2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2026

General Information

Name: Ms Kim Adkinson

PID 311744

AGENCY INFORMATION

Organization	Suborganization	Title
Brevard County	Elected Constitutional Officer	County Commissioner District 3
IRL Council	Board of Directors	Brevard County District 3 Commissioner

Net Worth

My Net Worth as of December 31, 2025 was $ 1,114,454.14.

Filed with COE: 06/23/2026

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 $ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
214 Surf Rd	$ 634,280.00
319 Cornell Ave	$ 149,770.00
1145 N Shannon Ave #48	$ 221,690.00
15 FairAcre Acacia Grove	$ 334,870.00
2015 Lexus	$ 10,000.00
Wells Fargo accounts	$ 15,581.44
Space Coast Credit Union Accounts	$ 32,250.00
Ameriprise One account	$ 20,804.67
Guaranteed Income Fund	$ 3,202.32
Vanguard Total Bond Market Idx Adm	$ 5,926.26
Federated Hermes Instl High Yield Bd IS	$ 5,702.38
Vanguard Target Retirement 2030 Inv	$ 1,700.63
Vanguard Target Retirement 2035 Inv	$ 1,166.71
Vanguard Institutional Index 1	$ 21,666.40
T. Rowe Price Blue Chip Growth	$ 20,682.27
Vanguard Mid Cap Index 1	$ 9,666.80
Vanguard Target Retirement 2040 Inv	$ 1,819.27
Nomura Small Cap Value R6	$ 5,174.93
Vanguard Small Cap Index 1	$ 2,039.57
Vanguard Total Intl Stock Idx Adm	$ 5,965.83
American Funds EUPAC R6	$ 3,900.21
Cohen & Steers Institutional Realty Shares	$ 8,534.24

Filed with COE: 06/23/2026

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PNC Mortgage Co	PO Box 1820 Dayton OH 45401	$ 274,500.00
Lloyds Bank PLC	Barnett Way Glouster GL4 3RL	$ 147,000.00

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			

Filed with COE: 06/23/2026

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.

Kim Adkinson

Digitally signed: **06/23/2026**

Filed with COE: 06/23/2026

1 Wages, tips, other compensation: 57239.00	2 Federal income tax withheld: 4823.28
3 Social security wages: 59041.98	4 Social security tax withheld: 3660.60
5 Medicare wages and tips: 59041.98	6 Medicare tax withheld: 856.11
a Employee's SSA number: [redacted]	Employer use only
b Employer's FED ID number: 59-6000523	d Control number: 11011155

c Employer's name, address, and ZIP code

Brevard Co Board of County Commissioners
PO Box 1496
Titusville FL 32781-1496

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: DD 8622.00
13 Statutory Employee ☐ Retirement plan ☒ Third-Party Sick pay ☐	12b C 56.76
14 Other S125 PreT 1117.68; FRS 414(h) 1802.98	12c
	12d

e Employee's first name and initial Last name Suff.

KIMBERLY L ADKINSON-COWLES
214 SURF RD
MELBOURNE BEACH FL 32951

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax
17 State income tax		20 Locality name

Form W-2 Wage and Tax Statement 2025 — OMB No. 1545-0029 — Dept. of the Treasury - Internal Revenue Service

Copy C for Employee's records

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation: 57239.00	2 Federal income tax withheld: 4823.28
3 Social security wages: 59041.98	4 Social security tax withheld: 3660.60
5 Medicare wages and tips: 59041.98	6 Medicare tax withheld: 856.11
a Employee's SSA number: [redacted]	Employer use only
b Employer's FED ID number: 59-6000523	d Control number: 11011155

c Employer's name, address, and ZIP code

Brevard Co Board of County Commissioners
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e Employee's first name and initial Last name Suff.

KIMBERLY L ADKINSON-COWLES
214 SURF RD
MELBOURNE BEACH FL 32951

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax
17 State income tax		20 Locality name

Form W-2 Wage and Tax Statement 2025 — OMB No. 1545-0029 — Dept. of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employee's STATE Income Tax Return

1 Wages, tips, other compensation: 57239.00	2 Federal income tax withheld: 4823.28
3 Social security wages: 59041.98	4 Social security tax withheld: 3660.60
5 Medicare wages and tips: 59041.98	6 Medicare tax withheld: 856.11
a Employee's SSA number: [redacted]	Employer use only
b Employer's FED ID number: 59-6000523	d Control number: 11011155

c Employer's name, address, and ZIP code

Brevard Co Board of County Commissioners
PO Box 1496
Titusville FL 32781-1496

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: DD 8622.00
13 Statutory Employee ☐ Retirement plan ☒ Third-Party Sick pay ☐	12b C 56.76
14 Other S125 PreT 1117.68; FRS 414(h) 1802.98	12c
	12d

e Employee's first name and initial Last name Suff.

KIMBERLY L ADKINSON-COWLES
214 SURF RD
MELBOURNE BEACH FL 32951

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax
17 State income tax		20 Locality name

Form W-2 Wage and Tax Statement 2025 — OMB No. 1545-0029 — Dept. of the Treasury - Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return

1 Wages, tips, other compensation: 57239.00	2 Federal income tax withheld: 4823.28
3 Social security wages: 59041.98	4 Social security tax withheld: 3660.60
5 Medicare wages and tips: 59041.98	6 Medicare tax withheld: 856.11
a Employee's SSA number: [redacted]	Employer use only
b Employer's FED ID number: 59-6000523	d Control number: 11011155

c Employer's name, address, and ZIP code

Brevard Co Board of County Commissioners
PO Box 1496
Titusville FL 32781-1496

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: DD 8622.00
13 Statutory Employee ☐ Retirement plan ☒ Third-Party Sick pay ☐	12b C 56.76
14 Other S125 PreT 1117.68; FRS 414(h) 1802.98	12c
	12d

e Employee's first name and initial Last name Suff.

KIMBERLY L ADKINSON-COWLES
214 SURF RD
MELBOURNE BEACH FL 32951

f Employee's address and ZIP code

15 State	Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax
17 State income tax		20 Locality name

Form W-2 Wage and Tax Statement 2025 — OMB No. 1545-0029 — Dept. of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

BANKERS LIFE AND CASUALTY COMPANY
11299 ILLINOIS STREET
CARMEL, IN 46032

IF YOU HAVE QUESTIONS EMAIL ONE OF THE BELOW:
WNIC AGENTS WNICCOMMISSIONS@CNOINC.COM
BLC AGENTS AGENCYRELATIONS@BANKLIFE.COM
BLS AGENTS BLSCOMMISSIONS@BANKLIFE.COM
FSP AND ALL OTHERS USE THE CONTACT INFO ON THE BACK OF THIS FORM

[redacted]
KIMBERLY ADKINSON-COWLES
214 SURF RD
MELBOURNE BCH, FL 32951

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

BANKERS LIFE AND CASUALTY COMPANY
11299 ILLINOIS STREET
CARMEL, IN 46032

OMB No. 1545-0116

2025

Form **1099-NEC**

Nonemployee Compensation

Copy B
For Recipient

PAYER'S TIN	RECIPIENT'S TIN
36-0770740	[redacted]

1 Nonemployee compensation: $ 95,912.65

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments: $

4 Federal income tax withheld: $

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

KIMBERLY ADKINSON-COWLES
214 SURF RD
MELBOURNE BCH, FL 32951

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account number (see instructions) [redacted]

5 State tax withheld	6 State/Payer's state no.	7 State income
$	FL /	$

Form **1099-NEC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

[redacted]

Form 1040 U.S. Individual Income Tax Return 2025

Department of the Treasury-Internal Revenue Service | 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
Kimberly L	Adkinson-Cowles	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

214 Surf Road

City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code | Presidential Election Campaign

Melbourne Beach | FL | 32951

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

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				
(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	57,239
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	57,239
2a	Tax-exempt interest	2a	b Taxable interest	2b	2
3a	Qualified dividends	3a 130	b Ordinary dividends	3b	476
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	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	59,020
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	60,801
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	177,538
10	Adjustments to income from Schedule 1, line 26			10	5,284
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	172,254

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	172,254
	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	17,564
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	11,103
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	28,667
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	143,587
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	22,361
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	22,361
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	10,021
	21	Add lines 19 and 20	21	10,021
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,340
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,568
	24	Add lines 22 and 23. This is your **total tax**	24	14,908
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 4,823		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	4,823
	26	2025 estimated tax payments and amount applied from 2024 return	26	3,000
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	0
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	7,823
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0
	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 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	7,115
	38	Estimated tax penalty (see instructions) — 38: 30		

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[redacted]	04-25-2026		
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.)

Phone no. 321-305-2554 Email address kimadkcow@gmail.com

Paid Preparer Use Only

Preparer's signature: Trina W Downey	Date: 04-25-2026	PTIN: P00752267	Check if: ☐ Self-employed
Preparer's name: Trina W Downey	Phone no. 321-773-7747		
Firm's name: Trina W Downey CPA PA			
Firm's address: 2000 S Patrick Drive Suite 2, Indian Harbour Beach, FL 32937		Firm's EIN: 32-0190385	

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

Kimberly L Adkinson-Cowles

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	18,176
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	42,625
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____		7	
8	Other income:			
a	Net operating loss	8a ( )		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
z	Other income. List type and amount: _____ _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	60,801

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	1,284
16	Self-employed SEP, SIMPLE, and qualified plans		16	4,000
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	5,284

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
Kimberly L Adkinson-Cowles

Your social security number [redacted]

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d			
e	Excessive payments (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	1e			
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	1f			
y	Other additions to tax (see instructions): _____	1y			
z	Add lines 1a through 1y			1z	
2	Alternative minimum tax. Attach Form 6251			2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			4	2,568
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Reserved for future use			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	2,568

SCHEDULE 3 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025

Attachment Sequence No. **03**

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

Kimberly L Adkinson-Cowles

Your social security number

[redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	10,021
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____ _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	10,021

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____ _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	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

Kimberly L Adkinson-Cowles

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	1,265	
	b	State and local real estate taxes (see instructions)		5b	6,669	
	c	State and local personal property taxes		5c		
	d	Add lines 5a through 5c		5d	7,934	
	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	7,934	
	6	Other taxes. List type and amount		6		
	7	Add lines 5e and 6			7	7,934
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	9,130	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b		
	c	Points not reported to you on Form 1098. See instructions for special rules		8c		
	d	Reserved for future use		8d		
	e	Add lines 8a through 8c		8e	9,130	
	9	Investment interest. Attach Form 4952 if required. See instructions		9		
	10	Add lines 8e and 9			10	9,130
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	500	
	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		
	13	Carryover from prior year		13		
	14	Add lines 11 through 13			14	500
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	17,564
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]				

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: **Kimberly L Adkinson-Cowles**

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): **Insurance Sales**

B Enter code from instructions: **524210**

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

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

E Business address (including suite or room no.): **214 Surf Road**

City, town or post office, state, and ZIP code: **Melbourne Beach, FL 32951**

F Accounting method: (1) [X] 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 . . . [X] Yes [ ] No

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

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

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	95,913
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	95,913
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	95,913
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	20,000
7	**Gross income.** Add lines 5 and 6	7	115,913

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	95,913

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	95,913
29	Tentative profit or (loss). Subtract line 28 from line 7	29	20,000
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	30	1,824
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.	31	18,176

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.

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

Kimberly L Adkinson-Cowles

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 page 2	**7**	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B 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	123	108		15
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**	58,155
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**	850
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on page 2	**15**	59,020

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** 59,020

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

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

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

Kimberly L Adkinson-Cowles | [redacted]

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

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

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
American Enterprise Investment			123	108			15
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** or **Box J** above is checked), **line 9** (if **Box E** or **Box K** above is checked), or **line 10** (if **Box F** or **Box L** above is checked)			123	108			15

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

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **13**

Name(s) shown on return

Your social security number

Kimberly L Adkinson-Cowles [redacted]

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

1a Physical address of each property (street, city, state, ZIP code)

A 319 Cornell Ave, Melbourne, FL 32901

B 1145 Shannon Ave Unit 48, Indialantic, FL 32903

C

1b	Type of Property (from list below)
A	8
B	8
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365	0	☐
B	365	0	☐
C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

			Properties: A	B	C
Income:					
3	Rents received	3	19,675	22,800	
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9	2,578	612	
10	Legal and other professional fees	10			
11	Management fees	11	1,980	2,280	
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14	1,858	1,430	
15	Supplies	15			
16	Taxes	16	2,217	3,951	
17	Utilities	17			
18	Depreciation expense or depletion	18	1,891	5,593	
19	Other (list) Statement #1	19	2,580	8,411	
20	Total expenses. Add lines 5 through 19	20	13,104	22,277	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	6,571	523	
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	42,475	
b	Total of all amounts reported on line 4 for all royalty properties	23b	0	
c	Total of all amounts reported on line 12 for all properties	23c	0	
d	Total of all amounts reported on line 18 for all properties	23d	7,484	
e	Total of all amounts reported on line 20 for all properties	23e	35,381	
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		7,094
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(0)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		7,094

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

Kimberly L Adkinson-Cowles | [redacted]

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

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Insurance Innovations of Brevard In	S	☐	82-2399321	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss allowed (see **Schedule K-1**)	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A					35,531
B					
C					
D					
29a Totals					35,531
b Totals					

30	Add columns (h) and (k) of line 29a	30	35,531
31	Add columns (g), (i), and (j) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	35,531

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	42,625
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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)

Kimberly L Adkinson-Cowles

Social security number of person with **self-employment** income [redacted]

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	18,176
3	Combine lines 1a, 1b, and 2		3	18,176
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	16,786
	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	16,786
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	16,786
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 59,042		
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	59,042
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	117,058
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	2,081
11	Multiply line 6 by 2.9% (0.029)		11	487
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**		12	2,568
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	13 1,284		

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **19**

Name: **Kimberly L Adkinson-Cowles**

Identifying number as shown on page 1 of your tax return: [redacted]

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

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

h Resident of (name of country) **United States**

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

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

		Foreign Country or U.S. Territory A	B	C		Total (Add cols. A, B, and C.)
i	**Enter the name of the foreign country or U.S. territory**	United Kingdo				
1a	Gross income from sources within country shown above and of the type checked above (see instructions): Capital Gains	58,155			1a	58,155
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (Caution: See instructions.):						
2	Expenses **definitely related** to the income on line 1a (attach statement)					
3	Pro rata share of other deductions **not definitely related:**					
a	Certain itemized deductions or standard deduction (see instructions)	7,934				
b	Other deductions (attach statement)					
c	Add lines 3a and 3b	7,934				
d	Gross foreign source income (see instructions)	116,310				
e	Gross income from all sources (see instructions)	310,656				
f	Divide line 3d by line 3e (see instructions)	0.37440				
g	Multiply line 3c by line 3f	2,970				
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	3,418				
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	6,388			6	6,388
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	51,767

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A									10,021	10,021
B										
C										
8	**Add lines A through C, column (u). Enter the total here and on line 9, page 2**								8	10,021

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2025) Created 9/16/25

EEA

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	10,021		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐	10			
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)				
11	Add lines 9 and 10	11	10,021		
12	Reduction in foreign taxes (see instructions)	12	( )		
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	10,021
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	51,767		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17	51,767		
18	**Individuals:** Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, **and** (ii) Schedule 1-A (Form 1040), line 37. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	108,416		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.47748
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. **Estates and trusts:** See instrutions			20	22,361
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	10,677
22	Increase in limitation (section 960(c)) (see instructions)			22	
23	Add lines 21 and 22			23	10,677
24	Enter the **smaller** of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions			24	10,021

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income	25	0		
26	Credit for taxes on foreign branch category income	26	0		
27	Credit for taxes on passive category income	27	0		
28	Credit for taxes on general category income	28	10,021		
29	Credit for taxes on section 901(j) income	29	0		
30	Credit for taxes on certain income re-sourced by treaty	30	0		
31	Credit for taxes on lump-sum distributions	31	0		
32	Add lines 25 through 31			32	10,021
33	Enter the **smaller** of line 20 or line 32			33	10,021
34	Reduction of credit for international boycott operations. See instructions for line 12			34	
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35	10,021

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2025

Attachment Sequence No. **27**

Name(s) shown on return: **Kimberly L Adkinson-Cowles**

Identifying number: [redacted]

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

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	58,155
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	58,155
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

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

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	0
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	0

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A15 Fairacre	04-05-2015	03-07-2025
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1a before completing.*)	20	356,136			
21 Cost or other basis plus expense of sale	21	297,981			
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23	297,981			
24 Total gain. Subtract line 23 from line 20	24	58,155			
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g	0			
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	58,155
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	58,155

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8606**

Department of the Treasury
Internal Revenue Service

Nondeductible IRAs

Attach to 2025 Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8606* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2025 Form 8606. See instructions.

Kimberly L Adkinson-Cowles

Your social security number [redacted]

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

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

Note: Except where stated otherwise, "traditional IRA" includes traditional SEP IRAs and traditional SIMPLE IRAs. "Roth IRA" includes Roth SEP IRAs and Roth SIMPLE IRAs.

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2025. Nondeductible contributions to a traditional IRA do not include employer contributions made to a SEP IRA pursuant to a SEP arrangement or to a SIMPLE IRA pursuant to a SIMPLE IRA plan.
- You took distributions from a traditional IRA in 2025 and you made nondeductible contributions to a traditional IRA in 2025 or an earlier year. For this purpose, "distributions" does not include rollovers (but does include certain 2025 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it does not include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or returns of certain contributions.
- You converted part, but not all, of your traditional IRAs to Roth IRAs in 2025 and you made nondeductible contributions to a traditional IRA in 2025 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2025, including those made for 2025 from January 1, 2026, through April 15, 2026. See instructions		1	1,200
2	Enter your total basis in traditional IRAs. See instructions		2	
3	Add lines 1 and 2		3	1,200
	In 2025, did you take a distribution from a traditional IRA, or make a Roth IRA conversion? — **No** — Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — **Yes** — Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2026, through April 15, 2026		4	
5	Subtract line 4 from line 3		5	
6	Enter the value of all your traditional IRAs as of December 31, 2025, plus any outstanding rollovers. Subtract certain 2025 retirement plan distribution repayments treated as rollovers, if any. See instructions		6	5,315
7	Enter your distributions from traditional IRAs in 2025. **Do not** include rollovers (but do include certain 2025 retirement plan distribution repayments treated as rollovers (see instructions)). Also, **do not** include qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth IRA; certain returned contributions; or recharacterizations of traditional IRA contributions. See instructions		7	
8	Enter the net amount you converted from traditional IRAs to Roth IRAs in 2025. Also, enter this amount on line 16		8	
9	Add lines 6, 7, and 8	9		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10 x		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17	11		
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions		13	
14	Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2025 and earlier years.**		14	1,200

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

Kimberly L Adkinson-Cowles

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	Schedule C: Insurance Sales	[redacted]	12,892
ii	Schedule E: 319 Cornell Ave, Melbourne, FL 32901	[redacted]	6,571
iii	Schedule E: 1145 Shannon Ave Unit 48, Indialantic,	[redacted]	523
iv	K1S: Insurance Innovations of Brevard	[redacted]	35,531
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	55,517		
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	55,517		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	11,103
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
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	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	11,103
11	Taxable income before qualified business income deduction (see instructions)	11	154,690		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	59,150		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	95,540		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	19,108
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	11,103
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

Line 11 Enter your taxable income figured before any QBI deduction, computed as follows:

Form 1040 or 1040-SR, line 11a,	172,254
minus Form 1040 or 1040-SR, Schedule 1-A, Line 38,	0
minus Form 1040 or 1040-SR, line 12e,	17,564
Taxable income figured before any QBI deduction	154,690

Form **8829**

Department of the Treasury
Internal Revenue Service

Expenses for Business Use of Your Home

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **176**

Name(s) of proprietor(s)

Kimberly L Adkinson-Cowles

Your social security number [redacted]

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)		1	210
2	Total area of home		2	1,400
3	Divide line 1 by line 2. Enter the result as a percentage		3	15.00 %
	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4 hr.		
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5 hr.		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6		
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3		7	15.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, **plus** any gain derived from the business use of your home, **minus** any loss from the trade or business not derived from the business use of your home. See instructions				8	20,000
	See instructions for columns (a) and (b) before completing lines 9-22		(a) Direct expenses	(b) Indirect expenses		
9	Casualty losses (see instructions)	9				
10	Deductible mortgage interest (see instructions)	10				
11	Real estate taxes (see instructions)	11				
12	Add lines 9, 10, and 11	12				
13	Multiply line 12, column (b), by line 7	13				
14	Add line 12, column (a), and line 13				14	
15	Subtract line 14 from line 8. If zero or less, enter -0-				15	20,000
16	Excess mortgage interest (see instructions)	16				
17	Excess real estate taxes (see instructions)	17		6,947		
18	Insurance	18				
19	Rent	19				
20	Repairs and maintenance	20				
21	Utilities	21		3,632		
22	Other expenses (see instructions)	22		1,580		
23	Add lines 16 through 22	23		12,159		
24	Multiply line 23, column (b), by line 7	24		1,824		
25	Carryover of prior year operating expenses (see instructions)	25				
26	Add line 23, column (a), line 24, and line 25				26	1,824
27	Allowable operating expenses. Enter the **smaller** of line 15 or line 26				27	1,824
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15				28	18,176
29	Excess casualty losses (see instructions)	29				
30	Depreciation of your home from line 42 below	30				
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31				
32	Add lines 29 through 31				32	
33	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32				33	
34	Add lines 14, 27, and 33				34	1,824
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to **Form 4684.** See instructions				35	
36	**Allowable expenses for business use of your home.** Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions				36	1,824

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2026

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **Kimberly L Adkinson-Cowles**

Identifying number: [redacted]

A Name of S corporation: **Insurance Innovations of Brevard In**

B Employer identification number: **82-2399321**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	152,357
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	35,531		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	35,531
5	Stock basis before distributions. Add lines 1, 2, and 4			5	187,888
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	187,888
8a	Nondeductible expenses	8a	1,483		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,483
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	186,405
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	186,405

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

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

	Federal Supporting Statements	2025 PG01
Name(s) as shown on return		Tax ID Number
Kimberly L Adkinson-Cowles		[redacted]

Schedule E - Line 19 - Other Expenses — Statement #1

Other Expenses	Property A	Property B	Property C
Other on Spreadsheet	105	400	
Pest Control	300		
Lawn Service	1,200		
Landscaping	855		
Other on Management	120		
HOA		7,236	
Smell		575	
Other on Mgt Report		200	
Total	**2,580**	**8,411**	

Form PMT — ACH Payment — 2025

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return	Taxpayer's SSN
Kimberly L Adkinson-Cowles	[redacted]
	Spouse's SSN

Routing Transit Number
[redacted]

Bank Account Number
[redacted]

Type of Account:
1 Checking

Amount of Tax Payment
7,115

Requested Payment Date
04-25-2026

Taxpayer's Daytime Phone Number
[redacted]

Type of Form being filed
1040

Taxpayer's Signature	Date
Spouse's Signature	Date

2025 Form 4868 Extension Voucher and Filing Instructions
Kimberly L Adkinson-Cowles

Filing method:
The extension has been e-filed.

Due date:
04-15-2026

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

NOTE

The extension request was originally filed electronically.

NOTE

DETACH HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2025, or other tax year beginning , 2025, and ending ,

OMB No. 1545-0074

2025

Part I Identification

Kimberly L Adkinson-Cowles
214 Surf Road
Melbourne Beach FL 32951

2 Your social security number [redacted]

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2025	$ 14,908
5	Total 2025 payments	7,823
6	**Balance due.** Subtract line 5 from line 4. See instructions	7,085
7	Amount you're paying (see instructions)	
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

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

Form **4868** (2025) Created 10/1/25

[redacted]

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
2025

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Kimberly L Adkinson-Cowles	[redacted]
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	172,254
2	Total tax	2	14,908
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,823
4	Amount you want refunded to you	4	
5	Amount you owe	5	7,115

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 Amount owed will be debited from: RTN: [redacted] DAN: [redacted]

☒ I authorize Trina W Downey 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 ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (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 ▶ _____

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. [redacted] (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 ▶ Trina W Downey Date ▶ 04-25-2026

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

Summary of Estimates

2026

Name(s) as shown on return

Tax ID Number

[redacted]

Kimberly L Adkinson-Cowles

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2026	06-15-2026	09-15-2026	01-15-2027	Total
Total Installment Amount	2,900	2,900	2,900	2,900	11,600
Overpayment Applied	0	0	0	0	0
Net Installment Due	2,900	2,900	2,900	2,900	11,600

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

[redacted]

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2025 PG01

Name(s) as shown on return

Kimberly L Adkinson-Cowles

Tax ID Number [redacted]

All Source Gross Income

WK_TTLGI

Description	Amount
Wages and tips	57,239
Schedule B interest	2
Schedule B dividends	476
Schedule C, line 7	115,913
Schedule E rent	42,475
Schedule E, line 30 & 35	35,531
Capital gain distributions	850
Form 4797 capital gains	58,155
Form 8949 long term gains	15
Total	310,656

[redacted]

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Kimberly L Adkinson-Cowles

Tax ID Number [redacted]

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/25	(b) 06/15/25	(c) 09/15/25	(d) 01/15/26
1a Enter your underpayment from Part III, Section A, line 17 . . .	1a	630	1,260		
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2025 630	09-15-2025 1,260		
Rate Period 1: April 16, 2025 - June 30, 2025					
2 Computation starting dates for this period	2	04/15/25	06/15/25		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/25, whichever is earlier	3	Days: 61	Days: 15		
4 Underpayment on line 1a x Number of days on line 3 / 365 x 0.07	4	$ 7	$ 4		
Rate Period 2: July 1, 2025 - September 30, 2025					
5 Computation starting dates for this period	5	06/30/25	06/30/25	09/15/25	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/25, whichever is earlier	6	Days:	Days: 77	Days:	
7 Underpayment on line 1a x Number of days on line 6 / 365 x 0.07	7	$	$ 19	$	
Rate Period 3: October 1, 2025 - December 31, 2025					
8 Computation starting dates for this period	8	09/30/25	09/30/25	09/30/25	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/25, whichever is earlier	9	Days:	Days:	Days:	
10 Underpayment on line 1a x Number of days on line 9 / 365 x 0.07	10	$	$	$	
Rate Period 4: January 1, 2026 - April 15, 2026					
11 Computation starting dates for this period	11	12/31/25	12/31/25	12/31/25	01/15/26
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/26, whichever is earlier	12	Days:	Days:	Days:	Days:
13 Underpayment on line 1a x Number of days on line 12 / 365 x 0.07	13	$	$	$	$
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14				$ 30

[redacted]

QBI Explanation Worksheet

Form 1040 (This page is not filed with the return. It is for your records only.) **2025**

Name(s) as shown on return | Tax ID Number

Kimberly L Adkinson-Cowles | [redacted]

Name of business activity: Schedule C: Insurance Sales

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	18,176	18,176
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		1,284
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		4,000
11. QBI amount carried to Form 8995 / 8995-A		12,892
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- [X] Form 8995, line 1
- [ ] Form 8995-A, line 2
- [ ] Form 8995-A, Schedule A, line 2
- [ ] Form 8995-A, Schedule A, line 16
- [ ] Form 8995-A, Schedule B, line 3
- [ ] Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

[redacted]

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Cornell

(This page is not filed with the return. It is for your records only.)

2025

PAGE 1

Name(s) as shown on return

Kimberly L Adkinson-Cowles

Social security number/EIN [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	319 Cornell	07-30-2008	52,000*		100.00			52,000	27.5	SL MM	3.636	13,237	1,891	15,128	1,891
2	319 Cornell - Land	07-30-2008	13,000	13,000	100.00			0	0		0				
4	AC Replaced	09-27-2021	5,125*		100.00		PY 5,125	0	5		11.52	5,125		5,125	
	Totals		70,125					52,000				18,362	1,891	20,253	1,891

Land Amount

Net Depreciable Cost 70,125

PY 5,125

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus 1,891

ST ADJ:

UBIA: 57,125

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Shannon

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Kimberly L Adkinson-Cowles

Social security number/EIN [redacted]

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	1145 Shannon Ave	10-28-2019	150,114 *		100.00			150,114	27.5	SL MM	3.636	28,428	5,458	33,886	5,458
5	AC Replaced	03-11-2021	6,810 *		100.00		PY 6,810	0	5		11.52	6,810		6,810	
6	2023 Renovations	06-30-2023	3,526 *		100.00		PY 2,821	705	5	200 DB HY	19.2	3,188	135	3,323	135
	Totals		160,450					150,819				38,426	5,593	44,019	5,593

Land Amount
Net Depreciable Cost 160,450

PY 9,631

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 5,593

ST ADJ:
UBIA: 160,450

TAX RETURN COMPARISON
2023 / 2024 / 2025

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return
Kimberly L Adkinson-Cowles

Identifying number [redacted]

	2023	2024	2025	Difference 2024-2025
Filing Status	Single	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.		5,023	57,239	52,216
Taxable interest and dividends	277	345	478	133
Taxable state and local refunds				
Alimony				
Business income (loss)	18,785	16,851	18,176	1,325
Gains (losses)	2,150	1,106	59,020	57,914
Pensions and IRA distributions				
Rent and royalty income (loss)	14,492	19,075	7,094	(11,981)
Part, S-corps, trusts income (loss)	37,425	28,698	35,531	6,833
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	73,129	71,098	177,538	106,440
Adjusted Gross Income				
Half of self-employment tax	1,327	1,191	1,284	93
IRA deduction				
Other adjustments	4,806		4,000	4,000
Total Adjusted Gross Income	66,996	69,907	172,254	102,347
Deductions				
Medical deductions				
State and local taxes	4,086	3,458	7,934	4,476
Interest	9,675	8,031	9,130	1,099
Contributions			500	500
Other deductions				
Total itemized deductions	13,761	11,489	17,564	6,075
Standard deduction	13,850	14,600	15,750	1,150
Total deductions claimed	13,850	14,600	17,564	2,964
Qualified Business Income Deduction	10,177	10,823	11,103	280
Other Deductions from Schedule 1A				
Tax and Credits				
Taxable Income	42,969	44,484	143,587	99,103
Tax	4,667	4,961	22,361	17,400
Credits			10,021	10,021
Self-employment tax	2,654	2,381	2,568	187
Other taxes				
Total Tax	7,321	7,342	14,908	7,566
Payments				
Withholdings		381	4,823	4,442
Estimated tax payments			3,000	3,000
Earned income credit				
Other payments and credits				
Estimated tax penalty	338	312	30	(282)
Overpayment				
Overpayment applied				
Refund				
Balance Due	7,659	7,273	7,115	(158)
Marginal tax rate	12.00	12.00	24.00	12.00
Effective tax rate	10.86	11.15	15.57	4.42

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2025

Name of proprietor: Kimberly L Adkinson-Cowles

Tax ID Number: [redacted]

Principal business: Insurance Sales

Business name:

	2024	2025	Difference
Income			
Gross Receipts or sales	87,064	95,913	8,849
Returns & allowances			
Cost of goods sold			
Gross profit	87,064	95,913	8,849
Other income	20,000	20,000	
Gross income	107,064	115,913	8,849
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies			
Taxes and licenses			
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses	87,064	95,913	8,849
Total expenses	87,064	95,913	8,849
Business use of home	3,149	1,824	(1,325)
Net profit or (loss)	16,851	18,176	1,325
Allowed on return after Form 6198 and Form 8582 limitations	16,851	18,176	1,325

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Kimberly L Adkinson-Cowles

Tax ID Number

[redacted]

Property description and address

Cornell - 319 Cornell Ave, Melbourne, FL 32901

Input order 1

	2024	2025	Difference
Income			
Rents received	18,300	19,675	1,375
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance		2,578	2,578
Legal & professional fees			
Management fees	1,830	1,980	150
Mortgage interest			
Other interest			
Repairs		1,858	1,858
Supplies			
Taxes		2,217	2,217
Utilities			
Depreciation expense	1,891	1,891	
Other	740	2,580	1,840
Total expenses	4,461	13,104	8,643
Net income or (loss)	13,839	6,571	(7,268)
Allowed on return after Form 6198 and Form 8582 limitations	13,839	6,571	(7,268)

Property description and address

Shannon - 1145 Shannon Ave Unit 48, Indialantic, FL 32903

Input order 2

	2024	2025	Difference
Income			
Rents received	13,400	22,800	9,400
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance	9		(9)
Commissions			
Insurance		612	612
Legal & professional fees			
Management fees	2,100	2,280	180
Mortgage interest			
Other interest			
Repairs	200	1,430	1,230
Supplies			
Taxes		3,951	3,951
Utilities			
Depreciation expense	5,684	5,593	(91)
Other		8,411	8,411
Total expenses	7,993	22,277	14,284
Net income or (loss)	5,407	523	(4,884)
Allowed on return after Form 6198 and Form 8582 limitations	5,407	523	(4,884)

[redacted]

Account Transaction Summary

2025

Name(s) as shown on return: Kimberly L Adkinson-Cowles

Tax ID Number: [redacted]

Account #1

Financial Institution	
Routing Transit Number	[redacted]
Account Number	
Account Type	checking

Federal Main Form			
Federal Debit	(7,115)	**Date of Debit**	04-25-2026
Net Debit	**(7,115)**		

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Trina W Downey CPA PA to use this account.

Your Signature _____ Date _____ Spouse's Signature (If Married Filing Jointly) _____ Date _____

[redacted]