

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2026

### General Information

Name: Mrs Amy Lynn Blackburn

PID 311379

### AGENCY INFORMATION

| Organization    | Suborganization                | Title         |
|-----------------|--------------------------------|---------------|
| Hernando County | Elected Constitutional Officer | Tax Collector |

### Net Worth

My Net Worth as of December 31, 2025 was \$ 675,515.35.

**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 \$ 50,000.00.

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                         | Value of Asset |
|----------------------------------------------|----------------|
| 5050 Baseball Pond Road Brooksville FL 34602 | \$ 268,700.00  |
| LargeCap S&P 500 Index; Symbol: PSPJX        | \$ 4,073.50    |
| MidCap; Symbol: PMBJX                        | \$ 28,793.28   |
| MidCap Value; Symbol: PVEJX                  | \$ 15,364.51   |
| Real Estate Securities; Symbol: PREJX        | \$ 9,283.55    |
| SmallCap; Symbol: PSBJX                      | \$ 8,897.80    |
| Bank Accounts (Suncoast Credit Union)        | \$ 91,436.02   |
| Prepaid College Fund - State of Florida      | \$ 52,224.32   |
| My Cigna HSA Account                         | \$ 21,873.62   |
| 2012 Toyota Sienna LE Van                    | \$ 9,225.00    |
| 2019 Chevrolet Silverado 2500 Truck          | \$ 29,000.00   |
| 1996 GMC Sierra C1500 Truck                  | \$ 5,000.00    |
| 2024 Enclosed E-Z Hauler Trailer 6x12 ft     | \$ 4,600.00    |
| 1991 Cattle Trailer 16 ft Homemade           | \$ 3,500.00    |
| 2010 GATOR 20 ft Hay Trailer                 | \$ 2,500.00    |
| 2011 John Deere Tractor w/implements         | \$ 15,000.00   |
| 2014 King Cutter Zero Turn Mower             | \$ 1,200.00    |
| 41 Head of Cattle                            | \$ 35,000.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

**Training**

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

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

**Signature of Reporting Official or Candidate**

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

***Amy Lynn Blackburn***

Digitally signed: 06/28/2026

Filed with COE: 06/28/2026

|                                                                                                                                        |                                         |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| <b>Copy B To Be Filed With Employee's<br/>FEDERAL Tax Return</b>                                                                       |                                         | 38-2099803<br>OMB No. 1545-0008            |
| a Employee's soc. sec. no.<br>[REDACTED]                                                                                               | 1 Wages, tips, other comp.<br>181557.60 | 2 Federal income tax withheld<br>26006.57  |
| b Employer ID number<br>59-6000651                                                                                                     | 3 Social security wages<br>176100.00    | 4 Social security tax withheld<br>10918.20 |
|                                                                                                                                        | 5 Medicare wages and tips<br>187456.50  | 6 Medicare tax withheld<br>2718.16         |
| c Employer's name, address, and ZIP code<br>HERNANDO COUNTY TAX COLLECTOR<br>20 N. MAIN STREET, ROOM 112<br>BROOKSVILLE, FL 34601-2892 |                                         |                                            |
| d Control number                                                                                                                       |                                         |                                            |
| e Employee's name, address, and ZIP code<br>AMY LYNN BLACKBURN<br>5050 BASEBALL POND RD<br>BROOKSVILLE, FL 34602                       |                                         |                                            |
| 7 Social security tips<br>.00                                                                                                          | 8 Allocated tips<br>.00                 | [REDACTED]                                 |
| 10 Dependent care benefits<br>.00                                                                                                      | 11 Nonqualified plans<br>.00            | 12a Code See Inst. for box 12<br>W 7050.00 |
| 13 Statutory employee                                                                                                                  | 14 Other<br>FRS414 5898.90              | 12b Code<br>.00                            |
| Retirement plan<br>X                                                                                                                   | .00                                     | 12c Code<br>.00                            |
| Third-party sick pay                                                                                                                   | .00                                     | 12d Code<br>.00                            |
|                                                                                                                                        | .00                                     | .00                                        |
|                                                                                                                                        | .00                                     | .00                                        |
| 15 State Emplr's state I.D. #                                                                                                          | 16 State wages, tips, etc.              | 17 State income tax                        |
| 18 Local wages, tips, etc.<br>.00<br>.00                                                                                               | 19 Local income tax<br>.00<br>.00       | 20 Locality name                           |

Form W-2 Wage and Tax Statement

**2025**

Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service.

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  
**Amy L**

Last name  
**Blackburn**

Your social security number  
**[REDACTED]**

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

Last name  
**Blackburn, III**

Spouse's social security number  
**[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions.  
**PO Box 1206**

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

City, town, or post office. If you have a foreign address, also complete spaces below.  
**Brooksville**

State  
**FL**

ZIP code  
**34605**

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

Foreign country name

Foreign province/state/county

Foreign postal code

**Filing Status**

☐ Single

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

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

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)  
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

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

**Digital Assets**

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

| Dependents<br>(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                                                   | (6) Check if                                                                                         | (7) Credits                                                                                          | (8) Check if                                                                                         |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | <b>(1) First name</b>                                     | <b>Sarah E</b>                                                                                                       | <b>Savannah L</b>                                                                                                    |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |
|                                                                                        | <b>(2) Last name</b>                                      | <b>Blackburn</b>                                                                                                     | <b>Blackburn</b>                                                                                                     |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |
|                                                                                        | <b>(3) SSN</b>                                            | <b>[REDACTED]</b>                                                                                                    | <b>[REDACTED]</b>                                                                                                    |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |
|                                                                                        | <b>(4) Relationship</b>                                   | <b>Daughter</b>                                                                                                      | <b>Daughter</b>                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |                                                                                                      |
|                                                                                        | <b>(5) Check if lived with you more than half of 2025</b> | <b>(a) <input checked="" type="checkbox"/> Yes</b><br><b>(b) <input checked="" type="checkbox"/> And in the U.S.</b> | <b>(a) <input checked="" type="checkbox"/> Yes</b><br><b>(b) <input checked="" type="checkbox"/> And in the U.S.</b> | <b>(a) <input type="checkbox"/> Yes</b><br><b>(b) <input type="checkbox"/> And in the U.S.</b>       | <b>(a) <input type="checkbox"/> Yes</b><br><b>(b) <input type="checkbox"/> And in the U.S.</b>       | <b>(a) <input type="checkbox"/> Yes</b><br><b>(b) <input type="checkbox"/> And in the U.S.</b>       | <b>(a) <input type="checkbox"/> Yes</b><br><b>(b) <input type="checkbox"/> And in the U.S.</b>       | <b>(a) <input type="checkbox"/> Yes</b><br><b>(b) <input type="checkbox"/> And in the U.S.</b>       |
|                                                                                        | <b>(6) Check if</b>                                       | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled                 | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled                 | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled |
|                                                                                        | <b>(7) Credits</b>                                        | <input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents            | <input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents            | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> 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.

|            |                                                                                                                                                |            |          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1a</b>  | Total amount from Form(s) W-2, box 1 (see instructions)                                                                                        | <b>1a</b>  | 181,558. |
| <b>b</b>   | Household employee wages not reported on Form(s) W-2                                                                                           | <b>1b</b>  |          |
| <b>c</b>   | Tip income not reported on line 1a (see instructions)                                                                                          | <b>1c</b>  |          |
| <b>d</b>   | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                                                        | <b>1d</b>  |          |
| <b>e</b>   | Taxable dependent care benefits from Form 2441, line 26                                                                                        | <b>1e</b>  |          |
| <b>f</b>   | Employer-provided adoption benefits from Form 8839, line 31                                                                                    | <b>1f</b>  |          |
| <b>g</b>   | Wages from Form 8919, line 6                                                                                                                   | <b>1g</b>  |          |
| <b>h</b>   | Other earned income (see instructions). Enter type and amount: _____                                                                           | <b>1h</b>  | 0.       |
| <b>i</b>   | Nontaxable combat pay election (see instructions)                                                                                              | <b>1i</b>  |          |
| <b>z</b>   | Add lines 1a through 1h                                                                                                                        | <b>1z</b>  | 181,558. |
| <b>2a</b>  | Tax-exempt interest                                                                                                                            | <b>2a</b>  |          |
| <b>3a</b>  | Qualified dividends                                                                                                                            | <b>3a</b>  |          |
| <b>c</b>   | Check if your child's dividends are included in <b>1</b> <input type="checkbox"/> Line 3a <b>2</b> <input type="checkbox"/> Line 3b            | <b>2</b>   |          |
| <b>4a</b>  | IRA distributions                                                                                                                              | <b>4a</b>  |          |
| <b>c</b>   | Check if (see instructions) <b>1</b> <input type="checkbox"/> Rollover <b>2</b> <input type="checkbox"/> QCD <b>3</b> <input type="checkbox"/> | <b>4b</b>  |          |
| <b>5a</b>  | Pensions and annuities                                                                                                                         | <b>5a</b>  |          |
| <b>c</b>   | Check if (see instructions) <b>1</b> <input type="checkbox"/> Rollover <b>2</b> <input type="checkbox"/> PSO <b>3</b> <input type="checkbox"/> | <b>5b</b>  |          |
| <b>6a</b>  | Social security benefits                                                                                                                       | <b>6a</b>  |          |
| <b>c</b>   | If you elect to use the lump-sum election method, check here (see instructions)                                                                | <b>6b</b>  |          |
| <b>d</b>   | If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>         | <b>7a</b>  |          |
| <b>7a</b>  | Capital gain or (loss). Attach Schedule D if required                                                                                          | <b>7a</b>  |          |
| <b>b</b>   | Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)                    | <b>8</b>   | 29,132.  |
| <b>8</b>   | Additional income from Schedule 1, line 10                                                                                                     | <b>9</b>   | 211,290. |
| <b>9</b>   | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your <b>total income</b>                                                                  | <b>10</b>  | 2,058.   |
| <b>10</b>  | Adjustments to income from Schedule 1, line 26                                                                                                 | <b>11a</b> | 209,232. |
| <b>11a</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                                                        |            |          |

**Tax and Credits**

|            |                                                                                                                                                                           |            |                                                       |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|
| <b>11b</b> | Amount from line 11a (adjusted gross income)                                                                                                                              | <b>11b</b> | 209,232.                                              |
| <b>12a</b> | Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent                                                         |            |                                                       |
| <b>b</b>   | <input type="checkbox"/> Spouse itemizes on a separate return                                                                                                             | <b>c</b>   | <input type="checkbox"/> You were a dual-status alien |
| <b>d</b>   | <b>You:</b> <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind                                                                  |            |                                                       |
|            | <b>Spouse:</b> <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind                                                                 |            |                                                       |
| <b>e</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A)                                                                                                        | <b>12e</b> | 31,500.                                               |
| <b>13a</b> | Qualified business income deduction from Form 8995 or Form 8995-A                                                                                                         | <b>13a</b> | 0.                                                    |
| <b>b</b>   | Additional deductions from Schedule 1-A, line 38                                                                                                                          | <b>13b</b> |                                                       |
| <b>14</b>  | Add lines 12e, 13a, and 13b                                                                                                                                               | <b>14</b>  | 31,500.                                               |
| <b>15</b>  | Subtract line 14 from line 11b. If zero or less, enter -0-. This is your <b>taxable income</b>                                                                            | <b>15</b>  | 177,732.                                              |
| <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> | <b>16</b>  | 28,929.                                               |
| <b>17</b>  | Amount from Schedule 2, line 3                                                                                                                                            | <b>17</b>  |                                                       |
| <b>18</b>  | Add lines 16 and 17                                                                                                                                                       | <b>18</b>  | 28,929.                                               |
| <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812                                                                                                        | <b>19</b>  | 4,400.                                                |
| <b>20</b>  | Amount from Schedule 3, line 8                                                                                                                                            | <b>20</b>  |                                                       |
| <b>21</b>  | Add lines 19 and 20                                                                                                                                                       | <b>21</b>  | 4,400.                                                |
| <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                                 | <b>22</b>  | 24,529.                                               |
| <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                      | <b>23</b>  | 4,116.                                                |
| <b>24</b>  | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                                        | <b>24</b>  | 28,645.                                               |

**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**

|            |                                                                                                         |            |                          |
|------------|---------------------------------------------------------------------------------------------------------|------------|--------------------------|
| <b>25</b>  | Federal income tax withheld from:                                                                       |            |                          |
| <b>a</b>   | Form(s) W-2                                                                                             | <b>25a</b> | 26,007.                  |
| <b>b</b>   | Form(s) 1099                                                                                            | <b>25b</b> |                          |
| <b>c</b>   | Other forms (see instructions)                                                                          | <b>25c</b> |                          |
| <b>d</b>   | Add lines 25a through 25c                                                                               | <b>25d</b> | 26,007.                  |
| <b>26</b>  | 2025 estimated tax payments and amount applied from 2024 return                                         | <b>26</b>  |                          |
|            | If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): |            |                          |
| <b>27a</b> | Earned income credit (EIC)                                                                              | <b>27a</b> |                          |
| <b>b</b>   | Clergy filing Schedule SE (see instructions)                                                            |            | <input type="checkbox"/> |
| <b>c</b>   | If you do not want to claim the EIC, check here                                                         |            | <input type="checkbox"/> |
| <b>28</b>  | Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here | <b>28</b>  | <input type="checkbox"/> |
| <b>29</b>  | American opportunity credit from Form 8863, line 8                                                      | <b>29</b>  |                          |
| <b>30</b>  | Refundable adoption credit from Form 8839, line 13                                                      | <b>30</b>  |                          |
| <b>31</b>  | Amount from Schedule 3, line 15                                                                         | <b>31</b>  |                          |
| <b>32</b>  | Add lines 27a, 28, 29, 30, and 31. These are your <b>total other payments and refundable credits</b>    | <b>32</b>  |                          |
| <b>33</b>  | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                         | <b>33</b>  | 26,007.                  |

If you have a qualifying child, you may need to attach Sch. EIC.

**Refund**

|            |                                                                                                                   |            |                                                                          |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  |                                                                          |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> |                                                                          |
| <b>b</b>   | Routing number                                                                                                    | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number                                                                                                    |            |                                                                          |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2026 estimated tax</b>                                              | <b>36</b>  |                                                                          |

Direct deposit? See instructions.

**Amount You Owe**

|           |                                                                                                                                                                                        |           |        |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | 2,638. |
| <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                               | <b>38</b> |        |

**Third Party Designee**

|                                                                                                                                                                                                |           |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |           |                                      |
| Designee's name                                                                                                                                                                                | Phone no. | Personal identification number (PIN) |
|                                                                                                                                                                                                |           |                                      |

**Sign Here**

|                                                                                                                                                                                                                                                                                                                    |      |                     |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|-----------------------------------------------------------------------------------|
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |      |                     |                                                                                   |
| Your signature                                                                                                                                                                                                                                                                                                     | Date | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                                                                                                                                                                                                                                                                                                                    |      | Tax Collector       |                                                                                   |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                                                                                                                                                                                                                                                                                                                    |      | Not employed        |                                                                                   |
| Phone no. (352)584-8933                                                                                                                                                                                                                                                                                            |      | Email address       |                                                                                   |

**Paid Preparer Use Only**

|                 |                      |      |      |                                                  |
|-----------------|----------------------|------|------|--------------------------------------------------|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Firm's name     | Self-Prepared        |      |      | Phone no.                                        |
| Firm's address  |                      |      |      | Firm's EIN                                       |

SCHEDULE 1  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://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

Amy L Blackburn & James F Blackburn, III

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](http://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): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684 . . . . .                              | 4  |         |
| 5  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                                  | 5  |         |
| 6  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                     | 6  | 29,132. |
| 7  | Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> 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 <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .            | 10 | 29,132. |

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

BAA REV 03/25/26 TTW

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

**Part II Adjustments to Income**

|            |                                                                                                                                                                            |            |        |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                                | <b>11</b>  |        |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                                | <b>12</b>  |        |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                               | <b>13</b>  |        |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here <input type="checkbox"/> . . . . .         | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                       | <b>15</b>  | 2,058. |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                                   | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                         | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                           | <b>18</b>  |        |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                                     | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                                  |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): . . . . .                                                                                             |            |        |
| <b>20</b>  | IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/> . . . . . | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                                  | <b>21</b>  |        |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                          | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                             | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:                                                                                                                                                         |            |        |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                                 | <b>24a</b> |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                             | <b>24b</b> |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                         | <b>24c</b> |        |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                          | <b>24d</b> |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                      | <b>24e</b> |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                             | <b>24f</b> |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                       | <b>24g</b> |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                                    | <b>24h</b> |        |
| <b>i</b>   | 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 . . . . .       | <b>24i</b> |        |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                                 | <b>24j</b> |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                        | <b>24k</b> |        |
| <b>z</b>   | Other adjustments. List type and amount:<br>_____<br>_____                                                                                                                 | <b>24z</b> |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                               | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                          | <b>26</b>  | 2,058. |

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **02**

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

Amy L Blackburn & James F Blackburn, III

Your social security number

**Part I Tax**

**1** Additions to tax:

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

**1a**

**1b**

**1c**

**1d**

**1e**

**1f**

**1y**

**z** Add lines 1a through 1y . . . . .

**1z**

**2** Alternative minimum tax. Attach Form 6251 . . . . .

**2**

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

**3**

**Part II Other Taxes**

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

**1** ☐ 4361      **2** ☐ 4029      **3** ☐ \_\_\_\_\_ . . . . .

**4**

4,116.

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

**5**

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

**6**

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

**7**

**8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here . . . . .

☐

**8**

**9** Household employment taxes. Attach Schedule H . . . . .

**9**

**10** Reserved for future use . . . . .

**10**

**11** Additional Medicare Tax. Attach Form 8959 . . . . .

**11**

**12** Net investment income tax. Attach Form 8960 . . . . .

**12**

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

**13**

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

**14**

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

**15**

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

**16**

(continued on page 2)

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

4,116.

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](http://www.irs.gov/ScheduleF) for instructions and the latest information.

OMB No. 1545-0074

2025  
Attachment  
Sequence No. 14

Name of proprietor

James F Blackburn, III

Social security number (SSN)

A Principal crop or activity

Cattle

B Enter code from Part IV

C Accounting method:

☒ Cash ☐ Accrual

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

E Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on passive losses ☒ 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  |    | 53,118. |
| 3a | Cooperative distributions (Form(s) 1099-PATR)                                                                                                                                           | 3a |    |         |
| 3b | Taxable amount                                                                                                                                                                          | 3b |    |         |
| 4a | Agricultural program payments (see instructions)                                                                                                                                        | 4a | 0. |         |
| 4b | Taxable amount                                                                                                                                                                          | 4b |    | 0.      |
| 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 <input type="checkbox"/>                                                                                                           | 6d |    | 0.      |
| 6d | Amount deferred from 2024                                                                                                                                                               |    |    |         |
| 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 | g  |    | 53,118. |

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  | 4,200.                                                   | 23 | Pension and profit-sharing plans   | 23  |         |
| 11 | Chemicals                                                                                                         | 11  |                                                          | 24 | Rent or lease (see instructions):  |     |         |
| 12 | Conservation expenses (see instructions)                                                                          | 12  |                                                          | a  | Vehicles, machinery, equipment     | 24a |         |
| 13 | Custom hire (machine work)                                                                                        | 13  |                                                          | b  | Other (land, animals, etc.)        | 24b |         |
| 14 | Depreciation and section 179 expense (see instructions)                                                           | 14  | 0.                                                       | 25 | Repairs and maintenance            | 25  | 1,937.  |
| 15 | Employee benefit programs other than on line 23                                                                   | 15  |                                                          | 26 | Seeds and plants                   | 26  |         |
| 16 | Feed                                                                                                              | 16  | 15,655.                                                  | 27 | Storage and warehousing            | 27  |         |
| 17 | Fertilizers and lime                                                                                              | 17  |                                                          | 28 | Supplies                           | 28  | 1,490.  |
| 18 | Freight and trucking                                                                                              | 18  |                                                          | 29 | Taxes                              | 29  |         |
| 19 | Gasoline, fuel, and oil                                                                                           | 19  | 604.                                                     | 30 | Utilities                          | 30  |         |
| 20 | Insurance (other than health)                                                                                     | 20  |                                                          | 31 | Veterinary, breeding, and medicine | 31  | 100.    |
| 21 | Interest (see instructions):                                                                                      |     |                                                          | 32 | Other expenses (specify):          |     |         |
| a  | Mortgage (paid to banks, etc.)                                                                                    | 21a |                                                          | a  |                                    | 32a |         |
| b  | Other                                                                                                             | 21b |                                                          | b  |                                    | 32b |         |
| 22 | Labor hired (less employment credits)                                                                             | 22  |                                                          | c  |                                    | 32c |         |
|    |                                                                                                                   |     |                                                          | d  |                                    | 32d |         |
|    |                                                                                                                   |     |                                                          | e  |                                    | 32e |         |
|    |                                                                                                                   |     |                                                          | f  |                                    | 32f |         |
| 33 | Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions                               | 33  |                                                          |    |                                    |     | 23,986. |
| 34 | Net farm profit or (loss). Subtract line 33 from line 9                                                           | 34  |                                                          |    |                                    |     | 29,132. |
|    | 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  | <input type="checkbox"/> All investment is at risk.                                                               | b   | <input type="checkbox"/> Some investment is not at risk. |    |                                    |     |         |

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/25/26 TTW

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

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.  
Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **17**

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

James F Blackburn, III

Social security number of person  
with self-employment income

**Part I Self-Employment Tax**

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

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

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

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a** 29,132.

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

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

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

**3** Combine lines 1a, 1b, and 2 **3** 29,132.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 26,903.

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

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 26,903.

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

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

**6** Add lines 4c and 5b **6** 26,903.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025 **7** \$176,100

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

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

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

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 176,100.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 3,336.

**11** Multiply line 6 by 2.9% (0.029) **11** 780.

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3** **12** 4,116.

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

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 2,058.

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

BAA

REV 03/25/26 TTW

Schedule SE (Form 1040) 2025 Created 5/7/25

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

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$10,860, **or** (b) your net farm profits<sup>2</sup> were less than \$7,840.

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

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

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

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

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

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

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

**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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2025**

Attachment  
Sequence No. **47**

Name(s) shown on return

Amy L Blackburn & James F Blackburn, III

Your social security number

**Part I Child Tax Credit and Credit for Other Dependents**

|                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>                                                                                                                                                                              | Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR . . . . .                                                                                                                                                                                                                                            | <b>1</b>  | 209,232. |
| <b>2a</b>                                                                                                                                                                             | Enter income from Puerto Rico that you excluded . . . . .                                                                                                                                                                                                                                                                  | <b>2a</b> |          |
| <b>b</b>                                                                                                                                                                              | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .                                                                                                                                                                                                                                                         | <b>2b</b> | 0.       |
| <b>c</b>                                                                                                                                                                              | Enter the amount from line 15 of your Form 4563 . . . . .                                                                                                                                                                                                                                                                  | <b>2c</b> |          |
| <b>d</b>                                                                                                                                                                              | Add lines 2a through 2c . . . . .                                                                                                                                                                                                                                                                                          | <b>2d</b> | 0.       |
| <b>3</b>                                                                                                                                                                              | Add lines 1 and 2d . . . . .                                                                                                                                                                                                                                                                                               | <b>3</b>  | 209,232. |
| <b>4</b>                                                                                                                                                                              | Number of qualifying children under age 17 with the required social security number                                                                                                                                                                                                                                        | <b>4</b>  | 2        |
| <b>5</b>                                                                                                                                                                              | Multiply line 4 by \$2,200 . . . . .                                                                                                                                                                                                                                                                                       | <b>5</b>  | 4,400.   |
| <b>6</b>                                                                                                                                                                              | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .                                                                                                                                                                    | <b>6</b>  | 0        |
| <b>Caution:</b> 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. |                                                                                                                                                                                                                                                                                                                            |           |          |
| <b>7</b>                                                                                                                                                                              | Multiply line 6 by \$500 . . . . .                                                                                                                                                                                                                                                                                         | <b>7</b>  |          |
| <b>8</b>                                                                                                                                                                              | Add lines 5 and 7 . . . . .                                                                                                                                                                                                                                                                                                | <b>8</b>  | 4,400.   |
| <b>9</b>                                                                                                                                                                              | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }                                                                                                                                                                                    | <b>9</b>  | 400,000. |
| <b>10</b>                                                                                                                                                                             | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. }                                                                | <b>10</b> | 0.       |
| <b>11</b>                                                                                                                                                                             | Multiply line 10 by 5% (0.05) . . . . .                                                                                                                                                                                                                                                                                    | <b>11</b> | 0.       |
| <b>12</b>                                                                                                                                                                             | Is the amount on line 8 more than the amount on line 11? . . . . .<br><input type="checkbox"/> <b>No. Stop here.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result. | <b>12</b> | 4,400.   |
| <b>13</b>                                                                                                                                                                             | Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .                                                                                                                                                                                                                                                            | <b>13</b> | 28,929.  |
| <b>14</b>                                                                                                                                                                             | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .<br><b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>                                                                                                                            | <b>14</b> | 4,400.   |

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.

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

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

|           |                                                                                                                                                                                                                                                                                                                                           |           |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>21</b> | 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 . . . . . | <b>21</b> |  |
| <b>22</b> | 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 . . . . .                                                                                                                                                        | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .                                                                                                                                                                                                                                                                                                             | <b>23</b> |  |
| <b>24</b> | <b>1040 and</b><br><b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }                                                                                                     | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                       | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.                                                                                                                                                                                                        | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |                                                                                                                  |           |  |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> |  |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|--|

**Health Savings Accounts (HSAs)**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **52**

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

Amy L Blackburn

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|    |                                                                                                                                                                                                                                                                                                                  |                                                                               |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions . . . . .                                                                                                                                                                                       | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2  | HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.                                                                          |
| 3  | If you were under age 55 at the end of 2025 and, on the first day of <b>every</b> month during 2025, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$4,300 (\$8,550 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 8,550.                                                                      |
| 4  | Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4 0.                                                                          |
| 5  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                | 5 8,550.                                                                      |
| 6  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter . . . . .                                                                                                           | 6 8,550.                                                                      |
| 7  | If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions . . . . .                                                                                                 | 7                                                                             |
| 8  | Add lines 6 and 7 . . . . .                                                                                                                                                                                                                                                                                      | 8 8,550.                                                                      |
| 9  | Employer contributions made to your HSAs for 2025 . . . . .                                                                                                                                                                                                                                                      | 9 8,550.                                                                      |
| 10 | Qualified HSA funding distributions . . . . .                                                                                                                                                                                                                                                                    | 10                                                                            |
| 11 | Add lines 9 and 10 . . . . .                                                                                                                                                                                                                                                                                     | 11 8,550.                                                                     |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                               | 12 0.                                                                         |
| 13 | <b>HSA deduction</b> (see instructions) . . . . .                                                                                                                                                                                                                                                                | 13 0.                                                                         |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|     |                                                                                                                                                                                                                                                                    |            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 14a | Total distributions you received in 2025 from all HSAs (see instructions) . . . . .                                                                                                                                                                                | 14a 2,496. |
| b   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b        |
| c   | Subtract line 14b from line 14a . . . . .                                                                                                                                                                                                                          | 14c 2,496. |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .                                                                                                                                                                               | 15 2,496.  |
| 16  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .                                                                          | 16 0.      |
| 17a | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>                                                                                      |            |
| b   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b        |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|    |                                                                                                                                                |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 18 | Last-month rule . . . . .                                                                                                                      | 18 |
| 19 | Qualified HSA funding distribution . . . . .                                                                                                   | 19 |
| 20 | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| 21 | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |

**Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-0074

**2025**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.Attachment  
Sequence No. **55**

Name(s) shown on return

Amy L Blackburn &amp; James F Blackburn, III

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   | Spring Lake Cattle Company               |                                    | 27,074.                                 |
| ii  |                                          |                                    |                                         |
| iii |                                          |                                    |                                         |
| iv  |                                          |                                    |                                         |
| v   |                                          |                                    |                                         |

  

|    |                                                                                                                                                               |    |             |         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------|---------|
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                                                            | 2  | 27,074.     |         |
| 3  | Qualified business net (loss) carryforward from the prior year                                                                                                | 3  | ( 74,904. ) |         |
| 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  |             |         |
| 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 |             | 0.      |
| 11 | Taxable income before qualified business income deduction (see instructions)                                                                                  | 11 | 177,732.    |         |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)                                                                  | 12 | 0.          |         |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0-                                                                                                     | 13 | 177,732.    |         |
| 14 | Income limitation. Multiply line 13 by 20% (0.20)                                                                                                             | 14 |             | 35,546. |
| 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 | ( 47,830. ) |         |
| 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 03/25/26 TTW

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

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2025**  
Attachment  
Sequence No. **179**

|                                                                     |                                                                                     |                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|
| Name(s) shown on return<br>Amy L Blackburn & James F Blackburn, III | Business or activity to which this form relates<br>Sch F Spring Lake Cattle Company | Identifying number<br><div></div> |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|

**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 <b>smaller</b> 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 |  |
| 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 | 0. |
| 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 <input type="checkbox"/> |    |    |

**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        |                            |
|                                                   |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| j Nonresidential real property                    |                                      |                                                                            | 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 |  |

**Part IV Summary** (See instructions.)

|                                                                                                                                                                                                                                                                                                       |            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>21</b> Listed property. Enter amount from line 28 . . . . .                                                                                                                                                                                                                                        | <b>21</b>  |     |
| <b>22 Total.</b> 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 . . . . .                                                                        | <b>22</b>  | 0 . |
| <b>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 interest costs capitalized under section 263A(f) . . . . .                                               | <b>23a</b> |     |
| <b>b</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) . . . . . | <b>23b</b> |     |

**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.)

| <b>24a</b> Do you have evidence to support the business/investment use claimed? . . . . .                                                                                                   |                               |                                           |                            |                                                              |                        |                          | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------|------------------------------------------------|-------------------------------------------------------------------------------|
| <b>b</b> If "Yes," is the evidence written? . . . . .                                                                                                                                       |                               |                                           |                            |                                                              |                        |                          | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>                                            |
| <b>c</b> Do you own, lease, or charter an aircraft? Check all that apply. See instructions . . . . .                                                                                        |                               |                                           |                            |                                                              |                        |                          | <input type="checkbox"/> <b>Own</b>            | <input type="checkbox"/> <b>Lease</b> <input type="checkbox"/> <b>Charter</b> |
| (a)<br>Type of property (list vehicles first)                                                                                                                                               | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction                  | (i)<br>Elected section 179 cost                                               |
| <b>25</b> 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 . . . . . |                               |                                           |                            |                                                              |                        | <b>25</b>                |                                                |                                                                               |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                          |                               |                                           |                            |                                                              |                        |                          |                                                |                                                                               |
| GMC Sierra SLE                                                                                                                                                                              | 10/01/2017                    | 70.00 %                                   |                            |                                                              |                        |                          |                                                |                                                                               |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        |                          |                                                |                                                                               |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        |                          |                                                |                                                                               |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                            |                               |                                           |                            |                                                              |                        |                          |                                                |                                                                               |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        | S/L -                    |                                                |                                                                               |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        | S/L -                    |                                                |                                                                               |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        | S/L -                    |                                                |                                                                               |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21 . . . . .                                                                                               |                               |                                           |                            |                                                              |                        | <b>28</b>                |                                                |                                                                               |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7 . . . . .                                                                                                            |                               |                                           |                            |                                                              |                        |                          | <b>29</b>                                      |                                                                               |

**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)<br>Vehicle 1     | (b)<br>Vehicle 2     | (c)<br>Vehicle 3     | (d)<br>Vehicle 4     | (e)<br>Vehicle 5     | (f)<br>Vehicle 6     |
|--------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . . | 6,000                |                      |                      |                      |                      |                      |
| <b>31</b> Total commuting miles driven during the year . . . . .                                                   |                      |                      |                      |                      |                      |                      |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                               | 2,572                |                      |                      |                      |                      |                      |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                                    | 8,572                |                      |                      |                      |                      |                      |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                              | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> |
|                                                                                                                    | X                    |                      |                      |                      |                      |                      |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .                      | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> |
|                                                                                                                    | X                    |                      |                      |                      |                      |                      |
| <b>36</b> Is another vehicle available for personal use? . . . . .                                                 | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> |
|                                                                                                                    | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        |     |    |
| <b>38</b> 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 . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> 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? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |
| <b>Note:</b> 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)<br>Description of costs                                                                    | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2025 tax year (see instructions):      |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2025 tax year . . . . .                 |                                 |                           |                     | <b>43</b>                                |                                   |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     | <b>44</b>                                |                                   |

# Qualified Business Income Component Worksheet

2025

► Keep for your records

Name(s) Shown on Return  
Amy L Blackburn & James F Blackburn, III

Social Security Number

Aggregate trade or business name  
Spring Lake Cattle Company

Aggregate trade or business ID number (EIN)

Social Security Number of owner if no EIN available

Reason for no EIN or SSN if none available

**For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.**

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

| Business name              | Tax ID | QBI     | W2 wages | UBIA    |
|----------------------------|--------|---------|----------|---------|
| Spring Lake Cattle Company |        | 27,074. | 0.       | 21,400. |
|                            |        |         |          |         |
|                            |        |         |          |         |

- 1 Qualified business income (QBI) . . . . . 27,074.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income . . . . .
- 3 Threshold Amount. \$394,600 if MFJ, \$197,300 if MFS, otherwise \$197,300 . . . . .
- 4 Subtract line 3 from line 2. If less than 0, enter 0. . . . .
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. . . . .
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. . . . .
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 . . . . .
- 8 Wages allocable to qualified business income. . . . .
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income . . . . .
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI . . . . .
- 12 SSTB reduction to allocable wages. . . . .
- 13 SSTB reduction to allocable UBIA . . . . .
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income . . . . .
- 15 Allocable wages . . . . .
- 16 Allocable UBIA . . . . .
- Tentative QBI component**
- 17 Adjustments for QBI losses . . . . .
- 18 Loss-adjusted QBI (line 14 plus line 17) . . . . .
- 19 Tentative QBI component before limitations (20% of line 18) . . . . .
- Wages and assets limits**
- 20 50% of W2 wages . . . . .
- 21 25% of W2 wages . . . . .
- 22 2.5% of UBIA . . . . .
- 23 Sum of 25% of W2 wages and 2.5% of UBIA . . . . .
- 24 Wage and Asset Limit. Larger of line 20 or line 23 . . . . .
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) . . . . .
- 26 Reduction Amount. Multiply line 6 by line 25. . . . .
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) . . . . .
- 28 Qualified payments from agricultural or horticultural coop . . . . .
- 29 Wages allocable to qualified payments from coop . . . . .
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) . . . . .
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 . . . . .

# Qualified Business Income Deduction Summary

2025

► Keep for your records

|                                          |                        |
|------------------------------------------|------------------------|
| Name(s) Shown on Return                  | Social Security Number |
| Amy L Blackburn & James F Blackburn, III |                        |

|                                                                                               |                                     |          |
|-----------------------------------------------------------------------------------------------|-------------------------------------|----------|
| <b>QuickZoom</b> to QBI Component Worksheet . . . . .                                         | ►                                   | _____    |
| <b>QuickZoom</b> to Form 8995. . . . .                                                        | ►                                   | _____    |
| <b>QuickZoom</b> to Form 8995-A . . . . .                                                     | ►                                   | _____    |
| <b>1</b> Trade or business name                                                               | Net QBI                             |          |
| Spring Lake Cattle Company                                                                    |                                     | 27,074.  |
| <b>2</b> Net qualified business income (QBI) from qualified trades or businesses . . . . .    |                                     | 27,074.  |
| <b>3</b> Loss from previous year . . . . .                                                    |                                     | -74,904. |
| <b>4</b> Sum of activities with gains (only positive amounts from table on line 1) . . . . .  |                                     | 27,074.  |
| <b>5</b> Sum of activities with losses (only negative amounts from table on line 1) . . . . . |                                     | -74,904. |
| <b>6</b> Check if using Simplified Computation (Form 8995)                                    | <input checked="" type="checkbox"/> |          |
| <b>7</b> QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . .                  |                                     | 0.       |
| <b>8</b> QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . . .  |                                     | -47,830. |
| <b>9</b> Total REIT dividends . . . . .                                                       |                                     | _____    |
| <b>10</b> PTP Income from non-SSTBs . . . . .                                                 |                                     | _____    |
| <b>11</b> PTP Income from SSTBs . . . . .                                                     |                                     | _____    |
| <b>12</b> Allowed PTP Income from SSTBs . . . . .                                             |                                     | _____    |
| <b>13</b> Total Allowed PTP income (sum of line 10 and line 12) . . . . .                     |                                     | _____    |
| <b>14</b> Carryover REIT/PTP losses from prior year . . . . .                                 |                                     | _____    |
| <b>15</b> Total REIT/PTP income . . . . .                                                     |                                     | _____    |
| <b>16</b> 20% of total REIT/PTP income . . . . .                                              |                                     | _____    |
| <b>17</b> Disallowed REIT/PTP loss . . . . .                                                  |                                     | 0.       |
| <b>18</b> Combined QBI Amount (QBI component plus 20% of REIT/PTP income). . . . .            |                                     | 0.       |
| <b>19</b> Taxable income before qualified business income deduction. . . . .                  |                                     | 177,732. |
| <b>20</b> Net capital gains . . . . .                                                         |                                     | 0.       |
| <b>21</b> Taxable income minus net capital gains. If zero or less, enter -0- . . . . .        |                                     | 177,732. |
| <b>22</b> 20% of taxable income minus net capital gains . . . . .                             |                                     | 35,546.  |
| <b>23</b> QBI deduction before DPAD. . . . .                                                  |                                     | 0.       |
| <i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>                 |                                     |          |
| <b>24 a</b> Section 199A(g) deduction for domestic production activities                      |                                     |          |
| Enter DPAD reported on 1099-PATR not connected with                                           |                                     |          |
| business activity on this return . . . . . <b>24a</b>                                         |                                     | _____    |
| <b>b</b> DPAD from business activities on this return. . . . . <b>24b</b>                     |                                     | _____    |
| Section 199A(g) deduction for domestic production activities                                  |                                     | _____    |
| <b>25 Total 199A (QBI) deduction</b> (sum of lines 23 and 24) . . . . .                       |                                     | 0.       |

- Keep for your records

**2025**

Name(s) Shown on Return

Amy L Blackburn & James F Blackburn, III

Social Security Number

**Estimated Tax Payments for 2025** (If more than 4 payments for any state or locality, see Tax Help)

## Divorced Taxpayers

Check here if any Federal estimated payments for 2025 were made jointly with a former spouse . . . . . ☐

Enter SSN of former spouse: \_\_\_\_\_

|                              | Federal  |        | State    |        |    | Local    |        |    |
|------------------------------|----------|--------|----------|--------|----|----------|--------|----|
|                              | Date     | Amount | Date     | Amount | ID | Date     | Amount | ID |
| 1                            | 04/15/25 |        | 04/15/25 |        |    | 04/15/25 |        |    |
| 2                            | 06/16/25 |        | 06/16/25 |        |    | 06/16/25 |        |    |
| 3                            | 09/15/25 |        | 09/15/25 |        |    | 09/15/25 |        |    |
| 4                            | 01/15/26 |        | 01/15/26 |        |    | 01/15/26 |        |    |
| 5                            |          |        |          |        |    |          |        |    |
|                              |          |        |          |        |    |          |        |    |
|                              |          |        |          |        |    |          |        |    |
|                              |          |        |          |        |    |          |        |    |
|                              |          |        |          |        |    |          |        |    |
|                              |          |        |          |        |    |          |        |    |
| Tot Estimated Payments . . . |          |        |          |        |    |          |        |    |

## Divorced Taxpayers

Check here if an overpayment was applied to 2025 federal estimated taxes from a jointly filed 2024 tax return with a former spouse . ▶  Enter SSN of former spouse:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| Tax Payments Other Than Withholding<br>(If multiple states, see Tax Help) |                                           | Federal | State | ID | Local | ID |
|---------------------------------------------------------------------------|-------------------------------------------|---------|-------|----|-------|----|
| 6                                                                         | Overpayments applied to 2025 . . . .      |         |       |    |       |    |
| 7                                                                         | Credited by estates and trusts . . . .    |         |       |    |       |    |
| 8                                                                         | <b>Totals</b> Lines 1 through 7 . . . . . |         |       |    |       |    |
| 9                                                                         | 2025 extensions . . . . .                 |         |       |    |       |    |

**Taxes Withheld From:**

| Taxes Withheld From: |                                                         |    |       |     | Federal | State | Local |
|----------------------|---------------------------------------------------------|----|-------|-----|---------|-------|-------|
| 10                   | Forms W-2 . . . . .                                     |    |       |     | 26,007. |       |       |
| 11                   | Forms W-2G . . . . .                                    |    |       |     |         |       |       |
| 12                   | Forms 1099-R . . . . .                                  |    |       |     |         |       |       |
| 13                   | Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .             |    |       |     |         |       |       |
| 14                   | Schedules K-1 . . . . .                                 |    |       |     |         |       |       |
| 15                   | Forms 1099-INT, DIV and OID . . . . .                   |    |       |     |         |       |       |
| 16                   | Social Security and Railroad Benefits . . . . .         |    |       |     |         |       |       |
| 17                   | Form 1099-B . . . . .                                   | St | _____ | Loc | _____   |       |       |
| 18 a                 | Other withholding . . . . .                             | St | _____ | Loc | _____   |       |       |
| b                    | Other withholding . . . . .                             | St | _____ | Loc | _____   |       |       |
| c                    | Other withholding . . . . .                             | St | _____ | Loc | _____   |       |       |
| d                    | Positive Adjustment . . . . .                           | St | _____ | Loc | _____   |       |       |
| e                    | Negative Adjustment . . . . .                           | St | _____ | Loc | _____   |       |       |
| f                    | Additional Medicare Tax . . . . .                       |    |       |     |         |       |       |
| 19                   | <b>Total Withholding</b> Lines 10 through 18f . . . . . |    |       |     |         |       |       |
|                      |                                                         |    |       |     | 26,007. |       |       |
| 20                   | <b>Total Tax Payments for 2025</b> . . . . .            |    |       |     | 26,007. |       |       |

### Prior Year Taxes Paid In 2025

**Other Year Taxes Paid in 2020**  
(If multiple states or localities, see Tax Help)

| Prior Year Taxes Paid In 2025<br>(If multiple states or localities, see Tax Help) |                                                        | State | ID | Local | ID |
|-----------------------------------------------------------------------------------|--------------------------------------------------------|-------|----|-------|----|
| 21                                                                                | Tax paid with 2024 extensions . . . . .                |       |    |       |    |
| 22                                                                                | 2024 estimated tax paid after 12/31/2024 . . . . .     |       |    |       |    |
| 23                                                                                | Balance due paid with 2024 return . . . . .            |       |    |       |    |
| 24                                                                                | Other (amended returns, installment payments, etc) . . |       |    |       |    |

# Federal Carryover Worksheet

2025

► Keep for your records

Name(s) Shown on Return

Amy L Blackburn & James F Blackburn, III

Social Security Number

## 2024 State and Local Income Tax Information

| (a)<br>State or<br>Local ID | (b)<br>Paid With<br>Extension | (c)<br>Estimates Pd<br>After 12/31 | (d)<br>Total With-<br>held/Pmts | (e)<br>Paid With<br>Return | (f)<br>Total Over-<br>payment | (g)<br>Applied<br>Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
| Totals . .                  |                               |                                    |                                 |                            |                               |                          |

## 2024 State Extension Information

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

## 2024 Locality Extension Information

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

## 2024 State Estimates Information

State Estimates paid after 12/31/2024 are correct . . ☐

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

## 2024 Locality Estimates Information

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

## 2024 State Taxes Due Information

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

## 2024 Locality Taxes Due Information

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

## 2024 State Refund Applied Information

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

## 2024 Locality Refund Applied Information

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

Note: State and local tax refund information is entered on the State and Local Tax Refund Worksheet, and calculates here.

QuickZoom to the worksheet . . . . .

## 2024 State Tax Refund Information

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

## 2024 Locality Tax Refund Information

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|-----------------|-------------------------------|-----------------------------|
|                 |                               |                             |
|                 |                               |                             |
|                 |                               |                             |

Amy L Blackburn &amp; James F Blackburn, III

| Other Tax and Income Information |                                                                 |   | 2024                     | 2025                     |
|----------------------------------|-----------------------------------------------------------------|---|--------------------------|--------------------------|
| 1                                | Filing status . . . . .                                         | 1 | 2 MFJ                    | 2 MFJ                    |
| 2                                | Number of exemptions for blind or over 65 (0 - 4). . . . .      | 2 |                          |                          |
| 3                                | Itemized deductions . . . . .                                   | 3 | 3,582.                   | 4,727.                   |
| 4                                | Check box if required to itemize deductions . . . . .           | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                 | 5 | 129,397.                 | 209,232.                 |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .            | 6 | 8,149.                   | 28,645.                  |
| 7                                | Alternative minimum tax. . . . .                                | 7 |                          |                          |
| 8                                | Federal overpayment applied to next year estimated tax. . . . . | 8 |                          |                          |

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

| Excess Contributions                         |                                                                    |      | 2024 | 2025 |
|----------------------------------------------|--------------------------------------------------------------------|------|------|------|
| 9 a                                          | Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .   | 9 a  |      |      |
| b                                            | Spouse's excess Archer MSA contributions as of 12/31 . . . . .     | b    |      |      |
| 10 a                                         | Taxpayer's excess Coverdell ESA contributions as of 12/31. . . . . | 10 a |      |      |
| b                                            | Spouse's excess Coverdell ESA contributions as of 12/31. . . . .   | b    |      |      |
| 11 a                                         | Taxpayer's excess HSA contributions as of 12/31 . . . . .          | 11 a |      |      |
| b                                            | Spouse's excess HSA contributions as of 12/31 . . . . .            | b    |      |      |
| Loss and Expense Carryovers                  |                                                                    |      | 2024 | 2025 |
| Note: Enter all entries as a positive amount |                                                                    |      |      |      |
| 12 a                                         | Short-term capital loss. . . . .                                   | 12 a |      |      |
| b                                            | AMT Short-term capital loss . . . . .                              | b    |      |      |
| 13 a                                         | Long-term capital loss . . . . .                                   | 13 a |      |      |
| b                                            | AMT Long-term capital loss. . . . .                                | b    |      |      |
| 14 a                                         | Net operating loss available to carry forward . . . . .            | 14 a |      |      |
| b                                            | AMT Net operating loss available to carry forward . . . . .        | b    |      |      |
| 15 a                                         | Investment interest expense disallowed . . . . .                   | 15 a |      |      |
| b                                            | AMT Investment interest expense disallowed . . . . .               | b    |      |      |
| 16                                           | Nonrecaptured net Section 1231 losses from:                        |      |      |      |
|                                              | a 2025. . . . .                                                    | 16 a |      |      |
|                                              | b 2024. . . . .                                                    | b    |      |      |
|                                              | c 2023. . . . .                                                    | c    |      |      |
|                                              | d 2022. . . . .                                                    | d    |      |      |
|                                              | e 2021. . . . .                                                    | e    |      |      |
|                                              | f 2020. . . . .                                                    | f    |      |      |
| 17                                           | AMT Nonrecap'd net Sec 1231 losses from:                           |      |      |      |
|                                              | a 2025. . . . .                                                    | 17 a |      |      |
|                                              | b 2024. . . . .                                                    | b    |      |      |
|                                              | c 2023. . . . .                                                    | c    |      |      |
|                                              | d 2022. . . . .                                                    | d    |      |      |
|                                              | e 2021. . . . .                                                    | e    |      |      |
|                                              | f 2020. . . . .                                                    | f    |      |      |

| Credit Carryovers |                                                                                                        |      | 2024 | 2025 |
|-------------------|--------------------------------------------------------------------------------------------------------|------|------|------|
| 18                | General business credit . . . . .                                                                      | 18   |      |      |
| 19                | Adoption credit from:                                                                                  |      |      |      |
|                   | a 2025 . . . . .                                                                                       | 19 a |      |      |
|                   | b 2024 . . . . .                                                                                       | b    |      |      |
|                   | c 2023 . . . . .                                                                                       | c    |      |      |
|                   | d 2022 . . . . .                                                                                       | d    |      |      |
|                   | e 2021 . . . . .                                                                                       | e    |      |      |
|                   | f 2020 . . . . .                                                                                       | f    |      |      |
| 20                | Mortgage interest credit from:                                                                         |      |      |      |
|                   | a 2025 . . . . .                                                                                       | 20 a |      |      |
|                   | b 2024 . . . . .                                                                                       | b    |      |      |
|                   | c 2023 . . . . .                                                                                       | c    |      |      |
|                   | d 2022 . . . . .                                                                                       | d    |      |      |
| 21                | Credit for prior year minimum tax. . . . .                                                             | 21   |      |      |
| 22                | District of Columbia first-time homebuyer credit. . . . .                                              | 22   |      |      |
| 23                | Residential Clean Energy Credit (Previously the Residential energy efficient property credit . . . . . | 23   |      |      |

| Other Carryovers |                                                    |   |                                         | 2024 | 2025 |
|------------------|----------------------------------------------------|---|-----------------------------------------|------|------|
| 24               | Section 179 expense deduction disallowed . . . . . |   |                                         | 24   |      |
| 25               | Excess                                             | a | Taxpayer (Form 2555, line 46) . . . . . | 25 a |      |
|                  | foreign                                            | b | Taxpayer (Form 2555, line 48) . . . . . | b    |      |
|                  | housing                                            | c | Spouse (Form 2555, line 46) . . . . .   | c    |      |
|                  | deduction:                                         | d | Spouse (Form 2555, line 48) . . . . .   | d    |      |

Charitable Contribution Carryovers

| 26 | 2024 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         | Cash    |
|----|--------------------------------------------------|----------------|---------|--------------|---------|---------|
|    |                                                  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| a  | 2024 . . . . .                                   |                |         |              |         | 0.      |
| b  | 2023 . . . . .                                   |                |         |              |         |         |
| c  | 2022 . . . . .                                   |                |         |              |         |         |
| d  | 2021 . . . . .                                   |                |         |              |         |         |
| e  | 2020 . . . . .                                   |                |         |              |         |         |

| 27 | 2025 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         | Cash    |
|----|--------------------------------------------------|----------------|---------|--------------|---------|---------|
|    |                                                  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| a  | 2025 . . . . .                                   |                |         |              |         |         |
| b  | 2024 . . . . .                                   |                |         |              |         |         |
| c  | 2023 . . . . .                                   |                |         |              |         |         |
| d  | 2022 . . . . .                                   |                |         |              |         |         |
| e  | 2021 . . . . .                                   |                |         |              |         |         |

28 Amount overpaid less earned income credit. . . . . 5,729.

| Qualified Business Income Deduction (Section 199A) carryovers |                                                |                |      | 2024   | 2025     |
|---------------------------------------------------------------|------------------------------------------------|----------------|------|--------|----------|
| 29                                                            | Qualified business loss carryforward . . . . . |                |      | 29     | -74,904. |
| 30                                                            | Qualified PTP loss carryforward . . . . .      |                |      | 30     | -47,830. |
| 31                                                            | Applicable percentage                          | 2018 . . . . . | 31 a | 100.00 |          |
|                                                               |                                                | 2019 . . . . . | b    | 100.00 |          |
|                                                               |                                                | 2020 . . . . . | c    | 100.00 |          |
|                                                               |                                                | 2021 . . . . . | d    | 100.00 |          |
|                                                               |                                                | 2022 . . . . . | e    | 100.00 |          |
|                                                               |                                                | 2023 . . . . . | f    | 100.00 |          |
|                                                               |                                                | 2024 . . . . . | g    | 100.00 |          |

2024 State Capital Loss Carryovers (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |
|          |                                   |                                       |                                  |                                      |                                   |                                       |

- Keep for your records

██████████

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

- Keep for your records

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[illegible]

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

**Person on the Return****2025**

► Keep for your records

|                                                                                                                                      |    |                           |          |          |            |          |
|--------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------|----------|----------|------------|----------|
| First Name                                                                                                                           | MI | Last Name                 | Suffix   | Type     | TP/SP Link | Dep Link |
| Amy                                                                                                                                  | L  | Blackburn                 |          | Taxpayer | Amy        |          |
| Date Of Birth                                                                                                                        | ST | Former Place of Residence | Date Res | SSN      |            |          |
|                                                                                                                                      | FL |                           |          |          |            |          |
| Person Full Name                                                                                                                     |    |                           |          |          |            |          |
| Amy Blackburn                                                                                                                        |    |                           |          |          |            |          |
| Has education expenses? . . . . . <input type="checkbox"/>                                                                           |    |                           |          |          |            |          |
| Did this person pass away in 2025 (deceased)? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Date of death . . . . . |    |                           |          |          |            |          |
| Is designated beneficiary? <input type="text"/>                                                                                      |    |                           |          |          |            |          |

**Part I – Student Status**

- 1 Was this person a student during 2025? . . . . . ☐ Yes ☐ No
- 2 What kind of school did the student attend during 2025? (Check all that apply.)
- |                                                    |                                                                            |                                                          |
|----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|
| a <input type="checkbox"/> Elementary              | d <input type="checkbox"/> Vocational school                               | g <input type="checkbox"/> Credential Program (QTP only) |
| b <input type="checkbox"/> High school (secondary) | e <input type="checkbox"/> Military academy                                | h <input type="checkbox"/> Not applicable                |
| c <input type="checkbox"/> College (postsecondary) | f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only) |                                                          |
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? . . . . . ☐ Yes ☐ No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

**Part II – College Student Information**

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2025? . . . . . ☐ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2025? . . . . . ☐ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►



**Person on the Return****2025**

► Keep for your records

|               |    |                           |          |        |            |          |
|---------------|----|---------------------------|----------|--------|------------|----------|
| First Name    | MI | Last Name                 | Suffix   | Type   | TP/SP Link | Dep Link |
| James         | F  | Blackburn                 |          | Spouse | James      |          |
| Date Of Birth | ST | Former Place of Residence | Date Res | SSN    |            |          |
|               | FL |                           |          |        |            |          |

Person Full Name

James Blackburn

Has education expenses? . . . . . ☐Did this person pass away in 2025 (deceased)? . . . ☐ Yes ☐ No Date of death . . . . .Is designated beneficiary? **Part I – Student Status**

- 1 Was this person a student during 2025? . . . . . ☐ Yes ☐ No
- 2 What kind of school did the student attend during 2025? (Check all that apply.)
- |                                                    |                                                                            |                                                          |
|----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|
| a <input type="checkbox"/> Elementary              | d <input type="checkbox"/> Vocational school                               | g <input type="checkbox"/> Credential Program (QTP only) |
| b <input type="checkbox"/> High school (secondary) | e <input type="checkbox"/> Military academy                                | h <input type="checkbox"/> Not applicable                |
| c <input type="checkbox"/> College (postsecondary) | f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only) |                                                          |
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? . . . . . ☐ Yes ☐ No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

**Part II – College Student Information**

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2025? . . . . . ☐ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2025? . . . . . ☐ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►



**Person on the Return****2025**

► Keep for your records

|               |    |                           |          |           |            |          |
|---------------|----|---------------------------|----------|-----------|------------|----------|
| First Name    | MI | Last Name                 | Suffix   | Type      | TP/SP Link | Dep Link |
| Sarah         | E  | Blackburn                 |          | Dependent |            | Sarah    |
| Date Of Birth | ST | Former Place of Residence | Date Res | SSN       |            |          |
|               |    |                           |          |           |            |          |

Person Full Name

Sarah Blackburn

Has education expenses? . . . . . ☐Did this person pass away in 2025 (deceased)? . . . ☐ Yes ☒ No Date of death . . . . .Is designated beneficiary? **Part I – Student Status**

- 1 Was this person a student during 2025? . . . . . ☐ Yes ☐ No
- 2 What kind of school did the student attend during 2025? (Check all that apply.)
- |                                                    |                                                                            |                                                          |
|----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|
| a <input type="checkbox"/> Elementary              | d <input type="checkbox"/> Vocational school                               | g <input type="checkbox"/> Credential Program (QTP only) |
| b <input type="checkbox"/> High school (secondary) | e <input type="checkbox"/> Military academy                                | h <input type="checkbox"/> Not applicable                |
| c <input type="checkbox"/> College (postsecondary) | f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only) |                                                          |
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? . . . . . ☐ Yes ☐ No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

**Part II – College Student Information**

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2025? . . . . . ☐ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2025? . . . . . ☐ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►



**Person on the Return****2025**

► Keep for your records

|               |    |                           |          |           |            |          |
|---------------|----|---------------------------|----------|-----------|------------|----------|
| First Name    | MI | Last Name                 | Suffix   | Type      | TP/SP Link | Dep Link |
| Savannah      | L  | Blackburn                 |          | Dependent |            | Savannah |
| Date Of Birth | ST | Former Place of Residence | Date Res | SSN       |            |          |
|               |    |                           |          |           |            |          |

Person Full Name

Savannah Blackburn

Has education expenses? . . . . . ☐Did this person pass away in 2025 (deceased)? . . . ☐ Yes ☐ No Date of death . . . . .Is designated beneficiary? **Part I – Student Status**

- 1 Was this person a student during 2025? . . . . . ☐ Yes ☐ No
- 2 What kind of school did the student attend during 2025? (Check all that apply.)
- a ☐ Elementary d ☐ Vocational school g ☐ Credential Program (QTP only)
- b ☐ High school (secondary) e ☐ Military academy h ☐ Not applicable
- c ☐ College (postsecondary) f ☐ Apprenticeship (Qualified Tuition Program only)
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? . . . . . ☐ Yes ☐ No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

**Part II – College Student Information**

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2025? . . . . . ☐ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2025? . . . . . ☐ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

