

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2026

General Information

Name: Mr Clayton Odell Rooks III

PID 268967

AGENCY INFORMATION

Organization	Suborganization	Title
Jackson County	Elected Constitutional Officer	Clerk of Courts

Net Worth

My Net Worth as of December 31, 2025 was \$ 1,207,088.00.

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 \$ 103,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence	\$ 260,885.00
Townhouse in Mexico Beach	\$ 845,669.00
Bank Accounts	\$ 113,248.00
Retirement Funds	\$ 93,707.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PeopleSouth Bank	2660 Highway 71 Marianna, Florida	\$ 212,629.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
U S Mobile Home Sales of Florida	4626 Highway 90 Marianna, Florida 32448	\$ 2,500.00
See Attached		

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

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

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

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

Clayton Odell Rooks III

Digitally signed: 06/30/2026

Filed with COE: 06/30/2026

130483.22		20562.95	
1 Wages, tips, other comp.		2 Federal income tax withheld	
140717.78		8724.49	
3 Social security wages		4 Social security tax withheld	
140717.78		2040.39	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code COUNTY OF JACKSON PO DRAWER 510 MARIANNA, FL 32447			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a G 6000.00	
		12b	
13 Statutory employee Retirement plan Third party sick pay		12c	
X		12d	
14 FRS 4234.56		Employee's social security no. [REDACTED]	
		Employer ID number (EIN) 59-6000682	
		Control number 0062-01	
CLAYTON ROOKS III 2438 FILLMORE DR. MARIANNA, FL 32448			
Employer's name, address, and ZIP code			
15a 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	

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Employer's name, address, and ZIP code			
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		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return GWR No. 1145-0208 Department of the Treasury - Internal Revenue Service		Form W-2 2025	

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CLAYTON ROOKS III 2438 FILLMORE DR MARIANNA, FL 32448			
Employer's name, address, and ZIP code			
15 (a) 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	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return GNR No. 1443-0228		Form W-2 2025 Department of the Treasury • Internal Revenue Service	

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		Employer ID number (EIN) 59-6000682	
		Contract number 0062-01	
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Employer's name, address, and ZIP code			
15a	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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Form
W-2
2025

Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
OMB No. 1545-0048 Department of the Treasury — Internal Revenue Service

Instructions for Employee

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

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 on Form 1, 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 line 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 to employer share of the Social Security tax 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 based on tips you actually reported to your employer. Enter this amount on line 8 of your Form 1040. By 10/15/2025, you must also include the employer's share 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). This amount is **not** included in line 1, 3, 5, or 7. See Form 3447.

Box 11—This amount is (a) reported in line 1 of R if it is a distribution made to you from a nonqualified deferred compensation or non governmental 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. This amount is **not** included in line 1, 3, 5, or 7. For information on the 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 have a calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form 555A-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

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, G, H, and S) and designated Roth contributions (codes AA, BB, and CC) under all plans are generally limited to a total of \$23,500 (generally, \$16,500 for SIMPLE plans; \$28,500 for section 401(k) plans). For the 2025 year, the limit for 15% employer deferrals under a 401(k) plan or 408(a) plan is 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. If you were age 60 through 63 as of December 31, 2025, see Pub. 526 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 you made D, E, F, G, H, or S contributions, or EE, FF, or YF contributions, make-up a person 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.

Note.—If you had an excess deferral or Roth tax on tips, include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Unallocated 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 5, 5 (a) to 5 (c), and 10).

D—Elective deferrals to a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) 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 under a section 408(k)(6) SIMPLE IRA.

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

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

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

K—Excess tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

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

N—Unallocated Medicare tax on the 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 line 1, 3, or 5).

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

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

S—Employee salary reduction contributions under a section 408(a) SIMPLE plan (this

Include 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 options (included in boxes 1, 3 up to the social security wage base, and 3). See Pub. 592 for reporting requirements.

W—Employer contributions to a profit-sharing or money purchase pension plan to contribute with a section 72(c) allocated plan to the 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 Form 1040 instructions.

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

BB—Designated Roth contributions under a section 408(a) plan.

CC—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 is not added to contributions under a tax-exempt organization section 457(b) plan.

FF—Furnished benefits under a qualified annuity or health reimbursement arrangement.

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

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

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

Box 12. 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 benefits, leave benefits under state, uniform payables, 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 (RRRA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax, and Social Security tax. See Instructions for Form 941 for the employer to the employer in railroad retirement (RRRA) compensation.

Notes: 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 of Form W-2 for at least 5 years after the due date for filing your income tax return or for earnings in a particular year.

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

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 tax credit (EITC). You may also 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, 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 in a penal institution. For 2025 income limits and more information, visit [www.irs.gov/eitc](https://irs.gov/eitc). (See also Pub. 596. Any EITC that is more than your tax liability is refunded to you, but only if

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 address without error reported to the SSA on Form W-2. Be sure to get your copies of

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.

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

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 \$8,400.20 in Tier 2 HRA tax withheld, you may be able to claim a refund on Form 443. See the instructions for Form 443.

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

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

Your first name and middle initial Last name Your social security number
CLAYTON O ROOKS, III

If joint return, spouse's first name and middle initial Last name Spouse's social security number
AMY L ROOKS

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025: ☒

2438 FILLMORE DRIVE

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

MARIANNA, FL 32448

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

☐ You ☒ Spouse

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

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

Dependents (see instructions)

Dependent 1 Dependent 2 Dependent 3 Dependent 4

(1) First name (2) Last name (3) SSN (4) Relationship

(5) Check if lived with you more than half of 2025 (a) ☐ Yes (b) ☐ And in the U.S.

(6) Check if ☐ Full-time student ☐ Permanently & totally disabled ☐ Full-time student ☐ Permanently & totally disabled ☐ Full-time student ☐ Permanently & totally disabled ☐ Full-time student ☐ Permanently & 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

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 153,688.

b Household employee wages not reported on Form(s) W-2 1b

c Tip income not reported on line 1a (see instructions) 1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

e Taxable dependent care benefits from Form 2441, line 26 1e

f Employer-provided adoption benefits from Form 8839, line 31 1f

g Wages from Form 8919, line 6 1g

h Other earned income (see instructions). Enter type and amount: 1h

i Nontaxable combat pay election (see instructions) 1i

z Add lines 1a through 1h 1z 153,688.

2a Tax-exempt interest 2a b Taxable interest 2b 3,735.

3a Qualified dividends 3a 17. b Ordinary dividends 3b 17.

c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b

4a IRA distributions 4a b Taxable amount 4b

c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐

5a Pensions and annuities 5a 168,344. b Taxable amount 5b 164,837.

c Check if (see instructions) 1 ☐ Rollover 2 ☒ PSO 3 ☐

6a Social security benefits 6a b Taxable amount 6b

c If you elect to use the lump-sum election method, check here (see instructions)

d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here

7a Capital gain or (loss). Attach Schedule D if required 7a

b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

8 Additional income from Schedule 1, line 10 8 -1,474.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9 320,803.

10 Adjustments to income from Schedule 1, line 26 10

11a Subtract line 10 from line 9. This is your adjusted gross income 11a 320,803.

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

Attach Sch. B if required.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2025) Created 9/5/25 11/14/25

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) 11b 320,803.
- 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)
- 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a
b Additional deductions from Schedule 1-A, line 38. 13b
14 Add lines 12e, 13a, and 13b 14 55,370.
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 15 265,433.
16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814
2 ☐ 4972 3 ☐ 16 49,397.
17 Amount from Schedule 2, line 3 17
18 Add lines 16 and 17 18 49,397.
19 Child tax credit or credit for other dependents from Schedule 8812 19
20 Amount from Schedule 3, line 8 20
21 Add lines 19 and 20 21 0.
22 Subtract line 21 from line 18. If zero or less, enter -0-. 22 49,397.
23 Other taxes, including self-employment tax, from Schedule 2, line 21 23
24 Add lines 22 and 23. This is your total tax 24 49,397.

Payments and Refundable Credits

- 25 Federal income tax withheld from:
a Form(s) W-2 25a 22,979.
b Form(s) 1099 25b 24,694.
c Other forms (see instructions) 25c
d Add lines 25a through 25c 25d 47,673.
- 26 2025 estimated tax payments and amount applied from 2024 return
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 47,673.

Refund

- 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid. 34
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐ 35a
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 1,724.
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 Clayton Rooks Phone no. 850-718-8236 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.)

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. (850) 482-9552

Email address

Paid Preparer Use Only

Preparer's name Clayton Rooks Preparer's signature Clayton Rooks Date PTIN P01062015 Check if: ☒ Self-employed
Firm's name CLAYTON O. ROOKS, CPA Phone no. 850-718-8236
Firm's address 2438 FILLMORE DR MARIANNA, FL 32448 Firm's EIN

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

Your social security number

CLAYTON O ROOKS, III AND AMY L ROOKS

-**-*

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

2,263.

b State and local real estate taxes (see instructions)

5b

13,709.

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d

15,972.

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

15,972.

6 Other taxes. List type and amount:

6

7 Add lines 5e and 6

7

15,972.

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 ☐

8a

18,898.

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.

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

18,898.

9 Investment interest. Attach Form 4952 if required. See instructions

9

10 Add lines 8e and 9

10

18,898.

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

20,500.

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.

12

13 Carryover from prior year

13

14 Add lines 11 through 13

14

20,500.

Casualty and Theft Losses

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

15

0.

Other Itemized Deductions

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

16

0.

Total Itemized Deductions

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e.

17

55,370.

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

18

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **08**

Name(s) shown on return

CLAYTON O ROOKS, III AND AMY L ROOKS

Your social security number

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

HANCOCK WHITNEY
INTERNAL REVENUE SERVICE
TRUIST BANK

Amount

3,457.

60.

218.

1

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

3,735.

3,735.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
Dividends**

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

- 5 List name of payer:

COCA COLA

17.

5

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

17.

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

Part III
**Foreign
Accounts
and Trusts**

Caution: If required,
failure to file FinCEN
Form 114 may
result in substantial
penalties.
Additionally, you may
be required to file
Form 8938, Statement
of Specified Foreign
Financial Assets.
See instructions.

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

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

Yes	No
	X
	X

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use.	36 20,194.
37	Cost of labor. Do not include any amounts paid to yourself.	37
38	Materials and supplies.	38
39	Other costs.	39
40	Add lines 35 through 39.	40 20,194.
41	Inventory at end of year.	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42 20,194.

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:	
	a Business b Commuting (see instructions) c Other	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47a	Do you have evidence to support your deduction?	☐ Yes ☐ No
	b If "Yes," is the evidence written?	☐ Yes ☐ No

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

Bank Charges	15.
Dues and Subscriptions	1,191.
Postage	35.
48 Total other expenses. Enter here and on line 27b.	48 1,241.

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

Your social security number

CLAYTON O ROOKS, III AND AMY L ROOKS

-**-*

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	CORUIS INVESTMENTS LLC	P		46-2986090		
B						
C						
D						

Passive Income and Loss

Nonpassive Income and Loss

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a Totals					
b Totals					
30 Add columns (h) and (k) of line 29a					30
31 Add columns (g), (i), and (j) of line 29b					31
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31					32

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A	American Institute of certified Public	*****6154
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				
34 a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36
37 Total estate and trust income or (loss). Combine lines 35 and 36				37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41
42	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

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

CLAYTON O ROOKS, III AND AMY L ROOKS

Your taxpayer identification number

-**-*

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CLAYTON O ROOKS, III	***-**-****	-1,474.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	-1,474.
3	Qualified business net (loss) carryforward from the prior year.	3	0.
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	0.
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.	8	0.
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11	265,433.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	17.
13	Subtract line 12 from line 11. If zero or less, enter -0-.	13	265,416.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	53,083.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.	16	1,474.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.	17	0.

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

Form 8995 (2025) Created 9/12/25

**Net Investment Income Tax –
Individuals, Estates, and Trusts**

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2025

Attachment
Sequence No. **72**

Name(s) shown on your tax return

CLAYTON O ROOKS, III AND AMY L ROOKS

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	3,735.
2	Ordinary dividends (see instructions)	2	17.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	-1,474.
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	1,474.
4c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
5d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	3,752.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
9b	State, local, and foreign income tax (see instructions)	9b	11,829.
9c	Miscellaneous investment expenses (see instructions)	9c	
9d	Add lines 9a, 9b, and 9c	9d	11,829.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	11,829.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	0.
13	Modified adjusted gross income (see instructions)	13	320,803.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	70,803.
16	Enter the smaller of line 12 or line 15	16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
18c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2025Attachment
Sequence No. **179**

Name(s) shown on return

CLAYTON O ROOKS, III AND AMY L ROOKS

Business or activity to which this form relates

Schedule C - CLAYTON O ROOKS, III

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 instrs.	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	
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	315
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
19 a 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

20 a 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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD-20812L 12/19/25

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	315.
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	
23b	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)			
Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/ Convention	Depreciation deduction	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:										
PRINTER, COP	10/29/05	100.0	320.		5.0	S/L HY					
27	Property used 50% or less in a qualified business use:										
TOYOTA TUNDR	5/01/17	19.29									
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21.						28	0.			
29	Add amounts in column (i), line 26. Enter here and on line 7.						29	0.			

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.

30	(a)	(b)	(c)	(d)	(e)	(f)
Total business/investment miles driven during the year (don't include commuting miles).	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
31	3,569					
32	14,931					
33	18,500					
34	Yes	No	Yes	No	Yes	No
35	Yes	No	Yes	No	Yes	No
36	Yes	No	Yes	No	Yes	No
Was the vehicle available for personal use during off-duty hours?		X				
Was the vehicle used primarily by a more than 5% owner or related person?		X				
Is another vehicle available for personal use?	X					

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	

Form 4562 (2025)

DO NOT MAIL

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
CORUIS INVESTMENTS LLC			25.		25.
Total. Enter on Part I, lines 2a, 2b, and 2c.			25.		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total.			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
CORUIS INVESTMENTS LLC	Sch E Ln 28	25.	1.000000	25.
Total.		25.	1.00	25.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
CORUIS INVESTMENTS LLC	Sch E Ln 28	25.	25.	0.
Total.		25.	25.	0.

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.