

General Information

Name: Mr Clayton Brooke Wooten

PID 254511

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Gulf County School Board	District 2 Seat

Net WorthMy Net Worth as of December 31, 2025 was \$ 251,490.00.**Assets**

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

The aggregate value of my household goods and personal effect is \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
River Camp	\$ 85,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	P.O. Box 10335 Des Moines, IA 50306	\$ 110,000.00
Panhandle Credit Union	2718 MLK JR BLVD Panama City, FL 32405	\$ 19,000.00
Panhandle Credit Union	2718 MLK JR BLVD Panama City, FL 32405	\$ 23,500.00
SBA	409 3rd St SW Washington, DC 20416	\$ 22,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 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

Training

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

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

Signature of Reporting Official or Candidate

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

Clayton Brooke Wooten

Digitally signed: 06/03/2026

Filed with COE: 06/03/2026

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

CLAYTON B

Last name

WOOTEN

Your social security number

[REDACTED]

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

KRISTIN T

Last name

WOOTEN

Spouse's social security number

[REDACTED]

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

273 JAMES DRIVE

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.

WEWAHITCHKA

State

FL

ZIP code

32465

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☐ Single

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

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ 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): _____

☐ 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: _____

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				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(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	171,070.
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	171,070.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in ☐ Line 3a	2	☐ Line 3b
4a	IRA distributions	4a	
c	Check if (see instructions) ☐ Rollover	2	☐ QCD ☐
5a	Pensions and annuities	5a	
c	Check if (see instructions) ☐ Rollover	2	☐ PSO ☐
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐	b	Taxable amount
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐	b	Taxable amount
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	8	6,275.
8	Additional income from Schedule 1, line 10	9	177,473.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	10	385.
10	Adjustments to income from Schedule 1, line 26	11a	177,088.
11a	Subtract line 10 from line 9. This is your adjusted gross income		

Attach Sch. B if required.

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) 177,088.
- 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) 31,500.
- 13a** Qualified business income deduction from Form 8995 or Form 8995-A 1,013.
- b** Additional deductions from Schedule 1-A, line 38
- 14** Add lines 12e, 13a, and 13b 32,513.
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** 144,575.
- 16** **Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ 21,635.
- 17** Amount from Schedule 2, line 3
- 18** Add lines 16 and 17 21,635.
- 19** Child tax credit or credit for other dependents from Schedule 8812
- 20** Amount from Schedule 3, line 8
- 21** Add lines 19 and 20
- 22** Subtract line 21 from line 18. If zero or less, enter -0- 21,635.
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21 770.
- 24** Add lines 22 and 23. This is your **total tax** 22,405.

Payments and Refundable Credits

- 25** Federal income tax withheld from:

a Form(s) W-2

25a 12,290.

b Form(s) 1099

25b

c Other forms (see instructions)

25c

d Add lines 25a through 25c

25d 12,290.

- 26** 2025 estimated tax payments and amount applied from 2024 return 11,480.

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** 23,770.

33

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** 1,365.

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐

35a 0.

Direct deposit?
See instructions.

b Routing number X X X X X X X X X X

c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X

36 Amount of line 34 you want **applied to your 2026 estimated tax** 1,365.

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

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

ENGINEER/SCHOOL BD

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

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

Date

Spouse's occupation

EDUCATOR

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

Phone no.

Email address cbwooten33@gmail.com

Paid Preparer Use Only

Preparer's name

Renee Crawford

Preparer's signature

Date

03/18/2026

PTIN

991873150

Check if:

☐ Self-employed

Firm's name Ruth W. Attaway CPA

Phone no. (950) 674-2888

Firm's address 16216 NW Ashley Shiver Road Altha FL 32421

Firm's EIN

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

Department of the Treasury
Internal Revenue Service

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

CLAYTON B & KRISTIN T WOOTEN

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	5,450.
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	
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: Other Income from box 3 of 1099-Misc 825.	8z 825.		
9	Total other income. Add lines 8a through 8z		9	825.
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	6,275.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	385.
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 8i from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	385.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

Your social security number

CLAYTON B & KRISTIN T WOOTEN

Part I Tax

1 Additions to tax:

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

1a

1b

1c

1d

1e

1f

1y

1z

z Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

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

2

3

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361 **2** ☐ 4029 **3** ☐ _____

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

7 Total additional social security and Medicare tax. Add lines 5 and 6

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here ☐

9 Household employment taxes. Attach Schedule H

10 Reserved for future use

11 Additional Medicare Tax. Attach Form 8959

12 Net investment income tax. Attach Form 8960

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

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

16 Recapture of low-income housing credit. Attach Form 8611

5

6

4

7

8

9

10

11

12

13

14

15

16

770.

(continued on page 2)

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Name of proprietor
KRISTIN T WOOTEN

Social security number (SSN)

[REDACTED]

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

B Enter code from instructions
5 6 1 1 1 0

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

D Employer ID number (EIN) (see instr.)
[REDACTED]

E Business address (including suite or room no.) **273 JAMES DRIVE**
City, town or post office, state, and ZIP code **WEWAHITCHKA, FL 32465**

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

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

H If you started or acquired this business during 2025, check here ☐ Yes ☒ No

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	5,450.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	5,450.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	5,450.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	5,450.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	
b	Other	16b		b	Deductible meals (see instructions)	25	
17	Legal and professional services	17		25	Utilities	26	
				26	Wages (less employment credits)		
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	5,450.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III	Cost of Goods Sold (see instructions)
-----------------	--

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

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

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

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 17

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

KRISTIN T WOOTEN

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

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

1a

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

1b

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

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

2

5,450.

3 Combine lines 1a, 1b, and 2

3

5,450.

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

4a

5,033.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

5,033.

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

5a

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

5b

0.

6 Add lines 4c and 5b

6

5,033.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025

7

\$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

8a

32,867.

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

32,867.

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

9

143,233.

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

10

624.

11 Multiply line 6 by 2.9% (0.029)

11

146.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**

12

770.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

385.

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

- | | | | |
|-----------|---|-----------|---------|
| 14 | Maximum income for optional methods | 14 | \$7,240 |
| 15 | Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above | 15 | |

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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

Forms 1099-MISC / 1099-NEC Summary

2025

► Keep for your records

Name(s) Shown on Return
CLAYTON B & KRISTIN T WOOTENSocial Security Number
[REDACTED]

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income		825.	825.
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Strike Benefit Income			
	► Medicaid waiver payments			
	► East Palestine Train Derailment Relief			
	► Qualified Wildfire Relief Payments			
	► Other Income		825.	825.
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney			
	► Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Reserved			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14.		825.	825.
	Form 1099-NEC Summary			
1	Total Nonemployee compensation		5,450.	5,450.
	► Schedule C		5,450.	5,450.
	► Schedule F			
	► Wages			
	► Other Income			
3	Excess golden parachute payments			
4	Federal tax withheld			
5	State tax withheld — total			

Qualified Business Income Deduction Summary

2025

► Keep for your records

Name(s) Shown on Return

CLAYTON B & KRISTIN T WOOTEN

Social Security Number

[REDACTED]

QuickZoom to QBI Component Worksheet ►

QuickZoom to Form 8995. ►

QuickZoom to Form 8995-A ►

1 Trade or business name Net QBI
KRISTIN T WOOTEN 5,065.

2 Net qualified business income (QBI) from qualified trades or businesses 5,065.

3 Loss from previous year

4 Sum of activities with gains (only positive amounts from table on line 1) 5,065.

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

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 1,013.

8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6 0.

9 Total REIT dividends

10 PTP Income from non-SSTBs

11 PTP Income from SSTBs

12 Allowed PTP Income from SSTBs

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

14 Carryover REIT/PTP losses from prior year

15 Total REIT/PTP income

16 20% of total REIT/PTP income 0.

17 Disallowed REIT/PTP loss

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income) 1,013.

19 Taxable income before qualified business income deduction . . 145,588.

20 Net capital gains 0.

21 Taxable income minus net capital gains. If zero or less, enter -0- 145,588.

22 20% of taxable income minus net capital gains 29,118.

23 QBI deduction before DPAD 1,013.

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

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

Enter DPAD reported on 1099-PATR not connected with

business activity on this return **24a**

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

Section 199A(g) deduction for domestic production activities

25 Total 199A (QBI) deduction (sum of lines 23 and 24) 1,013.

Two-Year Comparison

2025

Name(s) Shown on Return CLAYTON B & KRISTIN T WOOTEN			Social Security Number	
Income	2024	2025	Difference	%
Wages, salaries, tips, etc.	203,423.	171,070.	-32,353.	-15.90
Interest and dividend income	254.	128.	-126.	-49.61
State tax refund				
Business income (loss)	4,800.	5,450.	650.	13.54
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities	0.		0.	
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		825.	825.	
Total Income	208,477.	177,473.	-31,004.	-14.87
Adjustments to Income	340.	385.	45.	13.24
Adjusted Gross Income	208,137.	177,088.	-31,049.	-14.92
Itemized Deductions				
Medical and dental				
Income or sales tax				
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.		0.	
Standard or Itemized Deduction	29,200.	31,500.	2,300.	7.88
Qualified Business Income Deduction	892.	1,013.	121.	13.57
Additional Deductions from Schedule 1-A				
Taxable Income	178,045.	144,575.	-33,470.	-18.80
Income tax	29,276.	21,635.	-7,641.	-26.10
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	29,276.	21,635.	-7,641.	-26.10
Nonbusiness credits	500.		-500.	-100.00
Business credits				
Total Credits	500.		-500.	-100.00
Self-employment tax	679.	770.	91.	13.40
Other taxes				
Total Tax After Credits	29,455.	22,405.	-7,050.	-23.93
Withholding	20,922.	12,290.	-8,632.	-41.26
Estimated and extension payments	14,740.	11,480.	-3,260.	-22.12
Earned income credit				
Additional child tax credit				
Other payments	576.		-576.	-100.00
Total Payments	36,238.	23,770.	-12,468.	-34.41
Form 2210 penalty				
Applied to next year's estimated tax	6,783.	1,365.	-5,418.	-79.88
Refund	0.	0.	0.	
Balance Due				

Current year effective tax rate 12.22 %

Schedule C Two-Year Comparison

2025

► Keep for your records

Proprietor name: KRISTIN T WOOTEN

Business or profession: ADMINISTRATIVE

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

	2024	2024 Percent of Net Sales*	2025	2025 Percent of Net Sales*	2024 to 2025 Comparison ☒ as amount ☐ as percent
Income:					
1 Gross receipts or sales . . .	4,800.	100.00	5,450.	100.00	650.00
2 Returns & allowances . . .					
3 Net receipts or sales . . .	4,800.	100.00	5,450.	100.00	650.00
Cost of goods sold:					
4 a Beginning inventory . . .					
b Purchases					
c Cost of labor					
d Materials & supplies . . .					
e Other costs					
f Ending inventory					
5 Cost of goods sold					
6 Gross profit	4,800.	100.00	5,450.	100.00	650.00
7 Other income					
8 Gross income	4,800.	100.00	5,450.	100.00	650.00
Expenses:					
9 Advertising					
10 Car & truck expenses . . .					
11 Commissions and fees . . .					
12 Contract labor					
13 Depletion					
14 Depreciation & Sec 179 . . .					
15 Employee benefits					
16 Insurance					
17 a Mortgage interest					
b Other interest					
18 Legal and professional . . .					
19 Office expense					
20 Pension & profit-sharing . . .					
21 Rent or lease:					
a Vehicle/machinery/equip . . .					
b Other business property . . .					
22 Repairs & maintenance . . .					
23 Supplies					
24 Taxes and licenses					
25 a Travel					
b Meals & entertainment					
26 Utilities					
27 Wages (less job credit) . . .					
28 Other expenses					
29 Energy effi com bldgs					
30 Total expenses					
31 Tentative profit (loss)	4,800.	100.00	5,450.	100.00	650.00
32 Office in home					
33 Net profit (loss)	4,800.	100.00	5,450.	100.00	650.00
Passive suspended losses:					
Schedule C					
Form 4797					
Schedule D					

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

Tax History Report

► Keep for your records

2025

Name(s) Shown on Return

CLAYTON B & KRISTIN T WOOTEN

	Five Year Tax History:				
	2021	2022	2023	2024	2025
			MFJ	MFJ	MFJ
Filing status					
Total income			184,648.	208,477.	177,473.
Adjustments to income			340.	340.	385.
Adjusted gross income			184,308.	208,137.	177,088.
Tax expense					
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			27,700.	29,200.	31,500.
QBI deduction			892.	892.	1,013.
Additional Deductions					
Taxable income			155,716.	178,045.	144,575.
Tax			24,873.	29,276.	21,635.
Alternative min tax . .					
Total credits			500.	500.	
Other taxes			679.	679.	770.
Payments			34,459.	36,238.	23,770.
Form 2210 penalty . .			188.		
Amount owed			0.	0.	0.
Applied to next year's estimated tax .			9,219.	6,783.	1,365.
Refund					
Effective tax rate % . .			13.22	13.83	12.22
**Tax bracket %			22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2025

Name(s) Shown on Return

CLAYTON B & KRISTIN T WOOTEN

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	171,070.
Interest and dividend income	128.
Business income (loss)	5,450.
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	825.
Total Gross Income	177,473.

Adjustments to Income 385.

Adjusted Gross Income (Last year's AGI) 208,137. 177,088.

Itemized/Standard Deductions and Other Deductions

Medical and dental	
Taxes	
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	
Standard deduction	31,500.
Qualified Business Income Deduction	1,013.
Additional Deductions	

Taxable Income 144,575.

Income tax	21,635.
Alternative minimum tax	
Total Taxes before Credits	21,635.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	770.
Other taxes	

Total Tax 22,405.

Withholding	12,290.
Estimated tax payments	11,480.
Other payments	
Total Payments	23,770.
Estimated tax penalty	
Refund applied to next year's estimated tax	1,365.

Amount Overpaid 1,365.

Refund 0.

Amount Applied to Estimate 1,365.

Amount Due 0.

Tax bracket 22.0 %
Effective tax rate 12.22 %