
Filing Status		MFJ		MFJ
1. Salaries and wages	1.	234,490		234,490
2. Interest income	2.	760		760
3. Dividend income	3.	0		0
4. Taxable refunds	4.	0		0
5. Alimony received	5.	0		0
6. Business income/loss	6.	0		0
7. Capital gains/losses	7.	-3,000		-3,000
8. Other gains/losses	8.	0		0
9. Taxable IRA distributions	9.	0		0
10. Taxable pensions and annuities	10.	0		0
11. Schedule E income/loss	11.	0		0
12. Farm income/loss	12.	-2,477		-2,477
13. Unemployment benefits	13.	0		0
14. Taxable social security benefits	14.	0		0
15. Other income	15.	0		0
16. **Total income** (sum of lines 1-15)	16.	229,773		229,773
17. Adjustments	17.	300		300
18. **Adjusted gross income** (line 16 - line 17)	18.	229,473		229,473
19. Medical and dental expenses	19.	0		0
20. Taxes	20.	10,199		10,199
21. Interest	21.	17,240		17,240
22. Charitable contributions	22.	33,056	-28,079	4,977
23. Casualty and theft losses	23.	0		0
24. Miscellaneous deductions	24.	0		0
25. **Allowable itemized deductions or standard deduction**	25.	60,495	-28,079	32,416
26. Qualified business income deduction	26.	0		0
27. Schedule 1-A Additional Deductions	27.	0		0
28. Taxable income (line 18 - lines 25, 26 and 27)	28.	168,978	28,079	197,057
29. Tax (regular + AMT + exc adv PTC from Sch 2 (Form 1040))	29.	27,003	6,178	33,181
30. Nonrefundable credits	30.	1,000		1,000
31. Line 29 - line 30 (Tax - nonrefundable credits)	31.	26,003	6,178	32,181
32. Other taxes	32.	0		0
33. **Total tax** (line 31 + line 32)	33.	26,003	6,178	32,181
34. Federal income tax withheld	34.	38,838		38,838
35. Excess social security and tier 1 RRTA tax withheld	35.	0		0
36. Estimated tax payments	36.	0		0
37. Earned income credit	37.	0		0
38. Additional child tax credit (Schedule 8812)	38.	0		0
39. American opportunity credit (Form 8863)	39.	0		0
40. Net premium tax credit (Form 8962)	40.	0		0
41. Other refundable credits	41.	0		0
42. Income tax allocated to the U.S. Virgin Islands (Form 8689)	42.	0		0
43. Extension payment	43.	0		0
44. Amount paid with original return	44.	0		0
45. Additional tax paid after original return filed	45.			0
46. **Total payments** (sum of lines 34-45)	46.	38,838		38,838
47. Overpayment on original return	47.			12,835
48. **Amount owed/overpaid** (line 33 - line 46 + line 47)	48.			6,178

Bank Account Information for direct deposit. (Available for e-filed returns only)

Routing number [ ]

Account number

Type: Checking ☐ Savings ☐

If marked, see Form 8888