

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/25/2026

General Information

Name: George Young Esq

CONFIDENTIAL

PID 224596

AGENCY INFORMATION

Organization	Suborganization	Title
Town of Interlachen	Employees	Town Attorney

Net Worth

My Net Worth as of December 31, 2025 was \$ 763,323.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 230,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property:{REDACTED}	\$ 805,540.00
Real Property: {REDACTED}	\$ 283,520.00
Real Property: {REDACTED}	\$ 335,480.00
Real Property: {REDACTED}	\$ 92,500.00
VyStar Checking Accounts	\$ 1,641.00
USAA Checking/Savings Account	\$ 100,000.00
USAA Investment Charles Swabb Individual Investment Account	\$ 4,263.00
USAA Victory Capital 529 Savings Account	\$ 1,067.00
Fidelity Investments UTMA Custodial Accounts	\$ 24,395.00
Retirement Account: New York Life Simple IRA	\$ 132,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PNC Bank for 2021 Ford Expedition	2730 Liberty Ave Pittsburgh PA 15222	\$ 40,299.00
Ford Motor Credit for 2022 Ford F150	P.O. Box 542000 Omaha, NE 68154-8000	\$ 27,571.00
Ag First (Mortgage – {REDACTED})	PO Box 8068 Virginia Bch. VA 23450	\$ 455,750.00
Ameris Bank (Mortgage – {REDACTED})	601 Reid St Palatka FL 32177	\$ 69,183.00
Ameris Bank (Mortgage – {REDACTED})	601 Reid St Palatka FL 32177	\$ 98,845.00
Barwick Bank (Construction Loan – {REDACTED})	620 FL-19 Ste 1, Palatka, FL 32177	\$ 29,950.00
Southstate Bank (Mortgage - {REDACTED})	350 N. State Rd 19 Palatka, FL 32177	\$ 190,005.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Ameris Bank (Mortgage – {REDACTED})	601 Reid St Palatka FL 32177	\$ 140,462.00
Ameris Bank (Mortgage – {REDACTED})	601 Reid St Palatka FL 32177	\$ 98,845.00
Barwick Bank (Construction Loan – {REDACTED})	620 FL-19 Ste 1, Palatka, FL 32177	\$ 60,807.00

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

George Young Esq

Digitally signed: 06/25/2026

Filed with COE: 06/25/2026

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial
GEORGE A

Last name
YOUNG

Your social security number
[REDACTED]

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

Last name
YOUNG

Spouse's social security number
[REDACTED]

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

Apt. no. [REDACTED]

City, town, or post office. If you have a foreign address, also complete spaces below.
[REDACTED]

State [REDACTED] ZIP code [REDACTED]

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

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

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	175,693.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 31	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	175,693.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	116.
	c	Check if your child's dividends are included in ☐ Line 3a ☐ Line 3b		
	4a	IRA distributions	4a	
	c	Check if (see instructions) ☐ Rollover ☐ QCD	4b	
	5a	Pensions and annuities	5a	
	c	Check if (see instructions) ☐ Rollover ☐ PSO	5b	
	6a	Social security benefits	6a	
	c	If you elect to use the lump-sum election method, check here (see instructions)	6b	
	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	
	b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
	8	Additional income from Schedule 1, line 10	8	27,554.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	203,449.
	10	Adjustments to income from Schedule 1, line 26	10	
	11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	203,449.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	203,449.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	69,468.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	5,511.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	74,979.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	128,470.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	18,083.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	18,083.
19	Child tax credit or credit for other dependents from Schedule 8812	19	6,600.
20	Amount from Schedule 3, line 8	20	1,200.
21	Add lines 19 and 20	21	7,800.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,283.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	10,283.

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.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	34,478.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	34,478.
26	2025 estimated tax payments and amount applied from 2024 return	26	5,000.
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	☐
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	39,478.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	29,195.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	29,195.
b	Routing number	c	Type: ☒ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ Yes . Complete below. ☐ No					
Designee's name	STANLEY U. HUNT	Phone no.	(904) 626-6347	Personal identification number (PIN)	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ATTORNEY	
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.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
STANLEY U. HUNT	STANLEY U. HUNT	06/17/2026	P01060699	☐ Self-employed
Firm's name	RIVER CPA		Phone no.	(904) 626-6347
Firm's address	1547 PETERS CREEK RD GREEN COVE SPRINGS FL 32043		Firm's EIN	20-4750509

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

GEORGE A & YOUNG

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☒ 4797 ☐ 4684	4	1,709.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	40,758.
6	Farm income or (loss). Attach Schedule F	6	-14,913.
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	27,554.

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

BAA REV 04/24/26 PRO

Schedule 1 (Form 1040) 2025 Created 7/25/25

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

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

GEORGE A & [REDACTED] YOUNG

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	1,200.
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	1,200.

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	

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

BAA REV 04/24/26 PRO

Schedule 3 (Form 1040) 2025 Created 11/17/25

**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

GEORGE A & [REDACTED] YOUNG

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1**
- 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 ☒ **5a** 1,890.
- b State and local real estate taxes (see instructions) **5b** 11,776.
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** 13,666.
- 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** 13,666.
- 6 Other taxes. List type and amount:

- 7 Add lines 5e and 6 **7** 13,666.

**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** 26,097.
- 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** 26,097.
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** 26,097.

**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** 29,705.
- 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** 29,705.

**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:

**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** 69,468.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

Name(s) shown on return. Do not enter name and social security number if shown on other side.

GEORGE A & [REDACTED] YOUNG

Your social security number

[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	RIVERCITY DREAMCATCHERS LLC	P	☐	83-1680616	☐	☐
B	303 NORTH SUMMIT LLC	P	☐	92-1865216	☐	☐
C	HOLMES & YOUNG, P.A.	S	☐	59-3733131	☒	☐
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	0.				
B	0.				
C					40,758.
D					
29a Totals					40,758.
b Totals	0.				
30 Add columns (h) and (k) of line 29a				30	40,758.
31 Add columns (g), (i), and (j) of line 29b				31	(0.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	40,758.

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	40,758.
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 F
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **14**

Name of proprietor GEORGE A YOUNG		Social security number (SSN) 	
A Principal crop or activity Timber	B Enter code from Part IV 113000	C Accounting method: ☒ Cash ☐ Accrual	D EIN (see instr.)

- E Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on passive losses ☒ Yes ☐ No
- F Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
- G If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

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

1a Sales of purchased livestock and other resale items (see instructions)	1a	
b Cost or other basis of purchased livestock or other items reported on line 1a	1b	
c Subtract line 1b from line 1a	1c	
2 Sales of livestock, produce, grains, and other products you raised	2	400.
3a Cooperative distributions (Form(s) 1099-PATR)	3a	
3b Taxable amount	3b	
4a Agricultural program payments (see instructions)	4a	
4b Taxable amount	4b	
5a Commodity Credit Corporation (CCC) loans reported under election	5a	
b CCC loans forfeited	5b	
5c Taxable amount	5c	
6 Crop insurance proceeds and federal crop disaster payments (see instructions):		
a Amount received in 2025	6a	
b Taxable amount	6b	
c If election to defer to 2026 is attached, check here ☐	6d	
d Amount deferred from 2024	6d	
7 Custom hire (machine work) income	7	
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	8	
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	9	400.

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

10 Car and truck expenses (see instructions). Also attach Form 4562	10		23 Pension and profit-sharing plans	23	
11 Chemicals	11		24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14	11,540.	25 Repairs and maintenance	25	2,972.
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	
16 Feed	16		27 Storage and warehousing	27	
17 Fertilizers and lime	17		28 Supplies	28	
18 Freight and trucking	18		29 Taxes	29	
19 Gasoline, fuel, and oil	19	52.	30 Utilities	30	
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31	
21 Interest (see instructions):			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a		a Small tools & Equipment	32a	749.
b Other	21b		b	32b	
22 Labor hired (less employment credits)	22		c	32c	
			d	32d	
			e	32e	
			f	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions	33	15,313.			
34 Net farm profit or (loss). Subtract line 33 from line 9	34	-14,913.			
If a profit, stop here and see instructions for where to report. If a loss, complete line 36.					
35 Reserved for future use.					
36 Check the box that describes your investment in this activity and see instructions for where to report your loss:					
a ☒ All investment is at risk.	b ☐ Some investment is not at risk.				

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 04/24/26 PRO

Schedule F (Form 1040) 2025 Created 5/6/25

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form2441 for instructions and the latest information.2025
Attachment
Sequence No. 21

Name(s) shown on return

GEORGE A & [REDACTED] YOUNG

Your social security number

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately and you don't meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐

B If you or your spouse was a student or was disabled during 2025 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐

Part I Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2025? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	☐ Yes ☒ No	6,300.
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive
dependent care benefits?No ☐ Complete only Part II below.Yes ☐ Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2025 but didn't pay them until 2026, or if you prepaid in 2025 for care to be provided in 2026, don't include these expenses in column (d) of line 2 for 2025. See the instructions.

Part II Credit for Child and Dependent Care Expenses**2** Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2025 for the person listed in column (a)
First	Last			
[REDACTED]	YOUNG	[REDACTED]	☐	3,150.
[REDACTED]	YOUNG	[REDACTED]	☐	3,150.
			☐	

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 **3** 6,000.

4 Enter your earned income. See instructions **4** 40,087.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 **5** 120,693.

6 Enter the smallest of line 3, 4, or 5. If zero or less, enter -0- **6** 6,000.

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11a **7** 203,449.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:			If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20
21,000—23,000		.31	33,000—35,000		.25			
23,000—25,000		.30	35,000—37,000		.24			

9a Multiply line 6 by the decimal amount on line 8 **9a** 1,200.

b If you paid 2024 expenses in 2025, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c **9b** 0.

c Add lines 9a and 9b and enter the result **9c** 1,200.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 18,083.

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11** 1,200.

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.)
A	Mower	02/19/2018	07/25/2025
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 1,709.			
21	Cost or other basis plus expense of sale	21 5,029.			
22	Depreciation (or depletion) allowed or allowable	22 5,029.			
23	Adjusted basis. Subtract line 22 from line 21.	23 0.			
24	Total gain. Subtract line 23 from line 20	24 1,709.			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a 5,029.			
b	Enter the smaller of line 24 or 25a	25b 1,709.			
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			
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 1,709.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31 1,709.
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 0.

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	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

GEORGE A & [REDACTED] YOUNG

Your social security number

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	203,449.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	203,449.
4	Number of qualifying children under age 17 with the required social security number	4	3
5	Multiply line 4 by \$2,200	5	6,600.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,600.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	6,600.
13	Enter the amount from Credit Limit Worksheet A	13	16,883.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	6,600.

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

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit	16a	0.
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

GEORGE A & [REDACTED] YOUNG

Your taxpayer identification number

[REDACTED]

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Timber Production	[REDACTED]	-13,204.
ii	HOLMES & YOUNG, P.A.	59-3733131	40,758.
iii	303 NORTH SUMMIT LLC	92-1865216	0.
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 27,554.	
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 27,554.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 5,511.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 5,511.
11	Taxable income before qualified business income deduction (see instructions)	11 133,981.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 116.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 133,865.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 26,773.
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 5,511.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

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

BAA REV 04/24/26 PRO

Form **8995** (2025) Created 9/12/25

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 25

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return GEORGE A & [REDACTED] YOUNG	Taxpayer identification number [REDACTED]
Preparer's name STANLEY U. HUNT	Preparer's identification number P01060699

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.**2025**
Attachment
Sequence No. **179**

Name(s) shown on return

GEORGE A & [REDACTED] YOUNG

Business or activity to which this form relates

Sch F Timber Production

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	10,709.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	831.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
j Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

BAA REV 04/24/26 PRO

Form **4562** (2025) Created 10/9/25

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,540.
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?								☐ Yes	☐ No
b If "Yes," is the evidence written?								☐ Yes	☐ No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions								☐ Own	☐ Lease ☐ Charter
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25			
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%			S/L—				
		%			S/L—				
		%			S/L—				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28			
29 Add amounts in column (i), line 26. Enter here and on line 7						29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) (continued)**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year (see instructions):					
43 Amortization of costs that began before your 2025 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

S Corporation Shareholder Stock and Debt Basis Limitations

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

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder GEORGE A YOUNG	Identifying number [REDACTED]
A Name of S corporation HOLMES & YOUNG, P.A.	Location number 59-3733131

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	94,084.
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	40,758.
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	82.
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	40,840.
5 Stock basis before distributions. Add lines 1, 2, and 4	5	134,924.
6 Distributions (excluding dividend distributions)	6	61,694.
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	73,230.
8a Nondeductible expenses	8a	2,941.
b Depletion for oil and gas	8b	
c Business credits (sections 50(c)(1) and (5))	8c	
9 Add lines 8a through 8c	9	2,941.
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	70,289.
11 Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	2,110.
12 Debt basis restoration (see net increase in instructions for line 23)	12	0.
13 Other items that decrease stock basis	13	
14 Add lines 11, 12, and 13	14	2,110.
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	68,179.

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. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

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

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

Section C—Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss		0.	0.		0.
36 Net rental real estate loss		0.	0.		0.
37 Other net rental loss		0.	0.		0.
38 Net capital loss		0.	0.		0.
39 Net section 1231 loss		0.	0.		0.
40 Other loss		0.	0.		0.
41 Section 179 deductions		0.	0.		0.
42 Charitable contributions	2,110.	0.	2,110.		0.
43 Investment interest expense		0.	0.		0.
44 Section 59(e)(2) expenditures		0.	0.		0.
45 Other deductions		0.	0.		0.
46 Foreign taxes paid or accrued		0.	0.		0.
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	2,110.	0.	2,110.	0.	0.

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

GEORGE A & [REDACTED] YOUNG

Identifying number

[REDACTED]

Part I 2025 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(2,151.)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(1,526.)	
d Combine lines 1a, 1b, and 1c	1d		-3,677.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-3,677.
If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.			

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	3,677.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	203,449.
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RIVERCITY DREAMCATCHERS LLC	0.	1,287.	1,526.		2,813.
303 NORTH SUMMIT LLC	0.	864.			864.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	2,151.	1,526.		

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 04/24/26 PRO

Form **8582** (2025) Created 5/8/25

Part V

Total. Enter on Part I, lines 2a, 2b, and 2c

Part VI

Total

Part VII

Total

Part VII

Total

IRC Section 172 (b) (3)

▶ Attach to your income tax return

Name(s) Shown on Return

GEORGE A & [REDACTED] YOUNG

Identification Number

[REDACTED]

Tax Year: 2025**Election To Forego the Carryback
Period for Net Operating Loss**

Pursuant to the Internal Revenue Code, Section 172(b)(3), the taxpayer,

GEORGE A & [REDACTED] YOUNG

irrevocably elects to relinquish the entire carryback period with respect to both the regular tax

and AMT net operating losses incurred for the taxable year ended 12/31/2025

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

GEORGE A & [REDACTED] YOUNG

Identification Number

Tax Year: 2025**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

GEORGE A & [REDACTED] YOUNG

Address:

Identification Number:

Copy C, for employee's records

This information is being furnished to the Internal Revenue Service. 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.

Copy B, to be filed with employee's FEDERAL tax return

This information is being furnished to the Internal Revenue Service. 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.

	Void	Department of the T
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This information is being furnished to the Internal Revenue Service. 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.

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This information is being furnished to the Internal Revenue Service. 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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and more than \$10,918.20 in social security and/or Tier 1 railroad retirement (RTTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,409.20 in Tier 2 RTTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,500 (Generally \$16,500 for SIMPLE plans; \$26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RTTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RTTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicare waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RTTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RTTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep **Copy C** until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number MOHELA P.O. Box 9500 Wilkes Barre, PA 18773-9500 888-272-5543		OMB No. 1545-1576 2025 Form 1098-E	Student Loan Interest Statement Copy B For Borrower 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
RECIPIENT'S TIN 43-1261525	BORROWER'S TIN [REDACTED]	1 Student loan interest received by lender \$ 843.66	
BORROWER'S name GEORGE A YOUNG		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 ☐	
street address (including apt. no.) [REDACTED]			
City or town, state or province, country, and ZIP or foreign postal code [REDACTED]			
Account number (see instructions) [REDACTED]			
Form 1098-E (keep for your records)		www.irs.gov/Form1098e Department of the Treasury - Internal Revenue Service	

Important disclosure(s)

Your loan servicer

Your loans are serviced by Higher Education Loan Authority of the State of Missouri (MOHELA) (NMLS# 1442770).



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Computershare

Computershare

PO Box 43078

Providence, RI 02940-3078

Within USA, US territories & Canada (888) 265-3747

Outside USA, US territories & Canada (781) 575-2653

www.computershare.com/coca-cola

Recipient
GEORGE A YOUNG

Control #:

Holder Account Number

Co.ID
COCA

Recipient's ID No.

Payer's Federal ID No.

58-0628465

*Uncertified accounts are subject to withholding
taxes on dividend payments and sales proceeds.

Instructions for Recipients

Recipient's Taxpayer Identification Number (TIN): For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

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

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also, report it on Schedule B (Form 1040), if required.

Box 1b: Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a: Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b-2d and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b: Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d: Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e: Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f: Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI. Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or

distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3: Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

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 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5: Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 990 and Form 990-A.

Box 6: Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7: Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the instructions for Form 1040.

Box 8: This box should be left blank if a RIC reported the foreign tax shown in box 7.

Box 9: Shows cash liquidation distributions.

Box 12: Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See box 4 above.

Box 13: Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the instructions for Form 6251.

Nominees: If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current tax year General Instructions for Certain Information Returns.

90RT00 (Rev. 9/23)

The Coca-Cola Company

PAYER'S Federal identification number: 58-0628465

PAYER'S name, street address, city, state, and ZIP code

THE COCA-COLA COMPANY

C/O COMPUTERSHARE

PO BOX 43078

PROVIDENCE RI 02940-3078

RECIPIENT'S identification number:

Account number (see instructions):

RECIPIENT'S name, street address, city, state, ZIP code

GEORGE A YOUNG

☐ CORRECTED (if checked)

Dividends and Distributions

1a Total ordinary dividends	1b Qualified dividends	
\$ 55.14	\$ 55.14	
2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	
\$ 0.00	\$ 0.00	
2c Section 1202 gain	2d Collectibles (28%) gain	2e Section 897 ordinary dividends
\$ 0.00	\$ 0.00	\$ 0.00
2f Section 897 capital gain	3 Nondividend distributions	4 Federal income tax withheld
\$ 0.00	\$ 0.00	\$ 0.00
5 Section 199A dividends	6 Investment expenses	
\$ 0.00	\$ 0.00	
7 Foreign tax paid	8 Foreign country or U.S. possession	
\$		
9 Cash liquidation distributions	12 Exempt-interest dividend	
\$ 0.00	\$ 0.00	
13 Specified private activity bond interest dividends		
\$ 0.00		

The reportable amounts above include the following additional income:

Company Paid Fees	Company Paid Service Charges
\$ 0.00	\$ 0.00
Discount on Reinvestment	
\$ 0.00	

OMB No. 1545-0110

2025

Form 1099-DIV

Copy B
For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. 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.

Form 1099-DIV (keep for your records)

Department of the Treasury - Internal Revenue Service



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

**TAX YEAR 2025
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: January 23, 2026

Recipient's Name and Address

[REDACTED]
GEORGE A YOUNG
[REDACTED]

Items for Attention

- If you received income in 2025 from any mutual fund or ETF in the Schwab Funds Family®, you can find additional information for these distributions at schwab.com/schwabfundsinfo.

Important Official IRS Form(s) 1099 Enclosed

The report in this package contains your income tax return documents and year-end summary. Please retain this package for tax preparation purposes.

For tax advice, please consult with a qualified tax advisor, CPA, or financial planner.

To contact Schwab:

If you have any questions or need additional information about your Form(s) 1099 or your year-end summary, please call 1-800-435-4000, 24 hours a day, 7 days a week. We're always here for you.

To contact the IRS:

Tax questions for individuals: 1-800-829-1040
Tax questions for businesses: 1-800-829-4933
To order tax forms or publications: 1-800-829-3676
To pay taxes by credit card: 1-888-272-9829
For additional information and to print forms and publications, visit www.irs.gov.



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

**TAX YEAR 2025
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: January 23, 2026

Your Form 1099 Composite may include the following Internal Revenue Service (IRS) forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-B and 1099-OID. You'll only receive the form(s) that apply to your particular financial situation and please keep for your records. Please note that information in the Year-End Summary is not provided to the IRS. It is provided to you as additional tax reporting information you may need to complete your tax return.

Table of Contents	Page
FORM 1099 COMPOSITE.....	3
Form 1099-DIV.....	3
Form 1099-INT.....	5
YEAR-END SUMMARY.....	7
Interest & Dividends.....	7
Detail Information of Dividends and Distributions.....	7
Detail Information of Interest Income.....	8
Terms and Conditions.....	9



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

TAX YEAR 2025
FORM 1099 COMPOSITE

Date Prepared: January 23, 2026

Recipient's Name and Address

GEORGE A YOUNG

Taxpayer ID Number: [REDACTED]

Account Number: [REDACTED]

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Dividends and Distributions — 2025

Department of the Treasury-Internal Revenue Service

Form 1099-DIV

Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)	\$	60.86
1b	Qualified Dividends	\$	60.86
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	\$	0.00
2b	Unrecap. Sec. 1250 Gain	\$	0.00
2c	Section 1202 Gain	\$	0.00
2d	Collectibles (28%) Gain	\$	0.00
2e	Section 897 Ordinary Dividends	\$	0.00
2f	Section 897 Capital Gains	\$	0.00
3	Nondividend Distributions	\$	0.00
4	Federal Income Tax Withheld	\$	0.00
5	Section 199A Dividends	\$	0.00
6	Investment Expenses	\$	0.00
7	Foreign Tax Paid	\$	0.00
8	Foreign Country or U.S. Possession	\$	0.00
9	Cash Liquidation Distributions	\$	0.00
10	Noncash Liquidation Distributions	\$	0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)	\$	0.00
13	Specified Private Activity Bond Interest Dividends	\$	0.00
14	State	\$	0.00
15	State Identification No.	\$	0.00
16	State Tax Withheld	\$	0.00
11	FATCA Filing Requirement ☐	\$	0.00

This is important tax information and is being furnished to the Internal Revenue Service. 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.

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-DIV: Dividends and Distributions

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or 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 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Form 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unreaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI.

Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

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 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 995 and Form 995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 9938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the Instructions for Form 6251.

Boxes 14-16. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current General Instructions for Certain Information Returns.



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

TAX YEAR 2025
FORM 1099 COMPOSITE

Date Prepared: January 23, 2026

Recipient's Name and Address

GEORGE A YOUNG

Taxpayer ID Number: [REDACTED]

Account Number: [REDACTED]

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Interest Income — 2025

Department of the Treasury-Internal Revenue Service

Form 1099-INT

Copy B for Recipient (OMB No. 1545-0112)

Box	Description	Total
1	Interest Income	\$ 0.16
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 0.00
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Territory	
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
FATCA Filing Requirement ☐		

Amount in Box 9 Specified Private Activity Bond Interest subject to Alternative Minimum Tax is already included in Box 8 Tax-Exempt Interest. Both market discount and bond premium reported for covered taxable and tax-exempt bonds. Market discount is only reported if you submitted a written election to include in income currently.

This is important tax information and is being furnished to the Internal Revenue Service. 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.

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-INT: Interest Income

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

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.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

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

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury bonds. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(i).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

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.



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

**TAX YEAR 2025
YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: January 23, 2026

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2025	Paid/Adjusted in 2026 for 2025	Amount
Ordinary Dividends					
Qualified Dividends					
APPLE INC	AAPL	037833100	\$ 4.39	\$ 0.00	\$ 4.39
COLGATE PALMOLIVE CO	CL	194162103	\$ 10.30	\$ 0.00	\$ 10.30
DISNEY WALT CO	DIS	254687106	\$ 5.19	\$ 0.00	\$ 5.19
FLOWERS FOODS INC	FLO	343498101	\$ 5.16	\$ 0.00	\$ 5.16
FORD MTR CO DEL	F	345370860	\$ 20.00	\$ 0.00	\$ 20.00
NEWMONT CORP	NEM	651639106	\$ 3.00	\$ 0.00	\$ 3.00
WELLS FARGO & CO	WFC	949746101	\$ 4.06	\$ 0.00	\$ 4.06
3M CO	MMM	88579Y101	\$ 8.76	\$ 0.00	\$ 8.76
Total Qualified Dividends (Box 1b and included in Box 1a)			\$ 60.86	\$ 0.00	\$ 60.86

Total Ordinary Dividends (Box 1a)	\$ 60.86	\$ 0.00	\$ 60.86
(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)			



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

**TAX YEAR 2025
YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: January 23, 2026

Detail Information of Interest Income

Description	CUSIP Number	Paid In 2025	Paid/Adjusted in 2026 for 2025	Amount
Interest Income				
DEPOSIT INTEREST		0.16 \$	0.00	\$ 0.16
Total Interest Income (Included in Box 1)		0.16 \$	0.00	\$ 0.16
Total Interest Income (Box 1)		0.16 \$	0.00	\$ 0.16



Schwab One® Account of
GEORGE A YOUNG

Account Number
[REDACTED]

TAX YEAR 2025 FORM 1099 COMPOSITE & YEAR-END SUMMARY

Date Prepared: January 23, 2026

TERMS AND CONDITIONS

GENERAL INFORMATION

Form 1099-Composite

For U.S. taxpayers, the information reported to you on Form 1099 is given to the Internal Revenue Service (IRS). Form 1099-Composite is comprised of the following substitute forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-OD, and 1099-B. The form(s) you receive in Form 1099 Composite depends on the income reportable to the IRS.

Year-End Summary

The information in the Year-End Summary is provided to you as a courtesy, should you need additional information when completing your tax return. When relevant, IRS box numbers are referenced to indicate individual items that make up the totals appearing on your Form(s) 1099. With the exception of the totals reported in the IRS box numbers referenced, Charles Schwab does not provide the details of the Year-End Summary to the IRS.

We recommend that all customers consult their investment and tax advisors prior to using this information.

Corrected Form 1099 and Year-End Summary

We are required to send you a corrected form with the revisions clearly marked when we receive updates or revisions to information contained in the form. This generally occurs if one or more of the issuers of the securities in your account reallocated certain income distribution (e.g., dividends or capital gains) after we mailed your original Form 1099. As a result, the supplemental information in Year-End Summary may be updated.

Upon receiving a corrected form, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a qualified tax advisor, CPA, financial planner, or investment manager before you proceed.

Duplicate Form 1099 and Year-End Summary

If you request a duplicate Form 1099, please be aware that Schwab uses the most up-to-date information available at the time of the production. Thus, your duplicate Form 1099 and Year-End Summary may have more up-to-date information than the original Form 1099.

Realized Gain or (Loss) in Year-End Summary

The Realized Gain or (Loss) section provides information for all your realized gain or (loss) transactions during the tax year. It contains all transactions included in the Form 1099-B as well as transactions that are not reported on Form 1099-B (for example; sales and expirations of noncovered option activities, cash in lieu under \$20, bankruptcy, and worthless securities). This supplemental information is believed to be accurate as of the date the data was compiled but they may not be updated for any corrections after the data was initially compiled.

IN CASE OF QUESTIONS: If you have questions about this report or about specific Schwab accounts or Schwab One transactions (other than wire transfers or check transactions), contact Schwab at 1-800-435-4000. If you have a complaint regarding your Schwab statement or our products and services, please write to the Client Advocacy Team at Charles Schwab & Co., Inc., Attention: Client Advocacy Team, 211 Main St., San Francisco, CA 94105. Outside of the U.S., call +1-415-667-5009.

Copy C – Employee Reference
Wage and Tax Statement

W-2 2025 OMB No. 1545-0029

a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld
	120692.72	11676.08
b Employer ID number	3 Social security wages	4 Social security tax withheld
59-6000816	124824.56	7739.06
	5 Medicare wages and tips	6 Medicare tax withheld
	124824.56	1809.97
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
YOUNG		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. For box 12
		DD 31197.12
13 Statutory employee	14 Other RETC 4131.84	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Emp'r's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

This information is being furnished to the Internal Revenue Service. 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

21 05 512

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

W-2 2025 OMB No. 1545-0029

a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld
	120692.72	11676.08
b Employer ID number	3 Social security wages	4 Social security tax withheld
59-6000816	124824.56	7739.06
	5 Medicare wages and tips	6 Medicare tax withheld
	124824.56	1809.97
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
YOUNG		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. For box 12
		DD 31197.12
13 Statutory employee	14 Other RETC 4131.84	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Emp'r's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

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

W-2 2025 OMB No. 1545-0029

a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld
	120692.72	11676.08
b Employer ID number	3 Social security wages	4 Social security tax withheld
59-6000816	124824.56	7739.06
	5 Medicare wages and tips	6 Medicare tax withheld
	124824.56	1809.97
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
YOUNG		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. For box 12
		DD 31197.12
13 Statutory employee	14 Other RETC 4131.84	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Emp'r's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

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

W-2 2025 OMB No. 1545-0029

a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld
	120692.72	11676.08
b Employer ID number	3 Social security wages	4 Social security tax withheld
59-6000816	124824.56	7739.06
	5 Medicare wages and tips	6 Medicare tax withheld
	124824.56	1809.97
c Employer's name, address, and ZIP code		
d Control number		
e Employee's name, address, and ZIP code		
YOUNG		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. For box 12
		DD 31197.12
13 Statutory employee	14 Other RETC 4131.84	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Emp'r's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury – IRS

Form W-2 Wage and Tax Statement 2025

Copy C, for employee's records

d Control number 0042-18140994 0000000009 -		Void		e Employer's name, address, and ZIP code HOLMES & YOUNG PA 222 N 3RD ST PALATKA FL 32177		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN) 59-3733131		a Employee's social security number [REDACTED]				1 Wages, tips, other compensation 55000.00	
13 Statutory employee []		Retirement plan X		Third-party sick pay []		2 Federal income tax withheld 22801.56	
12 See instructions for box 12 \$ 20000.00		14 Other				3 Social security wages 75000.00	
						4 Social security tax withheld 4650.00	
				f Employee's name, address, and ZIP code GEORGE A YOUNG [REDACTED]		5 Medicare wages and tips 75000.00	
						6 Medicare tax withheld 1087.50	
						7 Social Security Tips	
						8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

This information is being furnished to the Internal Revenue Service. 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.

Form W-2 Wage and Tax Statement 2025

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0042-18140994 0000000009 -		Void		e Employer's name, address, and ZIP code HOLMES & YOUNG PA 222 N 3RD ST PALATKA FL 32177		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN) 59-3733131		a Employee's social security number [REDACTED]				1 Wages, tips, other compensation 55000.00	
13 Statutory employee []		Retirement plan X		Third-party sick pay []		2 Federal income tax withheld 22801.56	
12 See instructions for box 12 \$ 20000.00		14 Other				3 Social security wages 75000.00	
						4 Social security tax withheld 4650.00	
				f Employee's name, address, and ZIP code GEORGE A YOUNG [REDACTED]		5 Medicare wages and tips 75000.00	
						6 Medicare tax withheld 1087.50	
						7 Social Security Tips	
						8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

This information is being furnished to the Internal Revenue Service. 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.

Form W-2 Wage and Tax Statement 2025

d Control number		Void X		e Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0029	
b Employer identification number (EIN)		a Employee's social security number				1 Wages, tips, other compensation	
13 Statutory employee []		Retirement plan []		Third-party sick pay []		2 Federal income tax withheld	
12 See instructions for box 12		14 Other				3 Social security wages	
						4 Social security tax withheld	
				f Employee's name, address, and ZIP code		5 Medicare wages and tips	
						6 Medicare tax withheld	
						7 Social Security Tips	
						8 Allocated Tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	



PO Box 1142, Palatka, Florida 32178 · (386) 972-7323 · putnamfirstcf.org

CHARITABLE CONTRIBUTION RECEIPT

CH57585

Mr. & Mrs. George Young
[REDACTED]

Thank you for your support of the Putnam First Cancer Fund, an organization dedicated to assisting the residents of Putnam County, Florida who have been diagnosed with cancer.

DATE OF GIFT: 10/10/2025

AMOUNT OF CONTRIBUTION: \$200.00

2025 Gala Auction Purchase

The Putnam First Cancer Fund is a 501(c)3 non-profit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Grace Fellowship Palatka
2400 Saint Johns Ave
Palatka, FL 32177-2814

Giving Statement

01/01/2025 to 12/31/2025
All Funds

George & [REDACTED] Young
[REDACTED]

Detail

Gift Date	Fund	Reference	Amount
01/27/2025	General Fund	Visa ** [REDACTED]	\$ 3,800.00
02/24/2025	General Fund	Visa ** [REDACTED]	\$ 2,110.00
03/25/2025	General Fund	Visa ** [REDACTED]	\$ 1,250.00
03/25/2025	General Fund	Visa ** [REDACTED]	\$ 1,800.00
04/27/2025	General Fund	Visa ** [REDACTED]	\$ 2,000.00
05/28/2025	General Fund	Visa ** [REDACTED]	\$ 2,000.00
06/27/2025	General Fund	Visa ** [REDACTED]	\$ 2,000.00
07/23/2025	General Fund	Visa ** [REDACTED]	\$ 2,000.00
08/30/2025	General Fund	Visa ** [REDACTED]	\$ 2,305.00
09/28/2025	General Fund	Visa ** [REDACTED]	\$ 2,100.00
10/26/2025	General Fund	Visa ** [REDACTED]	\$ 1,965.00
11/25/2025	General Fund	Visa ** [REDACTED]	\$ 2,115.00
12/24/2025	General Fund	Visa ** [REDACTED]	\$ 1,950.00
			\$ 27,395.00

Fund Summary

Fund	Amount
General Fund	\$ 27,395.00
	\$ 27,395.00



P.O. Box 8068 | Virginia Beach, VA 23450 | 1-800-919-5632

IMPORTANT TAX RETURN INFORMATION BELOW

ACCOUNT NUMBER: [REDACTED]

[REDACTED]
[REDACTED] YOUNG
[REDACTED]

FOR INFORMATION CALL: 1-800-919-5632
CUSTOMER SERVICE HOURS:
Monday - Friday: 8 A.M. to 9 P.M. ET
Saturday: 8 A.M. - 3 P.M. ET

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL TAX AND INTEREST STATEMENT

YOUNG		AgFirst P.O. Box 8068 Virginia Beach, VA 23450	YEAR: 2025 ACCT #: SSN:		
		TIN# 54-1322898			
DISBURSEMENTS FROM ESCROW		PRINCIPAL RECONCILIATION	ESCROW RECONCILIATION		
PROPERTY TAX	\$6,792.42	BEG BAL	\$464,502.74	BEG BAL	\$1,439.03
HAZARD INSURANCE	\$2,599.00	APPLIED PRIN	\$13,197.49	DEPOSITS	\$8,634.72
MORTGAGE INSURANCE	\$0.00	ENDING BAL	\$451,305.25	DISBURSEMENTS	\$9,391.42
ADDT'L ASSESSMENTS	\$0.00			ENDING BAL	\$682.33
CURRENT TOTAL PYMT	\$2,998.07	INTEREST RECONCILIATION			
CURRENT ESCROW PYMT	\$856.19	\$0.00	INTEREST PAID		
		\$14,327.75	*MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWERS(S)		

☐ CORRECTED (if checked)

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

LoanCare, LLC
P.O. Box 8068
Virginia Beach, VA 23450
800-274-6600

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

Form **1098**

(Rev. April 2025)

For calendar year
2025

Mortgage Interest Statement

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

[REDACTED] YOUNG
[REDACTED]

1 Mortgage interest received from payer(s)/borrower(s)
\$ 14,327.75

2 Outstanding mortgage principal
\$ 464,502.74

4 Refund of overpaid interest
\$

6 Points paid on purchase of principal residence
\$ 0.00

8 Address or description of property securing mortgage
[REDACTED]

9 Number of properties securing the mortgage
01

11 Mortgage acquisition date

RECIPIENT'S/LENDER'S TIN
54-1322898

3 Mortgage origination date
08/27/21

5 Mortgage insurance premiums
\$ 0.00

7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☒

10 Other Real Estate Taxes Paid
\$6,792.42

Account number (see instructions)
[REDACTED]

PAYER'S/BORROWER'S TIN
[REDACTED]

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6, or because you didn't report the refund of interest (box 4) or because you claimed a nondeductible item.



ANNUAL ESCROW ACCOUNT DISCLOSURE STATEMENT

P.O. BOX 8068 | Virginia Beach, VA 23450 | 1-800-919-5632

Statement Date: 12/11/25

YOUNG

Annual Escrow Account Disclosure Statement

Loan Number: [REDACTED]
Property Address: [REDACTED]
Review Period: 02/2025 to 01/2026
Escrow Shortage: \$-882.89

Prior Mortgage Payment

Principal and/or Interest: \$2,141.88
Escrow (Taxes and/or Insurance): \$719.56
Total Monthly Payment: \$2,861.44

New Mortgage Payment

Principal and/or Interest: \$2,141.88
Escrow (Taxes and/or Insurance): \$782.62
Prorated Shortage: \$73.57
Total New Monthly Payment: \$2,998.07
Effective Due Date: 02/01/2026

Contact Us

Customer Service/Pay-by-Phone
1-800-919-5632*

**Calls are randomly monitored and recorded to ensure quality service.*

Hours

Monday - Friday: 8 A.M. to 9 P.M. ET
Saturday: 8 A.M. - 3 P.M. ET

Website: <https://agfirst.myloancare.com>

Autodraft Customers: If your mortgage payment amount has changed, we'll adjust your payment for you.

Online Bill Payment Customers: If your mortgage payment amount has changed, you will need to contact your financial services provider to adjust your payment.

Account History

The following statement of activity in your escrow account from 02/2025 through 01/2026 displays actual activity as it occurred in your escrow account during that period. If your loan was transferred by another mortgage servicer, the prior projection information may not be included below.

Month	Activity	Projected Amount	Actual Amount	Projected Escrow Balance	Actual Escrow Balance
	Starting Balance			\$1,439.03	\$2,158.59
February	Deposit	\$719.56	\$719.56	\$2,158.59	\$2,878.15
March	Deposit	\$719.56	\$0.00*	\$2,878.15	\$2,878.15
April	Deposit	\$719.56	\$719.56	\$3,597.71	\$3,597.71
May	Deposit	\$719.56	\$1,439.12*	\$4,317.27	\$5,036.83
June	Deposit	\$719.56	\$0.00*	\$5,036.83	\$5,036.83
July	Deposit	\$719.56	\$719.56	\$5,756.39	\$5,756.39
August	Deposit	\$719.56	\$1,439.12*	\$6,475.95	\$7,195.51
September	Deposit	\$719.56	\$0.00*	\$7,195.51	\$7,195.51
October	Deposit	\$719.56	\$1,439.12*	\$7,915.07	\$8,634.63
November	Deposit	\$719.56	\$0.00*	\$8,634.63	\$8,634.63
November	County Tax Disbursement	\$6,277.64	\$6,792.42*	\$2,356.99	\$1,842.21
December	Deposit	\$719.56	\$719.56	\$3,076.55	\$2,561.77
January	Deposit	\$719.56	\$719.56 E	\$3,796.11	\$3,281.33



P.O. Box 8068 | Virginia Beach, VA 23450 | 1-800-919-5632

CUSTOMER ACCOUNT ACTIVITY STATEMENT 2025

ACCOUNT NUMBER: [REDACTED]

[REDACTED]

[REDACTED]

TRANSACTION DESCRIPTION	PROCESS DATE	DUE DATE	TOTAL AMOUNT RECEIVED	PRINCIPAL PAID	INTEREST PAID	ESCROW PAID	FEES	OTHER
Payment	01/25	02/25	\$2,861.44	\$932.24	\$1,209.64	\$719.56		
Additional Principal Payment	01/25	03/25	\$151.89	\$151.89				
Payment	02/25	03/25	\$2,861.44	\$935.06	\$1,206.82	\$719.56		
Additional Principal Payment	02/25	04/25	\$151.89	\$151.89				
Payment	04/25	04/25	\$2,861.44	\$937.89	\$1,203.99	\$719.56		
Additional Principal Payment	04/25	05/25	\$151.89	\$151.89				
Payment	05/25	05/25	\$2,861.44	\$940.73	\$1,201.15	\$719.56		
Additional Principal Payment	05/25	06/25	\$151.89	\$151.89				
Payment	05/25	06/25	\$2,861.44	\$943.57	\$1,198.31	\$719.56		
Additional Principal Payment	05/25	07/25	\$151.89	\$151.89				
Payment	07/25	07/25	\$2,861.44	\$946.43	\$1,195.45	\$719.56		
Additional Principal Payment	07/25	08/25	\$151.89	\$151.89				
Payment	08/25	08/25	\$2,861.44	\$949.29	\$1,192.59	\$719.56		
Additional Principal Payment	08/25	09/25	\$151.89	\$151.89				
Payment	08/25	09/25	\$2,861.44	\$952.16	\$1,189.72	\$719.56		
Additional Principal Payment	08/25	10/25	\$151.89	\$151.89				
Payment	10/25	10/25	\$2,861.44	\$955.03	\$1,186.85	\$719.56		
Additional Principal Payment	10/25	11/25	\$151.89	\$151.89				
Payment	10/25	11/25	\$2,861.44	\$957.91	\$1,183.97	\$719.56		
Additional Principal Payment	10/25	12/25	\$151.89	\$151.89				
County Tax Disbursement	11/25	11/25	(\$6,792.42)					\$6,792.42
Payment	12/25	12/25	\$2,861.44	\$960.80	\$1,181.08	\$719.56		
Additional Principal Payment	12/25	01/26	\$151.89	\$151.89				
Hazard Insurance Disbursement	12/25	01/26	(\$2,599.00)					\$2,599.00
Escrow Advance	12/25	01/26	\$37.23			\$37.23		
Payment	12/25	01/26	\$2,861.44	\$963.70	\$1,178.18	\$719.56		
Repay of Escrow Advance	12/25	01/26				(\$37.23)		
Additional Principal Payment	12/25	02/26	\$151.89	\$151.89				

RECIPIENT'S/LENDER'S name, address, and telephone no. Dovenmuehle Mortgage, Inc., Servicer for SouthState Bank, N.A. 1 Corporate Drive, Suite 360 Lake Zurich, IL 60047-8945 1-877-592-4003		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. April 2025) For calendar year 2025	☐ CORRECTED (if checked)	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 36-2435132	PAYER'S/BORROWER'S TIN [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$ 12,594.01			Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
PAYER'S/BORROWER'S name, street address, city, state, and ZIP [REDACTED] Young [REDACTED] Young [REDACTED]		2 Outstanding mortgage principal \$ 191,180.38	3 Mortgage origination date 3/31/2023		
		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$0.00		
		6 Points paid on purchase of principal residence \$ 0.00			
		7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
9 Number of properties securing the mortgage		8 Address or description of property securing mortgage [REDACTED]			11 Mortgage acquisition date
10 Other					
PROPERTY TAXES \$5,375.26 PRINCIPAL PAID \$2,389.31 ENDING PRINCIPAL \$188,791.07					
Account number (see instructions) [REDACTED]					

Form **1098**

(Rev. 4-2025)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

This information is provided for your use in preparing your 2025 tax returns. You are responsible for providing us with your correct SSN/TIN. Please contact our Customer Service Department at the above phone number if this number is wrong. Please review the reverse side for important Internal Revenue Service information.

Account History Statement

Process Date	Transaction Description	Due Date	Total Amount	Principal Amount	Interest Amount	Escrow Amount	Other
01/31	[REDACTED] PAYMENT	02/25	\$1,794.69				\$1,794.69
02/03	[REDACTED] PAYMENT	02/25		\$193.14	\$1,055.47	\$546.08	\$-1,794.69
02/20	[REDACTED] PAYMENT	03/25	\$457.83			\$457.83	
03/03	[REDACTED] PAYMENT	03/25	\$2,252.22	\$194.20	\$1,054.41	\$1,003.61	
03/11	[REDACTED] HAZARD INSURANCE DISBURSEMENT (PRIMARY POLICY)	03/25	\$-3,391.14			\$-3,391.14	
03/11	[REDACTED] ESCROW ADVANCE	04/25	\$1,365.57			\$1,365.57	
04/01	[REDACTED] PAYMENT	04/25	\$2,252.22	\$195.27	\$1,053.34	\$1,003.61	
04/01	[REDACTED] REPAY OF ESCROW ADVANCE	04/25				\$-1,003.61	
05/01	[REDACTED] PAYMENT	05/25	\$2,252.22	\$196.35	\$1,052.26	\$1,003.61	
05/01	[REDACTED] REPAY OF ESCROW ADVANCE	05/25				\$-361.96	
05/30	[REDACTED] PAYMENT	06/25	\$2,252.22	\$197.44	\$1,051.17	\$1,003.61	
07/01	[REDACTED] PAYMENT	07/25	\$2,252.22	\$198.53	\$1,050.08	\$1,003.61	
08/01	[REDACTED] PAYMENT	08/25	\$2,252.22	\$199.62	\$1,048.99	\$1,003.61	
08/29	[REDACTED] PAYMENT	09/25	\$2,252.22	\$200.72	\$1,047.89	\$1,003.61	
10/01	[REDACTED] PAYMENT	10/25	\$2,252.22	\$201.83	\$1,046.78	\$1,003.61	
10/31	[REDACTED] PAYMENT	11/25	\$2,252.22	\$202.95	\$1,045.66	\$1,003.61	
11/07	[REDACTED] COUNTY TAX	11/25	\$-4,895.57			\$-4,895.57	
11/07	[REDACTED] COUNTY TAX	11/25	\$-338.80			\$-338.80	
11/07	[REDACTED] COUNTY TAX	11/25	\$-140.89			\$-140.89	
12/01	[REDACTED] PAYMENT	12/25	\$2,252.22	\$204.07	\$1,044.54	\$1,003.61	
12/31	[REDACTED] PAYMENT	01/26	\$2,252.22	\$205.19	\$1,043.42	\$1,003.61	

[REDACTED]

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2025

For calendar year 2025, or tax year

beginning / / 2025 ending / /

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
83-1680616

B Partnership's name, address, city, state, and ZIP code
RIVERCITY DREAMCATCHERS LLC
222 N 3RD ST
PALATKA, FL 32177

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
GEORGE A YOUNG

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

Beginning Ending

Profit 33.33333 % 33.33333 %

Loss 33.33333 % 33.33333 %

Capital 33.33333 % 33.33333 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

Beginning Ending

Nonrecourse \$ \$

Qualified nonrecourse financing \$ 102,092. \$ 98,916.

Recourse \$ 1,198. \$ 998.

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L Partner's Capital Account Analysis

Beginning capital account \$ 24,940.

Capital contributed during the year \$

Current year net income (loss) \$ -1,283.

Other increase (decrease) (attach explanation) \$ 0.

Withdrawals and distributions \$ ()

Ending capital account \$ 23,657.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$

Ending \$

☐ Final K-1

☐ Amended K-1

651123

OMB No. 1545-0123

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss) 14 Self-employment earnings (loss)

2 Net rental real estate income (loss)
* -1,287.

3 Other net rental income (loss) 15 Credits

4a Guaranteed payments for services

4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked ☐

4c Total guaranteed payments 17 Alternative minimum tax (AMT) items
A 0.

5 Interest income 4.

6a Ordinary dividends

6b Qualified dividends 18 Tax-exempt income and nondeductible expenses

6c Dividend equivalents

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain
A 4.

10 Net section 1231 gain (loss)
N * STMT 6,029.

11 Other income (loss)

12 Section 179 deduction 21 Foreign taxes paid or accrued

13 Other deductions

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Additional Information From Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)**Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)****Supplemental Information****Continuation Statement**

Description	Amount
Box 20, Code N:	
Business interest expense detail	
-Included in ord business income (line 1)	
-Included in rental income (line 2)	6,029.

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (GEORGE A YOUNG)**Form 8825 Rental Inc/Loss Details for Reporting Purposes****Continuation Statement**

Description	Amount
300 Reid St	
Property type: 4 Commercial	-1,287.
Total	-1,287.