

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/10/2026

General Information

Name: Hugh Gravitt IV

PID 317381

AGENCY INFORMATION

Organization	Suborganization	Title
Lake County	Board Of Adjustments	Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	City Council, City of Mascotte, Lake County	City Council

Net Worth

My Net Worth as of August 10, 2026 was \$ 100,000.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
401K	\$ 30,000.00
Savings	\$ 10,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Veterans United	1400 Forum Blvd, Columbia, MO 65203	\$ 398,441.00
Foursight Capital	2783 S Leadership Ct #400, West Valley City, UT 84120	\$ 5,913.00
Synchrony	777 Long Ridge Road Stamford, CT 06902	\$ 9,529.00
Bridgecrest	7300 E Hampton Ave, Suite 101, Mesa, Arizona 85209	\$ 39,444.44

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

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

Signature of Reporting Official or Candidate

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

Hugh Gravitt IV

Digitally signed: 08/10/2026

Filed with COE: 08/10/2026

FOR TAX YEAR 2025

HUGH M GRAVITT IV & LORI L GRAVITT

Servitax Financial Services

731 E Myers Blvd Unit 1

Mascotte, FL 34753

(352) 757-4297

Servitax Financial Services

731 E Myers Blvd Unit 1
Mascotte, FL 34753
info@servitaxfinancial.com
Phone: (352)757-4297 | Fax: (352)757-4298

July 28, 2026

Hugh M Gravitt IV & Lori L Gravitt
2281 Gladiolus Ln
Mascotte, FL 34753

Hugh M Gravitt IV & Lori L Gravitt:

Below is a summary of your 2025 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$4,406 Balance Due	Mail a check

The following returns will be e-filed and do not need to be mailed to the taxing authority:

* Federal Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax due April 15, 2026

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Sincerely,



Jose M Rubio JR
Servitax Financial Services

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

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

☐ Other

Your first name and middle initial

Last name

Your social security number

HUGH M

GRAVITT IV

XXX-XX-XXXX

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

Last name

Spouse's social security number

LORI L

GRAVITT

XXX-XX-XXXX

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

2281 GLADIOLUS LN

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.

MASCOTTE

FL

34753

Presidential Election Campaign

Foreign country name

Foreign province/state/country

Foreign postal code

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

☐ You ☐ Spouse

Filing Status

☐ Single
 ☒ Married filing jointly (even if only one had income)
 ☐ Head of household (HOH)
 ☐ Qualifying surviving spouse (QSS)

Check only one box.

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

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

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

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

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

Income

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

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

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

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

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

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

1g Wages from Form 8919, line 6

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

1i Nontaxable combat pay election (see instructions)

1j Add lines 1a through 1h

2a Tax-exempt interest

2b Taxable interest

3a Qualified dividends

3b Ordinary dividends

4a IRA distributions

4b Taxable amount

5a Pensions and annuities

5b Taxable amount

6a Social security benefits

6b Taxable amount

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

8 Additional income from Schedule 1, line 10

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

10 Adjustments to income from Schedule 1, line 26

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

1a **229,930**

1b

1c

1d

1e

1f

1g

1h

1i **11**

1j **229,930**

2a

2b **357**

3a

3b

4a

4b

5a **33,451**

5b **6,181**

6a

6b

7a

8 **5,481**

9 **241,949**

10 **453**

11a **241,496**

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	241,496
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	36,438
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	1,019
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	37,457
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	204,039
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	34,717
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	34,717
19	Child tax credit or credit for other dependents from Schedule 8812	19	4,400
20	Amount from Schedule 3, line 8	20	195
21	Add lines 19 and 20	21	4,595
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	30,122
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,393
24	Add lines 22 and 23. This is your total tax	24	31,515

Standard deduction for-

- Single or married filing separately, \$15,750
- Married filing jointly or qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	27,318
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	27,318
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	27,318

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	0
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 35 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	4,246
38	Estimated tax penalty (see instructions)	38	49

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions.			☒ Yes. Complete below.	☐ No
Designee's name	Phone no.	Personal identification number (PIN)		
Jose M Rubio Jr	352-757-4297			

Sign Here

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

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.)
[Signature]	07-10-2026	CEO MEDICAL	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[Signature]	07-10-2026	BANK MANAGER	
Phone no.	Email address		
941-979-7001	HUGHMGRAVITT@GMAIL.COM		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Jose M Rubio Jr	07-28-2026	XXXXX3834	
Preparer's name	Phone no.		
Jose M Rubio Jr	352-757-4297		
Firm's name			
Servitax Financial Services			
Firm's address			
731 E Myers Blvd Unit 1			
Mascotte, FL 34753			
Firm's EIN	59-3218798		

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	388
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	65
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	453

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

Your social security number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (i)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. 1 ☐ 4361 2 ☐ 4029 3 ☐	4	775
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	618
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)

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **03**

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

Your social security number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	195
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
5b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior-year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	195

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 935 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

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

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

EEA

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

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

Your social security number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040 or 1040-SR, line 11b	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

**Taxes You
Paid**

5	State and local taxes (SALT).		
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	1,885
b	State and local real estate taxes (see instructions)	5b	3,816
c	State and local personal property taxes	5c	
d	Add lines 5a through 5c	5d	5,701
e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e	5,701
6	Other taxes. List type and amount:	6	
7	Add lines 5e and 6	7	5,701

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐		
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	24,342
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
c	Points not reported to you on Form 1098. See instructions for special rules	8c	
d	Reserved for future use	8d	
e	Add lines 8a through 8c	8e	24,342
9	Investment interest. Attach Form 4952 if required. See instructions	9	
10	Add lines 8e and 9	10	24,342

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	6,395
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
13	Carryover from prior year	13	
14	Add lines 11 through 13	14	6,395

**Casualty and
Theft Losses**

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

16	Other - from list in instructions. List type and amount:	16	
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**Total
Itemized
Deductions**

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e	17	36,438
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18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐		
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SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Name of proprietor

HUGH M GRAVITT IV

Social security number (SSN)

XXX-XX-XXXX

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

B Enter code from instructions

541600

MEDICAL OFFICE CONSULTING

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

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

39-3245063

H23 PERFORMANCE GROUP LLC

E Business address (including suite or room no.) **2281 GLADIOLUS LN**

City, town or post office, state, and ZIP code **MASCOTTE, FL 34753**

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

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

H If you started or acquired this business during 2025, check here ☒

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

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	☐	1	8,680
2	Returns and allowances		2	0
3	Subtract line 2 from line 1		3	8,680
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	8,680
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	8,680

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

8	Advertising	8		18	Office expense (see instructions)	18	1,350
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	649	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b	Other expenses (from line 48)	27b	450
	Simplified method filers only. Enter the total square footage of (a) your home: 2,140						
	and (b) the part of your home used for business: 150 Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		30	750

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

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

• If a loss, you must go to line 32.

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

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

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

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Name(s)

SSN

HUGH M GRAVITT IV

XXX-XX-XXXX

Part III Cost of Goods Sold (see instructions)

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

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

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

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

CELL PHONE \$75 PER MONTH @ 50%	450
48 Total other expenses. Enter here and on line 27b	48 450

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

HUGH M GRAVITT IV

XXX-XX-XXXX

Part I Self-Employment Tax

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

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

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

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

1a

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

1b

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

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

2

5,481

- 3** Combine lines 1a, 1b, and 2

3

5,481

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

4a

5,062

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

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

4b

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

4c

5,062

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

5a

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

5b

- 6** Add lines 4c and 5b

6

5,062

- 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

160,893

- 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

160,893

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

9

15,207

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

10

628

- 11** Multiply line 6 by 2.9% (0.029)

11

147

- 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

775

- 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

388

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

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

Child and Dependent Care Expenses

OMB No. 1545-0074

2025

Attachment
Sequence No. 21Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

HUGH N & LORI L GRAVITT IV

XXX-XX-XXXX

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

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

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

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2025? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
CHERRY LAKE PREP	119 WILSON LAKE PARKWAY GROVELAND, FL 34736	99-5009385	☐ Yes ☒ No	975
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

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

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

(a) Qualifying person's name First Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2025 for the person listed in column (a)
HUGH GRAVITT		☐	975
		☐	
		☐	

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 **3** 975

4 Enter your **earned income**. See instructions **4** 163,709

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 71,314

6 Enter the **smallest** of line 3, 4, or 5 **6** 975

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7** 241,496

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

If line 7 is:

If line 7 is:

If line 7 is:

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

9a Multiply line 6 by the decimal amount on line 8 **9a** 195

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

c Add lines 9a and 9b and enter the result **9c** 195

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 34,717

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11** 195

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

Form 2441 (2025)

Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

2025

Attachment
Sequence No. 29Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

HUGH M GRAVITT IV

XXX-XX-XXXX

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

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

Apt. no.

If this is an amended
return, check here ☐

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

Foreign country name

Foreign province/state/county

Foreign postal code

If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on
Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster recovery distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	2,681
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	2,681
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	268

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs (which include your traditional SEP IRA's and traditional SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 17 of your 2024 Form 5329.

9	Enter your excess contributions from line 16 of your 2024 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2025 traditional IRA distributions included in income (see instructions)	11	
12	2025 distributions of prior year excess contributions to traditional IRAs (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2025 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs (which include your Roth SEP IRAs and Roth SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 25 of your 2024 Form 5329.

18	Enter your excess contributions from line 24 of your 2024 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2025 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2025 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2025 (including 2025 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2025 were more than is allowable or you had an amount on line 33 of your 2024 Form 5329.

26	Enter the excess contributions from line 32 of your 2024 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2025 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2025 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2025 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2025 than is allowable or you had an amount on line 41 of your 2024 Form 5329.

34	Enter the excess contributions from line 40 of your 2024 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2025 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2025 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you someone on your behalf, or your employer contributed more to your HSAs for 2025 than is allowable or you had an amount on line 49 of your 2024 Form 5329.

42	Enter the excess contributions from line 48 of your 2024 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2025 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2025 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2025 were more than is allowable.

50	Excess contributions for 2025 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2025. Include this amount on Schedule 2 (Form 1040), line 8	51	

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

LORI L GRAVITT

XXX-XX-XXXX

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

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

Apt. no.

If this is an amended
return, check here ☐

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

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on

Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster recovery distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	3,500
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	3,500
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	350

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs (which include your traditional SEP IRA's and traditional SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 17 of your 2024 Form 5329.

9	Enter your excess contributions from line 16 of your 2024 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2025 traditional IRA distributions included in income (see instructions)	11	
12	2025 distributions of prior year excess contributions to traditional IRAs (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2025 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs (which include your Roth SEP IRAs and Roth SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 25 of your 2024 Form 5329.

18	Enter your excess contributions from line 24 of your 2024 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2025 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2025 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2025 were more than is allowable or you had an amount on line 33 of your 2024 Form 5329.

26	Enter the excess contributions from line 32 of your 2024 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2025 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2025 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2025 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2025 than is allowable or you had an amount on line 41 of your 2024 Form 5329.

34	Enter the excess contributions from line 40 of your 2024 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2025 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2025 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2025 than is allowable or you had an amount on line 49 of your 2024 Form 5329.

42	Enter the excess contributions from line 48 of your 2024 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2025 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2025 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2025 were more than is allowable.

50	Excess contributions for 2025 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2025. Include this amount on Schedule 2 (Form 1040), line 8	51	

Part IX **Additional Tax on Excess Accumulation in Qualified Retirement Plans (including IRAs).** Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52a	Minimum required distribution for 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	52a	
b	Minimum required distribution for 2025 from all other plans	52b	
53a	Amount distributed to you during 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	53a	
b	Amount distributed to you during 2025 from all other plans	53b	
54a	Subtract line 53a from line 52a and multiply the result by 10% (0.10). If zero or less, enter -0-	54a	
b	Subtract line 53b from line 52b and multiply the result by 25% (0.25). If zero or less, enter -0-	54b	
55	Add lines 54a and 54b. Include the total on Schedule 2 (Form 1040), line 8, or Form 1041, Schedule G, line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____

Date _____

Paid Preparer Use Only	Preparer's signature _____	Date _____	Check ☐ if self-employed	PTIN _____
	Print/Type preparer's name _____			
	Firm's name _____		Firm's EIN _____	
	Firm's address _____			
			Phone no. _____	

EEA

Form **5329** (2025)

Part IX **Additional Tax on Excess Accumulation in Qualified Retirement Plans (including IRAs).** Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52a	Minimum required distribution for 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	52a	
b	Minimum required distribution for 2025 from all other plans	52b	
53a	Amount distributed to you during 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	53a	
b	Amount distributed to you during 2025 from all other plans	53b	
54a	Subtract line 53a from line 52a and multiply the result by 10% (0.10). If zero or less, enter -0-	54a	
b	Subtract line 53b from line 52b and multiply the result by 25% (0.25). If zero or less, enter -0-	54b	
55	Add lines 54a and 54b. Include the total on Schedule 2 (Form 1040), line 8, or Form 1041, Schedule G, line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____

Date _____

Paid Preparer Use Only	Preparer's signature _____	Date _____	Check ☐ if self-employed	PTIN _____
	Print/Type preparer's name _____			
	Firm's name _____		Firm's EIN _____	
	Firm's address _____			
			Phone no. _____	

EEA

Form **5329** (2025)

Part IX **Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs).** Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52a	Minimum required distribution for 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	52a	
b	Minimum required distribution for 2025 from all other plans	52b	
53a	Amount distributed to you during 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	53a	
b	Amount distributed to you during 2025 from all other plans	53b	
54a	Subtract line 53a from line 52a and multiply the result by 10% (0.10). If zero or less, enter -0-	54a	
b	Subtract line 53b from line 52b and multiply the result by 25% (0.25). If zero or less, enter -0-	54b	
55	Add lines 54a and 54b. Include the total on Schedule 2 (Form 1040), line 8, or Form 1041, Schedule G, line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____

Date _____

Paid Preparer Use Only	Preparer's signature _____	Date _____	Check ☐ if self-employed	PTIN _____
	Print/Type preparer's name _____			
	Firm's name _____		Firm's EIN _____	
	Firm's address _____		Phone no. _____	

EEA

Form **5329** (2025)

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

HUGH M & LORI L GRAVITT IV

XXX-XX

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	241,496
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	241,496
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,200	5	4,400
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,400
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	4,400
13	Enter the amount from Credit Limit Worksheet A	13	34,522
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,400

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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 26. 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.

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

Schedule 8812 (Form 1040) 2025 Created 7/30/25

EEA

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

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

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0
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Health Savings Accounts (HSAs)

OMB No. 1545-0074

2025

Attachment
Sequence No. **52**

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

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	☐ Self-only	☒ 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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2025 and, on the first day of every month during 2025, you were, or were considered, an eligible individual with the same coverage, enter \$4,300 (\$8,550 for family coverage). All others, 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	
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	538
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	538
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	8,012
13	HSA deduction (see instructions)	13	

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	617
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	617
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	617
16	Taxable HSA distributions. 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 Exceptions to the Additional 20% Tax (see instructions), check here ☐		
b	Additional 20% tax (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	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

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

OMB No. 1545-0074

2025Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

HUGH M & LORI L GRAVITT IV

Taxpayer identification number

XXX-XX-XXXX

Preparer's name

Jose M Rubio Jr

Preparer tax identification number

XXXX-XX-XXXX

Part I Due Diligence Requirements

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2024)

EEA

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

IRS e-file Signature Authorization

OMB No. 1545-0074

2025

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name HUGH M GRAVITT IV	Social security number XXX-XX-XXXX
Spouse's name LORI L GRAVITT	Spouse's social security number XXX-XX-XXXX

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	241,496
2	Total tax	2	31,515
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	27,318
4	Amount you want refunded to you	4	
5	Amount you owe	5	4,246

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize Servitax Financial Services to enter or generate my PIN XXXXXX as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☒ I authorize Servitax Financial Services to enter or generate my PIN XXXXXX as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

XXXXXX XXXXXX
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Jose M Rubio Jr Date ▶ 07-28-2025

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

Income Due Diligence

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

2025

Name(s) as shown on return:

Tax ID Number:

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

Does the income appear to be sufficient to support the taxpayer and qualifying children?

If "No," some additional inquiries might be needed

☒ Yes

☐ No

Taxpayers with self-employment income:

☐ Not applicable

1. How long have you owned your business? 1ST YEAR

Brief description of business MEDICAL OFFICE CONSULTIN

Where do you conduct business? HOME OFFICE, CLIENTS

2. What services do you perform? CONSULTING

How much do you charge for these services? VARIES

3. Approximately how many clients do you have? 1

How often do you provide services for each client? AS NEEDED

4. What types of items do you need to operate? INTERNET, COMPUTER

How often are these items replenished? AS NEEDED

5. Do you travel for business? ☒ Yes ☐ No How do you keep track of mileage? MILEAGE LOG

When and where do you have to travel for business?

TO CLIENTS AS NEEDED

6. Can you provide any documentation to substantiate your business?

☒ Business cards

☐ Business stationary

☐ Receipts or receipt book (with company header)

Other (list any other documentation you can provide to substantiate your business):

☒ Business/occupational license (if required)

☐ Other tax returns (sales/excise, employment, etc.)

☐ Advertisements (newspaper, flyer, yellow pages, etc.)

7. Who maintains the business records? SELF

8. Do you maintain separate banking accounts for personal and business transactions? ☒ Yes ☐ No

a. If "Yes," what form of records were provided?

RECEIPTS, BANK STATEMENTS

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

9. Were satisfactory records of income and expense provided? ☒ Yes ☐ No

a. If "Yes," in what form were these records provided?

☒ Accounting records

☒ Paid invoices/receipts

☒ Computer records

☒ Car/truck expenses

☒ Log books

☐ Ledgers

☒ Business bank accounts

Other (list any other forms of documentation you can provide to support your business):

b. If "No," how did you determine:

The amount of income?

The amount of expense?

10. Form 1099-NEC:

a. Do you have any Forms 1099-NEC to support the income? ☒ Yes ☐ No

b. If not, is it reasonable that the business type would not receive Form 1099-NEC? ☒ Yes ☐ No

Income Due Diligence

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

11. Are the expenses consistent with the type of business? ☒ Yes ☐ No
12. Are the amounts of expense reasonable? ☒ Yes ☐ No
13. Are any expenses that are typical for this type of business missing? ☐ Yes ☒ No
14. If no (or low) expenses, why are they so low?

15. If high expenses or a loss, why are they so high?

16. If high expenses or a loss, how are you able to pay these expenses and keep this business open?

17. List any other information you can provide related to your business:

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date		

07-28-2025

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return

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

Name(s) shown on return

Your taxpayer identification number

HUGH M & LORI L GRAVITT IV**XXX-XX-**

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: H23 PERFORMANCE GROUP LLC	39-3245063	5,093
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	5,093
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	5,093
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	1,019
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	1,019
11	Taxable income before qualified business income deduction (see instructions)	11	205,058
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	205,058
14	Income limitation. Multiply line 13 by 20% (0.20)	14	41,012
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	1,019
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

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

Form **8995** (2025) Created 0/12/25

EEA

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

Form 1040 or 1040-SR, line 11a,	241,496
minus Form 1040 or 1040-SR, Schedule 1-A, Line 38,	0
minus Form 1040 or 1040-SR, line 12e,	36,438
Taxable income figured before any QBI deduction.....	205,058

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

HUGH M & LORI L GRAVITT IV

Taxpayer address (optional)

2281 GLADIOLUS LN

MASCOTTE, FL 34753

1. ☐ Your federal income tax return for **2025** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Servitax Financial Services**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3876). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

1040

Overflow Statement

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

2025 Page 1

Name(s) as shown on return

HUGH M & LORI L GRAVITT IV

Tax Identification Number

XXX-XX [REDACTED]

SCHEDULE C, LINE 1 - GROSS RECEIPTS

DESCRIPTION	AMOUNT
THE HEALTH COUNCIL	\$ 7,500
TOTAL:	\$ 7,500

SCHEDULE C, LINE 17 - LEGAL AND PROFESSIONAL SERVICES

DESCRIPTION	AMOUNT
LEGAL ZOOM FILING FEES	\$ 275
FL STATE FEES	125
REGISTERED AGENT FEES	249
TOTAL:	\$ 649

SCHEDULE A, LINE 11 - CASH CONTRIBUTIONS, 60% LIMIT

DESCRIPTION	AMOUNT
ADDITION FINANCIAL FOUNDATION	\$ 290
REFORGED FOUNDATION	6,105
TOTAL:	\$ 6,395

CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form "we," "us" and "our" mean
(Printed name of Tax Preparer) Jose M Rubio Jr

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with third parties to provide qualifying taxpayers with the opportunity to apply for financial products (loan, electronic refund check or electronic refund deposit). To determine whether these products may be available to you, we will need to use your 2025 tax return information by analyzing it and calculating the amount of your anticipated refund. If you would like us to use your 2025 tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to use your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2025 tax return to determine whether to present you with the opportunity to apply for these products.

Printed Name of Taxpayer HUGH M GRAVITT IV

Taxpayer Signature: _____ Date: 07-10-2026

Printed Name of Joint Taxpayer: LORI L GRAVITT

Joint Taxpayer Signature: _____ Date: 07-10-2026

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Federal Income Tax Withheld

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

2025 PG01

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX- [REDACTED]

Description

Amount

W2 - ADVENTHEALTH PRIMARY CARE NET
W2 - CENTERWELL SENIOR PRIMARY CARE
W2 - THE VILLAGES HEALTH SYSTEM LLC
W2 - ADDITION FINANCIAL
W-2 Subtotal

17,474
685
1,863
7,296
27,318

Total Withholdings

27,318

Client Copy

9898

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STANDARD INSURANCE COMPANY 1100 SW 6TH AVE PORTLAND CR 97204			1 Gross distribution \$ 3,500		OMB No. 1545-0-119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2025 General Instructions for Certain Information Returns.
			2a Taxable amount \$ 3,500			
			2b Taxable amount not determined ☐ Total distribution ☐			
PAYER'S TIN 93-0242990		RECIPIENT'S TIN XXX-XX		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name LORI L GRAVITT			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 2281 GLADIOLUS LN			7 Distribution code(s) 1		8 Other \$	%
City or town, state or province, country, and ZIP or foreign postal code MASCOTTE FL 34753			9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$
Account number (see instructions)		13 Date of payment		15 State/Payer's state no. \$		16 State distribution \$
				17 Local tax withheld \$		18 Name of locality \$
				19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on this Form 1099-R was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIDELITY INVESTMENTS INSTITUTION OPERATIONS 82 DEVONSHIRE ST. BOSTON MA 02109			1 Gross distribution \$ 2,631		OMB No. 1545-0-119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2025 General Instructions for Certain Information Returns.
			2a Taxable amount \$ 2,631			
			2b Taxable amount not determined ☐ Total distribution ☐			
PAYER'S TIN 04-6568107		RECIPIENT'S TIN XXX-XX		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name HUGH M GRAVITT			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 2281 GLADIOLUS LN			7 Distribution code(s) 1 M		8 Other \$	%
City or town, state or province, country, and ZIP or foreign postal code MASCOTTE FL 34753			9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$
Account number (see instructions)		13 Date of payment		15 State/Payer's state no. \$		16 State distribution \$
				17 Local tax withheld \$		18 Name of locality \$
				19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

The information on this Form 1099-R was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

9898

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIDELITY INVESTMENTS INSTITUTION OPERATIONS 82 DEVONSHIRE ST. BOSTON MA 02109			1 Gross distribution \$ 27,270		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$		2b Taxable amount not determined ☐ Total distribution ☒		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2025 General Instructions for Certain Information Returns.		
PAYER'S TIN 04-6568107		RECIPIENT'S TIN XXX-XX		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$			
RECIPIENT'S name HUGH M GRAVITT			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$				
Street address (including apt. no.) 2281 GLADIOLUS LN			7 Distribution code(s) G		8 Other \$ %				
City or town, state or province, country, and ZIP or foreign postal code MASCOTTE FL 34753			9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$		11 1st year of design. Roth contrib. ☐		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no. \$	
Account number (see instructions)		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA **Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page**

The information on this Form 1099R was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial S

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile							
b Employer identification number (EIN) 93-2208118				1 Wages, tips, other compensation 126,272		2 Federal income tax withheld 17,474									
c Employer's name, address, and ZIP code ADVENTHEALTH PRIMARY CARE NET 900 HOPE WAY ALTAMONTE SPRINGS FL 32714				3 Social security wages 128,549		4 Social security tax withheld 7,970									
				5 Medicare wages and tips 128,549		6 Medicare tax withheld 1,864									
				7 Social security tips		8 Allocated tips									
d Control number				9		10 Dependent care benefits									
e Employee's first name and initial Last name Suffix HUGH M GRAVITT 2281 GLADIOLUS LN Mascotte FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 43									
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b E 2,277									
				14 Other		12c W 538									
				(Empty)		12d (Empty)									
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.
 EEA

2025

Department of the Treasury-Internal Revenue Service

The information on this Form W-2 was used to prepare the taxpayer's 2023 Federal tax return by Servitax Financial Services

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0029		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile							
b Employer identification number (EIN) 39-2720728				1 Wages, tips, other compensation 9,630		2 Federal income tax withheld 685									
c Employer's name, address, and ZIP code CENTERWELL SENIOR PRIMARY CARE VITALITY INC PO BOX 740026 LOUISVILLE KY 40201				3 Social security wages 9,630		4 Social security tax withheld 597									
				5 Medicare wages and tips 9,630		6 Medicare tax withheld 140									
				7 Social security tips		8 Allocated tips									
d Control number				9		10 Dependent care benefits									
e Employee's first name and initial Last name Suffix HUGH M GRAVITT 2281 GLADIOLUS LN Mascotte FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 7									
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b									
				14 Other		12c									
				(Empty)		12d									
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.
 EEA

2025

Department of the Treasury-Internal Revenue Service

The information on this Form W-2 was used to prepare the taxpayer's 2023 Federal tax return by Servitax Financial Services

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 38-3876436				1 Wages, tips, other compensation 22,714		2 Federal income tax withheld 1,863							
c Employer's name, address, and ZIP code THE VILLAGES HEALTH SYSTEM LLC 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162				3 Social security wages 22,714		4 Social security tax withheld 1,408							
				5 Medicare wages and tips 22,714		6 Medicare tax withheld 329							
				7 Social security tips		8 Allocated tips							
d Control number				9		10 Dependent care benefits							
e Employee's first name and initial Last name Suffix HUGH M GRAVITT 2281 GLADIOLUS LN Mascotte FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 2							
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0009		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 59-0678236				1 Wages, tips, other compensation 71,314		2 Federal income tax withheld 7,296							
c Employer's name, address, and ZIP code ADDITION FINANCIAL 1000 PRIMERA BV LAKE MARY FL 32746				3 Social security wages 75,445		4 Social security tax withheld 4,678							
				5 Medicare wages and tips 75,445		6 Medicare tax withheld 1,094							
				7 Social security tips		8 Allocated tips							
d Control number				9		10 Dependent care benefits							
e Employee's first name and initial Last name Suffix LORI L GRAVITT 2281 GLADIOLUS LN MASCOTTE FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 135							
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b							
				14 Other		12c							
						12d							
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0006		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 38-3876436				1 Wages, tips, other compensation 22,714		2 Federal income tax withheld 1,863					
c Employer's name, address, and ZIP code THE VILLAGES HEALTH SYSTEM LLC 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162				3 Social security wages 22,714		4 Social security tax withheld 1,408					
				5 Medicare wages and tips 22,714		6 Medicare tax withheld 329					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suffix HUGH M GRAVITT 2281 GLADIOLUS LN Mascotte FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 2					
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0029		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 59-0678236				1 Wages, tips, other compensation 71,314		2 Federal income tax withheld 7,296					
c Employer's name, address, and ZIP code ADDITION FINANCIAL 1000 PRIMERA BV LAKE MARY FL 32746				3 Social security wages 75,445		4 Social security tax withheld 4,678					
				5 Medicare wages and tips 75,445		6 Medicare tax withheld 1,094					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suffix LORI L GRAVITT 2281 GLADIOLUS LN MASCOTTE FL 34753				11 Nonqualified plans		12a See instructions for box 12 C 135					
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA

The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Servitax Financial Services

W-2 Detail Listing

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

2025

Name(s) as shown on return:

Tax ID Number:

XXX-XX

HUGH M & LORI L GRAVITT IV

FEDERAL				STATE	
T/S	Employer Name	Gross	W/H	State Code	
T	ADVENTHEALTH PRIMARY CARE NE	126,272	17,474		
T	CENTERWELL SENIOR PRIMARY CA	9,630	585		
T	THE VILLAGES HEALTH SYSTEM L	22,714	1,863		
S	ADDITION FINANCIAL	71,314	7,296		
Taxpayer Totals		158,616	20,222		
Spouse Totals		71,314	7,296		
Totals		229,930	27,318		

Client Copy

Computation of Regular Tax

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS

IF TAXABLE INCOME IS				OF THE	
BUT NOT		PAY	PLUS	% ON EXCESS	AMOUNT
OVER	OVER				OVER
0	23,850	0.00		10%	0
23,850	96,950	2,385.00		12%	23,850
96,950	206,700	11,157.00		22%	96,950
206,700	394,600	35,302.00		24%	206,700
394,600	501,050	80,398.00		32%	394,600
501,050	751,600	114,462.00		35%	501,050
751,600		202,154.50		37%	751,600

$\$11,157.00 + ((\$204,039.00 - \$96,950.00) \times 22.0\%) = \$34,717$

TAX FROM TAX RATE SCHEDULE \$ 34,717

\$ 34,717 TAX COMPUTED USING ONLY AVAILABLE METHOD

Client Copy

Credit Limit Worksheet

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	34,717
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.	
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	34,717
4. Amount from Form 2441, line 1	4.	195
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	34,522
6. Amount from Schedule R, line 22	6.	
7. Enter amount from Form 8863, line 18	7.	
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	34,522
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	
10. Enter amount from Form 8863, line 9	10.	
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	34,522
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	0
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	34,522
15. Amount from Form 8880, line 12	15.	
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31	16.	34,522
17. Amount from Form 5695, line 32	17.	
18. Reserved	18.	
19. Reserved	19.	
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17	20.	34,522
21. Amount from Form 8936, line 13	21.	
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12	22.	34,522
23. Amount from Form 8936, line 13	23.	
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	4,400
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	30,122
26. Amount from Form 8396, line 9	26.	
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	30,122
28. Amount from Form 8839, line 14	28.	
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.	
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	30,122
31. Amount from Form 8859, line 3	31.	
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	30,122

**Worksheet B
Form 1040**

Earned Income Credit (EIC) - Line 27a

(Keep for your records)

2025

Name(s) as shown on return

Tax ID Number

HUGH M GRAVITT IV

XXX-XX

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Part I, line 3.

1a **5,481**

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

+ 1b

c. Combine lines 1a and 1b.

= 1c **5,481**

d. Enter the amount from Schedule SE, Part I, line 13.

- 1d **388**

e. Subtract line 1d from line 1c.

= 1e **5,093**

Part 2

**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

2a

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

+ 2b

c. Combine lines 2a and 2b.

= 2c

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3

**Statutory
Employees
Filing
Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3

Part 4

**All Filers Using
Worksheet B**

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4 **5,093**

Investment Income for the
Earned Income Credit

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 357
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7a. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8i. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-.) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (If zero or less, enter -0-.) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income.** 11. 357
12. Is the amount on line 11 more than \$11,950?

☐ Yes. You can't take the credit.☒ No. Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

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

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2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

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

		Payment Due Dates			
		(a) 04/15/25	(b) 06/15/25	(c) 09/15/25	(d) 01/15/26
1a Enter your underpayment from Part III, Section A, line 17	1a	261	522	783	1,044
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2025 261	09-15-2025 522	01-15-2026 783	04-15-2026 1,044
Rate Period 1: April 16, 2025 - June 30, 2025					
2 Computation starting dates for this period	2	04/15/25	06/15/25		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/25, whichever is earlier	3	61	15		
4 Underpayment on line 1a $\times$ $\frac{\text{Number of days on line 3}}{365}$ $\times 0.07$	4	\$ 3	\$ 2		
Rate Period 2: July 1, 2025 - September 30, 2025					
5 Computation starting dates for this period	5	06/30/25	06/30/25	09/15/25	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/25, whichever is earlier	6		77	15	
7 Underpayment on line 1a $\times$ $\frac{\text{Number of days on line 6}}{365}$ $\times 0.07$	7	\$	\$ 8	\$ 2	
Rate Period 3: October 1, 2025 - December 31, 2025					
8 Computation starting dates for this period	8	09/30/25	09/30/25	09/30/25	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/25, whichever is earlier	9			92	
10 Underpayment on line 1a $\times$ $\frac{\text{Number of days on line 9}}{365}$ $\times 0.07$	10	\$	\$	\$ 14	
Rate Period 4: January 1, 2026 - April 15, 2026					
11 Computation starting dates for this period	11	12/31/25	12/31/25	12/31/25	01/15/26
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/26, whichever is earlier	12			15	90
13 Underpayment on line 1a $\times$ $\frac{\text{Number of days on line 12}}{365}$ $\times 0.07$	13	\$	\$	\$ 2	\$ 18
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14	\$ 49			

Credit Limit Worksheet A

Schedule 8812

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 34,717

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	<u>195</u>
Schedule 3, Line 3	+	
Schedule 3, Line 4	+	
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6i	+	
Schedule 3, line 6m	+	

Enter the total 2. 195

3. Subtract line 2 from line 1 3. 34,522

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits:
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part 1.
 - d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 34,522

Simplified Method Worksheet

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

1. Enter the amount of the gross income limitation. See the Instructions for the Simplified Method Worksheet 1. 6,231
2. Allowable square footage for the qualified business use. Do not enter more than 300 square feet. See the Instructions for the Simplified Method Worksheet 2. 150
3. Simplified method amount
 - a. Maximum allowable amount 3a. 5
 - b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0 3b. 1.00
 - c. Multiply line 3a by line 3b and enter result to 2 decimal places 3c. 5.00
4. Multiply line 2 by line 3c 4. 750
5. Allowable expenses using the simplified method. Enter the smaller of line 1 or line 4 here and include that amount on Schedule C, line 30. If zero or less, enter -0- 5. 750
6. Carryover of unallowed expenses from a prior year that are not allowed in 2025.
 - a. Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2018). See the Instructions for the Simplified Method Worksheet 6a.
 - b. Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2018). See the Instructions for the Simplified Method Worksheet 6b.

QBI Explanation Worksheet

Form 1040

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX-XXXX

Name of business activity

Schedule C: H23 PERFORMANCE GROUP LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	5,481	5,481
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		388
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		5,093
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBI of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

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

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2013 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet
List of items that will carryover to the 2026 tax return

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

2025

Name(s) as shown on return

Tax ID Number

HUGH M & LORI L GRAVITT IV

XXX-XX

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	_____	_____
Contributions subject to 60% of AGI limitations	_____	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____	_____
Contributions subject to 30% of AGI limitations	_____	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	_____	_____
State/local taxes paid in 2026 to flow to the Schedule A	_____	_____
State donations and contributions carryover	_____	_____
State overpayment applied to next year	_____	_____

Expenses

Office in home operating expenses	_____	_____
Office in home excess casualty losses and depreciation	_____	_____
Disallowed investment interest expense	AMT _____	Reg. Tax _____
Section 179 expense	_____	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____	_____

Losses

Short-term capital loss	AMT _____	Reg. Tax _____
Long-term capital loss	AMT _____	Reg. Tax _____
Net operating loss	AMT _____	Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____	Reg. Tax _____
Qualified REIT and PTP loss carryover	_____	_____
QBI loss carryover	_____	_____
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____	Reg. Tax _____

Credits

Mortgage interest credit	_____	_____
Credit for prior year minimum tax	_____	_____
Foreign Tax credit	AMT _____	Reg. Tax _____
District of Columbia first time home owner's credit	_____	_____
Residential clean energy credit	_____	_____

Other

Preparer Fee	_____	770
Overpayment applied to next year's estimates	_____	_____
Estimated Tax Payment 1	_____	Estimated Tax Payment 2 _____
Estimated Tax Payment 3	_____	Estimated Tax Payment 4 _____
Federal tax liability for 2210 calculation	_____	31,515
State tax liability for state 2210 calculation	_____	_____
IRA basis	Taxpayer _____	Spouse _____
Disaster distributions taxable in 2026	Taxpayer _____	Spouse _____
Disaster distributions taxable in 2027	Taxpayer _____	Spouse _____
Excess repayments from 8915-F	Taxpayer _____	Spouse _____

Passive Activity

At Risk Limitations

Servitax Financial Services

731 E Myers Blvd Unit 1
Mascotte, FL 34753
info@servitaxfinancial.com
Phone: (352)757-4297 | Fax: (352)757-4298

July 28, 2026

Hugh M Gravitt IV & Lori L Gravitt
2281 Gladiolus Ln
Mascotte, FL 34753

Subject: Preparation of Your 2025 Tax Returns

Hugh M Gravitt IV & Lori L Gravitt:

Thank you for choosing Servitax Financial Services to assist you with your 2025 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2025 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2025 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (352)757-4297.

Sincerely,



Jose M Rubio JR
Servitax Financial Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

TAX RETURN COMPARISON
2023 / 2024 / 2025

2025

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

Name(s) as shown on return
HUGH M & LORI L GRAVITT IV

Identifying number
XXX-X

	2023	2024	2025	Difference 2024-2025
Filing Status			Married Joint	
Number of Dependents			2	2
Income				
Wages, salaries, tips, etc.			229,930	229,930
Taxable interest and dividends			357	357
Taxable state and local refunds				
Alimony				
Business income (loss)			5,481	5,481
Gains (losses)				
Pensions and IRA distributions			6,181	6,181
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income			241,949	241,949
Adjusted Gross Income				
Half of self-employment tax			388	388
IRA deduction				
Other adjustments			65	65
Total Adjusted Gross Income			241,496	241,496
Deductions				
Medical deductions				
State and local taxes			5,701	5,701
Interest			24,342	24,342
Contributions			6,395	6,395
Other deductions				
Total itemized deductions			36,438	36,438
Standard deduction			31,500	31,500
Total deductions claimed			36,438	36,438
Qualified Business Income Deduction .			1,019	1,019
Other Deductions from Schedule 1A				
Tax and Credits				
Taxable Income			204,039	204,039
Tax			34,717	34,717
Credits			4,595	4,595
Self-employment tax			775	775
Other taxes			618	618
Total Tax			31,515	31,515
Payments				
Withholdings			27,318	27,318
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty			49	49
Overpayment				
Overpayment applied				
Refund				
Balance Due			4,246	4,246
Marginal tax rate			22.00	22.00
Effective tax rate			17.01	17.01

Servitax Financial Services

731 E Myers Blvd Unit 1
Mascotte, FL 34753
info@servitaxfinancial.com
Phone: (352)757-4297 | Fax: (352)757-4298

July 28, 2026

Hugh M Gravitt IV & Lori L Gravitt
2281 Gladiolus Ln
Mascotte, FL 34753

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (352)757-4297.

Sincerely,



Jose M Rubio JR
Servitax Financial Services

2025 Filing Instructions
HUGH M & LORI L GRAVITT IV

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

04-15-2026

Balance due:

\$4,406

Transaction method:

To pay by check or money order, write "2025 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://www.1040paytax.com).

Other information:

To minimize penalties and interest, make your payment as soon as possible.

Mail-to address:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

1040

Individual
Diagnostic Summary

2025

Name(s)

HUGH M & LORI L GRAVITT IV

Taxpayer Tax ID Number

XXX-XX-

Spouse Tax ID Number

XXX-XX-

Mailing Address:

2281 GLADIOLUS LN
MASCOTTE, FL 34753

Taxpayer

Spouse

Date of Birth:

Age on 12/31/2025: 40

43

Daytime Phone:

Evening Phone:

Cell Phone:

941-979-7001

941-979-7027

Taxpayer email:

HUGHMGRAVITT@GMAIL.COM

Spouse email:

LORILGRAVITT@GMAIL.COM

Resident State: FL

Dependent Information If more than 5 dependents, see last page of summary.

Name	SSN	Relationship	Date of Birth	Age	Status
HAILIE GRAVITT	XXX-XX-	DAUGHTER		12	Dependent
HUGH GRAVITT V	XXX-XX-	SON		7	Dependent

Preparer: Jose M Rubio Jr

Invoice # and Amount: \$770.00

Date: 07-28-2026

Return Information

Form Type: 1040

Item on Return	2025 Federal	2024 Federal (if available)
Filing Status	2	
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	241,949	
AGI	241,496	
Deductions	36,438	
Taxable Income	204,039	
Tax (before credits)	34,717	
Tax Rate Percentage	22	
SE Tax	775	
Tax (after credits)	30,122	
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	4,406	

Form of Refund/Payment: The client will be sending a check to the IRS.

State/City Information If more than 8 states, see last page of summary.

Taxable

Refund/

T/S/J

State/City

AGI

Income

Tax

(Balance Due)

Servitax Financial Services

731 E Myers Blvd Unit 1
Mascotte, FL 34753
info@servitaxfinancial.com
Phone: (352)757-4297 Fax: (352)757-4298

Customer Name	Customer Information
Hugh M Gravitt IV & Lori L Gravitt 2281 Gladiolus Ln Mascotte, FL 34753	Invoice #:
	Date: July 28, 2026
	Phone:
	E-mail: HUGHMGRAVITT@GMAIL.COM

For professional services rendered in connection with the preparation of your 2025 individual tax return.

Description	Fee
Federal And Supplemental Forms	
Form 1040	U.S. Individual Income Tax Return
1040 Line Item Fee	
Dependents	Dependents
Form 1099-NEC	Nonemployee Compensation
Form 1040-V	Payment Voucher
Schedule 1	Additional Income and Adjustments to Income
Schedule 2	Additional Taxes
Schedule 3	Additional Credits and Payments
Schedule A	Itemized Deductions
Schedule C	Profit or Loss from Business, pages 1 and 2
Schedule SE	Self Employment Tax
Form 1099-R	Distributions from Pensions
Form 1099-R	Distributions from Pensions
Form 1099-R	Distributions from Pensions
Form 2441	Child and Dependent Care Expenses
Form 5329 pg 1-2	Additional Taxes on Qualified Plans, pages 1 and 2
Form 5329 pg 1-2	Additional Taxes on Qualified Plans, pages 1 and 2
Form 5329 pg 3	Additional Taxes on Qualified Plans, page 3
Form 5329 pg 3	Additional Taxes on Qualified Plans, page 3
Schedule 8812	Qualifying Children and Other Dependents Credit
Form 8829 - Simplified	Office in Home - Simplified Method
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 8889	Health Savings Accounts
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Due Diligence	Additional Due Diligence
Fed Withholdings	Form 1040 - Federal Withholding From All Sources
Tax Computation	Computation of Regular Tax
Wks 2210	Underpayment Penalty Worksheet
Wks 8812 - CTC	Schedule 8812 Worksheet - Child Tax Credit
Wks CRED LMT	Credit Limit Worksheet

Wks EIC B	EIC Worksheet B	
Wks EIC Investment Limit	Investment Income Limitation	
Wks Penalty	Penalty and Interest	
Form 8995	Qualified Business Income Deduction - Simple	
QBI Explanation	Explanation of Qualified Business Income Amount	
Wks STAX	State/Local Sales Tax Deduction Worksheet	
Overflow	Itemized Listing Attachment	
Comparison	Tax Year Comparison Sheet	
1099-R Listing	Listing of All Forms 1099-R	
Interest Listing	Listing of all Interest	
W-2 Listing	Listing of All Forms W-2	
Additional Per Item Fee		
Schedule B	Interest and Ordinary Dividends	

Total Forms	44	Forms Subtotal	920.00
First Year Client Adjustment			-150.00
		Total Balance Due	770.00

Payment due upon receipt. Thank you for your business!