

General Information

Name: Marvis Hatch

PID 225783

AGENCY INFORMATION

Organization	Suborganization	Title
Dixie County	Elected Constitutional Officer	County Commissioner District 3

Net WorthMy Net Worth as of December 31, 2025 was \$ 1,459,000.00.**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 \$ 145,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
266 SE 467TH ST CROSS CITY BRICK HOME	\$ 280,000.00
TRI COUNTY REFRESHMENTS	\$ 995,000.00
M&S PINE TREE FARMS 266 SE 467ST OLD TOWN	\$ 20,000.00
INVESTMENT PLAN	\$ 65,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FRIST FEDERAL OF FLORIDA	P.O. BOX 8066 VIRGINA BEACH VA 23540	\$ 118,000.00
RADIANT CREDIT UNION	1003 NW 22ND CT CHIEFLAND FL 32626	\$ 15,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

☒ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

Marvis Hatch

Digitally signed: 08/28/2026

Filed with COE: 08/28/2026

Form 4835 Comparison

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

2025

Name

Tax ID Number

Marvis C Hatch

	2024	2025	Difference
Gross Farm Rental Income - Based on Production			
Income from production of livestock, produce, grains and other crops			
Cooperative distributions			
Agricultural program payments			
CCC loans reported under election			
Taxable amount of CCC loans			
Crop insurance and federal crop disaster payments received			
Crop insurance and federal crop disaster payments deferred from prior year			
Other income			
Gross farm rental income	0	0	0
Expenses - Farm Rental Property			
Car and truck expenses			
Chemicals			
Conservation expenses			
Custom hire (machine work)			
Depreciation and section 179	1,832	1,832	
Employee benefit programs			
Feed			
Fertilizers and lime			
Freight and trucking			
Gasoline, fuel and oil			
Insurance			
Mortgage interest			
Other interest		67	67
Labor hired			
Pension and profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs and maintenance	1,680	2,000	320
Seeds and plants			
Storage and warehousing			
Supplies			
Taxes	101		(101)
Utilities			
Veterinary, breeding, and medicine			
Business use of home			
Other expenses	1,940	3,639	1,699
Total expenses	5,553	7,538	1,985
Net farm rental income or (loss)	(5,553)	(7,538)	(1,985)
Allowed on return after Form 6198 and Form 8582 limitations	(5,553)	(7,538)	(1,985)

**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

Marvis C & Sherrey A Hatch

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified 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: Tri County Refreshments LLC		806
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	806	
3	Qualified business net (loss) carryforward from the prior year	3	(263,739)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0	
11	Taxable income before qualified business income deduction (see instructions)	11	63,913	
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	63,913	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	12,783	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(262,933)	
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 9/12/25

EEA

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

Form 1040 or 1040-SR, line 11a,	95,413
minus Form 1040 or 1040-SR, Schedule 1-A, Line 38,	0
minus Form 1040 or 1040-SR, line 12e,	31,500
Taxable income figured before any QBI deduction.....	63,913

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

Marvis C & Sherrey A Hatch

Name of business activity

Schedule C: Tri County Refreshments LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	867	867
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		61
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		806
12. W-2 wages carried to Form 8995 / 8995-A		67,600
13. UBIA of qualified property carried to Form 8995 / 8995-A		78,960
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, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Depreciation Detail Listing

2025

PAGE 1

Tri County Refreshments LLC

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

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

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Social security number/EIN

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	2015 Chevy	06-16-2015	37,310		100.00		PY 18,686	18,624	5		0	32,026		32,026	
3	Vending Machine	03-20-2021	15,000		100.00		PY 15,000	0	7		8.93	15,000		15,000	
4	2023 Chevy Silverado	05-03-2024	63,960		100.00	PY 63,960		0	5		0	63,960		63,960	
												110,986		110,986	
												18,624		18,624	
												CY 179 and CY Bonus		ST ADJ:	
												TOTAL CY Depr including 179/bonus		UBIA:	
												PY 63,960 PY 33,686		78,960	
												116,270			
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* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

Depreciation Detail Listing

Form 4835 - Pinestraw

2025
PAGE 1

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

Marvis C & Sherrey A Hatch													Social security number/EIN					
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current			
2	2018 Mahindra TR	10-14-2019	20,982		100.00			20,982	7	200 DB MQ	8.73	17,548	1,832	19,380	1,832			
Totals			20,982					20,982				17,548	1,832	19,380	1,832			
Land Amount			CY 179 and CY Bonus													ST ADJ:		
Net Depreciable Cost			TOTAL CY Depr including 179/bonus													UBIA:		
			20,982														1,832	20,982

2025 - HCA FL NORTH FL HOSPITAL

For best results, you may need to decrease the font or choose Landscape orientation in your printer settings when printing this form

[Print](#) | [Save as PDF](#) | [Decrease Font](#) | [Increase Font](#) | [Reset Font](#)

Employee's SSA number [REDACTED]		Employee's FED ID number 61-1273583	
1 Wages, tips, other comp. 19,908.25		2 Federal income tax withheld 332.59	
3 Social security wages 20,401.48		4 Social security tax withheld 1,264.89	
5 Medicare wages and tips 20,401.48		6 Medicare tax withheld 295.82	
7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
9 [REDACTED]		10 Dependent care benefits [REDACTED]	
11 Nonqualified plans [REDACTED]		12a See instruction for box 12 493.23 D	
13 Stat. emp. [REDACTED]		12b 4,527.50 DD	
14 Other [REDACTED]		12c [REDACTED]	
12d [REDACTED]		12e [REDACTED]	
c Employee's name, address, and ZIP code CHC PAYROLL AGENT, INC AGENT FOR NORTH FL REG MED CTR, INC HCA FL NORTH FL HOSPITAL PO Box 292169 NASHVILLE TN 37229-2169			
15 State Employer's state ID no. [REDACTED]		16 State wages, tips, etc. [REDACTED]	
17 State income tax [REDACTED]		18 Local wages, tips, etc. [REDACTED]	
19 Local income tax [REDACTED]		20 Locality name [REDACTED]	
W2 Employee Reference Copy Wage and Tax Statement 2025 Copy C to be filed with employee's records Department of Treasury - Internal Revenue Service			

2025 W-2 and EARNINGS SUMMARY			
This form details your final 2025 Payroll Earnings			
Federal Taxable Wages (Box 1 of W2)	Social Security Tax Withheld (Box 4 of W2)	State Income Tax Withheld (Box 17 of W2)	
19,908.25	1,264.89		
Federal Income Tax Withheld (Box 2 of W2)	Medicare Tax Withheld (Box 6 of W2)	Local Income Tax Withheld (Box 19 of W2)	
332.59	295.82		

W-2 Wage Reconciliation			
	Federal Wages	SS Wages	Medicare Wages
Gross Pay	22,741.93	22,741.93	22,741.93
Less Med&Dent	2,352.40	2,352.40	2,352.40
Vision	44.10	44.10	44.10
LTD	8.17	8.17	8.17
401K %	493.23		
MedRetro	56.05-	56.05-	56.05-
LTD Retro	8.17-	8.17-	8.17-
W2 WAGES	19,908.25	20,401.48	20,401.48

Employee W-4 information. Contact your HR or applicable department for changes to your W-4 form.
 *** 2025 Social Security Wage base is \$176,100 ***

Sherrey A. Hatch 266 SE 467th Street Old Town FL 32680			
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Employee's SSA number [REDACTED]		Employee's FED ID number 61-1273583	
1 Wages, tips, other comp. 19,908.25		2 Federal income tax withheld 332.59	
3 Social security wages 20,401.48		4 Social security tax withheld 1,264.89	
5 Medicare wages and tips 20,401.48		6 Medicare tax withheld 295.82	
7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
9 [REDACTED]		10 Dependent care benefits [REDACTED]	
11 Nonqualified plans [REDACTED]		12a See instruction for box 12 493.23 D	
13 Stat. emp. [REDACTED]		12b 4,527.50 DD	
14 Other [REDACTED]		12c [REDACTED]	
12d [REDACTED]		12e [REDACTED]	
c Employee's name, address, and ZIP code CHC PAYROLL AGENT, INC AGENT FOR NORTH FL REG MED CTR, INC HCA FL NORTH FL HOSPITAL PO Box 292169 NASHVILLE TN 37229-2169			
15 State Employer's state ID no. [REDACTED]		16 State wages, tips, etc. [REDACTED]	
17 State income tax [REDACTED]		18 Local wages, tips, etc. [REDACTED]	
19 Local income tax [REDACTED]		20 Locality name [REDACTED]	
W2 Federal Filing Copy Wage and Tax Statement 2025 Copy B to be filed with employee's Federal income Tax Return Department of Treasury - Internal Revenue Service			

Employee's SSA number [REDACTED]		Employee's FED ID number 61-1273583	
1 Wages, tips, other comp. 19,908.25		2 Federal income tax withheld 332.59	
3 Social security wages 20,401.48		4 Social security tax withheld 1,264.89	
5 Medicare wages and tips 20,401.48		6 Medicare tax withheld 295.82	
7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
9 [REDACTED]		10 Dependent care benefits [REDACTED]	
11 Nonqualified plans [REDACTED]		12a See instruction for box 12 493.23 D	
13 Stat. emp. [REDACTED]		12b 4,527.50 DD	
14 Other [REDACTED]		12c [REDACTED]	
12d [REDACTED]		12e [REDACTED]	
c Employee's name, address, and ZIP code CHC PAYROLL AGENT, INC AGENT FOR NORTH FL REG MED CTR, INC HCA FL NORTH FL HOSPITAL PO Box 292169 NASHVILLE TN 37229-2169			
15 State Employer's state ID no. [REDACTED]		16 State wages, tips, etc. [REDACTED]	
17 State income tax [REDACTED]		18 Local wages, tips, etc. [REDACTED]	
19 Local income tax [REDACTED]		20 Locality name [REDACTED]	
W2 State Filing Copy Wage and Tax Statement 2025 Copy 1 to be filed with employee's State income Tax Return Department of Treasury - Internal Revenue Service			

Employee's SSA number [REDACTED]		Employee's FED ID number 61-1273583	
1 Wages, tips, other comp. 19,908.25		2 Federal income tax withheld 332.59	
3 Social security wages 20,401.48		4 Social security tax withheld 1,264.89	
5 Medicare wages and tips 20,401.48		6 Medicare tax withheld 295.82	
7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
9 [REDACTED]		10 Dependent care benefits [REDACTED]	
11 Nonqualified plans [REDACTED]		12a See instruction for box 12 493.23 D	
13 Stat. emp. [REDACTED]		12b 4,527.50 DD	
14 Other [REDACTED]		12c [REDACTED]	
12d [REDACTED]		12e [REDACTED]	
c Employee's name, address, and ZIP code CHC PAYROLL AGENT, INC AGENT FOR NORTH FL REG MED CTR, INC HCA FL NORTH FL HOSPITAL PO Box 292169 NASHVILLE TN 37229-2169			
15 State Employer's state ID no. [REDACTED]		16 State wages, tips, etc. [REDACTED]	
17 State income tax [REDACTED]		18 Local wages, tips, etc. [REDACTED]	
19 Local income tax [REDACTED]		20 Locality name [REDACTED]	
W2 City or Local Filing Copy Wage and Tax Statement 2025 Copy 2 to be filed with employee's City or Local income Tax Return Department of Treasury - Internal Revenue Service			

For best results, you may need to decrease the font or choose Landscape orientation in your printer settings when printing this form

2025 W-2 and EARNINGS SUMMARY

This form details your final 2025 Payroll Earnings

1/2

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

a Employer's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	11911.11	510.54
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 35-2552472	11911.11	738.49
	5 Medicare wages and tips	6 Medicare tax withheld
	11911.11	172.71

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-99709021

e Employee's name, address and ZIP code

SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a

13 Statutory employee

14 Other

12b

13 Retirement plan

14 Other

12c

13 Third-party sick pay

14 Other

12d

16 State Employer's state ID number

14 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

Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service.

**Copy 2 -- To Be Filed With Employee's State,
City, or Local Income Tax Return.**

a Employer's soc. sec. no. [REDACTED]	1 Wages, tips, other comp.	2 Federal income tax withheld
	11911.11	510.54
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 35-2552472	11911.11	738.49
	5 Medicare wages and tips	6 Medicare tax withheld
	11911.11	172.71

c Employer's name, address and ZIP code

Cross City Operations LLC
583 NE 351 Hwy
Cross City FL 32628

d Control number

WA-99709021

e Employee's name, address and ZIP code

SHERREY HATCH
P.O. BOX 1273
Cross City, FL 32628

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a

13 Statutory employee

14 Other

12b

13 Retirement plan

14 Other

12c

13 Third-party sick pay

14 Other

12d

16 State Employer's state ID number

14 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

Dept. of the Treasury -- IRS

**COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return**

1 Wages, tips, other compensation 26000.00		2 Federal income tax withheld 890.24	
3 Social security wages 26000.00		4 Social security tax withheld 1612.00	
5 Medicare wages and tips 26000.00		6 Medicare tax withheld 377.00	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
e Employee's name MARVIS C HATCH P.O. BOX 1273 CROSS CITY FL 32628			
f Employee's address and ZIP code [REDACTED]		12a [REDACTED] \$	
b Employer identification number (EIN) 84-2740858		12b [REDACTED] \$	
7 Social security tips		12c [REDACTED] \$	
8 Allocated tips		12d [REDACTED] \$	
13 Statutory Retirement Third-party sick pay [REDACTED]		12e [REDACTED] \$	
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 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return**

1 Wages, tips, other compensation 26000.00		2 Federal income tax withheld 890.24	
3 Social security wages 26000.00		4 Social security tax withheld 1612.00	
5 Medicare wages and tips 26000.00		6 Medicare tax withheld 377.00	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
e Employee's name MARVIS C HATCH P.O. BOX 1273 CROSS CITY FL 32628			
f Employee's address and ZIP code [REDACTED]		12a [REDACTED] \$	
b Employer identification number (EIN) 84-2740858		12b [REDACTED] \$	
7 Social security tips		12c [REDACTED] \$	
8 Allocated tips		12d [REDACTED] \$	
13 Statutory Retirement Third-party sick pay [REDACTED]		12e [REDACTED] \$	
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.

1 Wages, tips, other compensation 26000.00		2 Federal income tax withheld 890.24	
3 Social security wages 26000.00		4 Social security tax withheld 1612.00	
5 Medicare wages and tips 26000.00		6 Medicare tax withheld 377.00	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
e Employee's name MARVIS C HATCH P.O. BOX 1273 CROSS CITY FL 32628			
f Employee's address and ZIP code [REDACTED]		12a See instructions for box 12 \$	
b Employer identification number (EIN) 84-2740858		12b [REDACTED] \$	
7 Social security tips		12c [REDACTED] \$	
8 Allocated tips		12d [REDACTED] \$	
13 Statutory Retirement Third-party sick pay [REDACTED]		12e [REDACTED] \$	
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 C - For EMPLOYEE'S
RECORDS (See Notice to Employee
on the back of Copy B.)**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a red, purple, or other colored mark on this copy of your income is taxable only you file to report it.

1 Wages, tips, other compensation 26000.00		2 Federal income tax withheld 890.24	
3 Social security wages 26000.00		4 Social security tax withheld 1612.00	
5 Medicare wages and tips 26000.00		6 Medicare tax withheld 377.00	
a Employee's social security number [REDACTED]			
c Employer's name, address, and ZIP code TRI COUNTY REFRESHMENTS PO BOX 1273 CROSS CITY FL 32628			
e Employee's name MARVIS C HATCH P.O. BOX 1273 CROSS CITY FL 32628			
f Employee's address and ZIP code [REDACTED]		12a See instructions for box 12 \$	
b Employer identification number (EIN) 84-2740858		12b [REDACTED] \$	
7 Social security tips		12c [REDACTED] \$	
8 Allocated tips		12d [REDACTED] \$	
13 Statutory Retirement Third-party sick pay [REDACTED]		12e [REDACTED] \$	
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

DIXIE COUNTY BOARD COMMISSIONERS
PO BOX 1206
CROSS CITY, FL 32628

MARK C HATCH
PO BOX 1273
CROSS CITY, FL 32628-1273



a Employee's social security number [REDACTED]		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 59-6000587		1 Wages, tips, other compensation 34,037.04		2 Federal income tax withheld 1,263.75							
c Employer's name, address, and ZIP code DIXIE COUNTY BOARD COMMISSIONERS PO Box 1206 Cross City, FL 32628 352-498-1205		3 Social security wages 35,125.92		4 Social security tax withheld 2,177.79							
		5 Medicare wages and tips 35,125.92		6 Medicare tax withheld 509.34							
		7 Social security tips		8 Allocated tips							
d Control number [REDACTED]		9 [REDACTED]		10 Dependent care benefits							
e Employee's first name and initial MARK C Last name HATCH PO Box 1273 Cross City, FL 32628-1273		11 Nonqualified plans 0.00		12a See instructions for box 12							
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b							
		14 Other 1088.88		12c DD 11,974.02							
				12d							
f Employee's address and ZIP code [REDACTED]											
15 State Employer's state ID number FL FL		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	61
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8i 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	61

EEA

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

Marvis C & Sherrey A Hatch

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	122
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)

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

**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

Social security number (SSN)

Marvis C Hatch

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

Food and Drink Vendi

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

Tri County Refreshments LLC

E Business address (including suite or room no.)

PO Box 1273

City, town or post office, state, and ZIP code

Cross City, FL 32628

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 ☐ Yes ☒ No

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	417,047
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	417,047
4 Cost of goods sold (from line 42)	4	293,559
5 Gross profit. Subtract line 4 from line 3	5	123,488
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	123,488

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	8,200
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	9,200	23 Taxes and licenses	23	17,281
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	4,200
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	67,600
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.	30		b Other expenses (from line 48)	27b	16,140
					122,621
					867

Simplified method filers only: Enter the total square footage of (a) your home:

and (b) the part of your home used for business: Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

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

Marvis C Hatch

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	0	
36	Purchases less cost of items withdrawn for personal use	36	293,559	
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	293,559	
41	Inventory at end of year	41	0	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	293,559	

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.

Phone	3,900
Fuel	10,140
Miscellaneous	2,100
48	Total other expenses. Enter here and on line 27a
48	16,140

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

Marvis C & Sherrey A Hatch

Taxpayer address (optional)

PO Box 1273

Cross City, FL 32628

1. ☐ Your federal income tax return for 2025 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Tina B. Singletary CPA, Inc.
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 (1-800-829-3676). 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.

Form 1040 U.S. Individual Income Tax Return 2025

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

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

, 2025, ending

, 20

See separate instructions.

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased

Spouse

Your first name and middle initial

Marvis C

Last name

Hatch

Your social security number

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

Sherrey A

Last name

Hatch

Spouse's social security number

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

PO Box 1273

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.

Cross City

State

FL

ZIP code

32628

Presidential Election Campaign

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

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

☐ Qualifying surviving spouse (QSS)

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

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

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

Digital Assets

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

Yes ☐ No ☒

Dependents

(see instructions)

If more than four dependents, see instructions and check here ☐

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	102,145
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	102,145
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in 1 ☐ Line 3a	b	Taxable interest
4a	IRA distributions	2 ☐ Line 3b	
c	Check if (see instructions)	2 ☐ QCD	3 ☐
5a	Pensions and annuities	b	Taxable amount
c	Check if (see instructions)	2 ☐ PSO	3 ☐
6a	Social security benefits	b	Taxable amount
c	If you elect to use the lump-sum election method, check here (see instructions)		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	(6,671)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	95,474
10	Adjustments to income from Schedule 1, line 26	10	61
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	95,413

Tax and Credits

- 11b Amount from line 11a (adjusted gross income)
- 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

11b 95,413

12e 31,500

Standard deduction for-

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

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

13a

13b

14 31,500

15 63,913

16 7,194

17

18 7,194

19

20

21 0

22 7,194

23 122

24 7,316

Payments and Refundable Credits

- 25 Federal income tax withheld from:
- a Form(s) W-2 25a 4,056
- b Form(s) 1099 25b
- c Other forms (see instructions) 25c
- d Add lines 25a through 25c 25d 4,056
- 26 2025 estimated tax payments and amount applied from 2024 return 26

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

- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):
- 27a Earned income credit (EIC) 27a
- b Clergy filing Schedule SE (see instructions) ☐
- c If you do not want to claim the EIC, check here ☐
- 28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28
- 29 American opportunity credit from Form 8863, line 8 29
- 30 Refundable adoption credit from Form 8839, line 13 30
- 31 Amount from Schedule 3, line 15 31
- 32 Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** 32 0
- 33 Add lines 25d, 26, and 32. These are your **total payments** 33 4,056

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

Direct deposit? See instructions.

Amount You Owe

- 37 Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 3,378
- 38 Estimated tax penalty (see instructions) 38 118

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 Tina Singletary Phone no. 386-294-1040 Personal identification number (PIN) [REDACTED]

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.)
<u>51414</u>	<u>04-13-2026</u>		
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.)
<u>94761</u>	<u>04-13-2026</u>		
Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature <u>Tina Singletary</u>	Date	PTIN <u>P00297893</u>	Check if: ☐ Self-employed
Preparer's name <u>Tina Singletary</u>	Phone no. <u>386-294-1040</u>		
Firm's name <u>Tina B. Singletary CPA, Inc.</u>			
Firm's address <u>PO Box 58</u> <u>Mayo, FL 32066</u>	Firm's EIN <u>59-3730554</u>		

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2025

Submission Identification Number (SID) ▶

Taxpayer's name

Marvis C Hatch

Spouse's name

Sherrey A Hatch

Social security number

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	95,413
2	Total tax	2	7,316
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,056
4	Amount you want refunded to you	4	
5	Amount you owe	5	3,378

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 Tina B. Singletary CPA, Inc. to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name 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 Tina B. Singletary CPA, Inc. to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name 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. 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 ▶ Tina Singletary Date ▶ _____

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

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

Form 8879 (Rev. 01-2021)

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

Marvis C & Sherrey A Hatch

Tax Identification Number

Schedule C, Line 23 - Taxes and Licenses**Description****Amount**

Payroll tax

\$ 5,633

Sales tax

11,509

LLC fee

139

Total:

\$ 17,281

Client Copy

Summary of Estimates

2026

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Federal

Form: 1040-ES

Tax ID Number

Payment Schedule

Due Date	04-15-2026	06-15-2026	09-15-2026	01-15-2027	Total
Total Installment Amount	820	820	820	820	3,280
Overpayment Applied	0	0	0	0	0
Net Installment Due	820	820	820	820	3,280

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Client Copy

Estimated Tax Worksheet for Next Year

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

2025

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

1. Wages	1.	
2. Interest and Dividend income	2.	
3. Capital gain income	3.	
4. Taxable IRA/Pension income	4.	
5. Taxable Social Security income	5.	
6. Business income	6.	
7. Other income	7.	
8. Total income (add lines 1 thru 7)	8.	
9. Adjustments to income	9.	
10. Adjusted gross income (subtract line 9 from line 8)	10.	
11a. Itemized deductions	11a.	
11b. Standard deduction	11b.	
12. Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13a, b. Estimated Section 199A deduction (QBI) and Additional Deductions from Schedule 1-A	13.	
14. Projected taxable income (subtract line 13 from line 12)	14.	
15. Projected Tax	15.	
16. Alternative Minimum Tax	16.	
17. Total tax	17.	
18a. Child Tax Credit and Other Dependent Credit	18a.	
18b. Other projected Credits	18b.	
18c. Total projected credits	18c.	
19. Subtract line 18c from line 17	19.	
20. Projected SE Tax - Taxpayer	20.	
21. Projected SE Tax - Spouse	21.	
22. Other taxes	22.	
23a. Add lines 19 through 22	23a.	
b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c. Total 2026 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b. Required annual payment based on prior year's tax (see instructions)	24b.	7,316
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	7,316
25. Projected Withholding	25.	4,056
26. Projected Net Tax (subtract line 25 from line 24c)	26.	3,260

Estimates will be computed on \$3,260. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.

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

Marvis C & Sherrey A Hatch

Description

Amount

W2 - Tri County Refreshments
W2 - Dixie Count Board of County Commis
W2 - Cross City Operations LLC
W2 - CHC Payroll Agent
W2 - CHC Payroll Agent
W-2 Subtotal

890
1,264
511
333
1,058
4,056

Total Withholdings

4,056

Client Copy

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

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

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

EEA

Form 4562 (2025)

Power of Attorney
and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

Marvis C Hatch

PO Box 1273

Cross City, FL 32628

Taxpayer identification number(s)

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Tina Singletary

PO Box 58

Mayo, FL 32066

Check if to be sent copies of notices and communications ☒

Name and address

Check if to be sent copies of notices and communications ☐

Name and address

(Note: IRS sends notices and communications to only two representatives.)

Name and address

(Note: IRS sends notices and communications to only two representatives.)

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Income	1040	2023, 2024, 2025

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

☐ Access my IRS records via an Intermediate Service Provider;

☐ Authorize disclosure to third parties;

☐ Substitute or add representative(s);

☐ Sign a return;

☐ Other acts authorized:

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
- List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here _____ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Marvis C Hatch

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	Florida	AC0020421		

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Go to www.irs.gov/Form2848 for instructions and the latest information.

Received by:

Name _____
Telephone _____
Function _____
Date ____/____/____

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

Sherrey A Hatch

PO Box 1273

Cross City, FL 32628

Taxpayer identification number(s)

Daytime telephone number

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Tina Singletary

PO Box 58

Mayo, FL 32066

Check if to be sent copies of notices and communications ☒

Name and address

Check if to be sent copies of notices and communications ☐

Name and address

(Note: IRS sends notices and communications to only two representatives.)

Name and address

(Note: IRS sends notices and communications to only two representatives.)

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Income	1040	2023, 2024, 2025

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

- ☐ Access my IRS records via an Intermediate Service Provider;
☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;

☐ Other acts authorized:

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here _____ ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature

Date

Title (if applicable)

Sherrey A Hatch

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	Florida	AC0020421		

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

Your social security number

Marvis C & Sherrey A Hatch

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

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

Passive Income and Loss**Nonpassive Income and Loss**

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

Part III Income or Loss From Estates and Trusts

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

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	(7,538)
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(7,538)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No **17**

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

Social security number of person
with self-employment income

Marvis C Hatch

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

2 867

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

3 867

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

4a 801

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 801

- 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

6 801

- 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 61,126

- 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 61,126

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

9 114,974

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

10 99

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

11 23

- 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**

12 122

- 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

61

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

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

EEA

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income Not Subject to Self-Employment Tax)
Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form4835 for the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **37**

Your social security number

my

Marvis C & Sherrey A Hatch

A Did you actively participate in the operation of this farm during 2025? See instructions ☒ Yes ☐ No**Part I Gross Farm Rental Income - Based on Production.** Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops		1	
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	2b	Taxable amount
3a	Agricultural program payments (see instructions)	3a	3b	Taxable amount
4	Commodity Credit Corporation (CCC) loans (see instructions):			
a	CCC loans reported under election		4a	
b	CCC loans forfeited	4b	4c	Taxable amount
5	Crop insurance proceeds and federal crop disaster payments (see instructions):			
a	Amount received in 2025	5a	5b	Taxable amount
c	If election to defer to 2026 is attached, check here ☐ 5d Amount deferred from 2024	5d	5d	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42		7	0

Part II Expenses - Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses (see Schedule F (Form 1040) instructions). Also, attach Form 4562	8	21	Pension and profit-sharing plans	21	
9	Chemicals	9	22	Rent or lease:		
10	Conservation expenses (see instructions)	10	a	Vehicles, machinery, and equipment (see instructions)	22a	
11	Custom hire (machine work)	11	b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12	23	Repairs and maintenance	23	2,000
13	Employee benefit programs other than on line 21 (see Schedule F (Form 1040) instructions)	13	24	Seeds and plants	24	
14	Feed	14	25	Storage and warehousing	25	
15	Fertilizers and lime	15	26	Supplies	26	
16	Freight and trucking	16	27	Taxes	27	
17	Gasoline, fuel, and oil	17	28	Utilities	28	
18	Insurance (other than health)	18	29	Veterinary, breeding, and medicine	29	
19	Interest (see instructions):		30	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	19a	a	LLC Fees	30a	139
b	Other	19b	b	Mowing	30b	3,500
20	Labor hired (less employment credits) (see Schedule F (Form 1040) instructions)	20	c		30c	
			d		30d	
			e		30e	
			f		30f	
			g		30g	
31	Total expenses. Add lines 8 through 30g. See instructions		31		31	7,538
32	Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E (Form 1040), line 40. If the result is a loss, you must go to line 34. See instructions		32		32	(7,538)
33	Reserved for future use		33		33	
34	If line 32 is a loss, check the box that describes your investment in this activity. See instructions		34a	☒ All investment is at risk.		
			34b	☐ Some investment is not at risk.		
c	You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked. If you checked box 34b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E (Form 1040), line 40. See instructions		34c		34c	(7,538)

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

EEA

Form 4835 (2025) Created 1/7/26

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

2025

Attachment
Sequence No. 179

Name(s) shown on return

Marvis C & Sherrey A Hatch

Business or activity to which this form relates

Form 4835 - Pinestraw

Identifying number

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	1,832
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

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

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . .	22	1,832
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
23b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

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

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

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

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

Section B - Information on Use of Vehicles

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

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

Computation of Regular Tax

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

2025

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 7,194

\$ 7,194 Tax computed using only available method

Client Copy

Worksheet B
Form 1040

Earned Income Credit (EIC) - Line 27a

(Keep for your records)

2025

Name(s) as shown on return

Tax ID Number

Marvis C Hatch

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.

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

c. Combine lines 1a and 1b.

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

e. Subtract line 1d from line 1c.

1a	867
1b	
1c	867
1d	61
1e	806

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*.

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)*.

c. Combine lines 2a and 2b.

2a	
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	806
---	-----

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

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

2025

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

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	632	1,264	1,646	1,646
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 632	01-15-2026 250 09-15-2025 1,014	04-15-2026 882 01-15-2026 764	04-15-2026 1,646
Rate Period 1: April 16, 2025 - June 30, 2025					
2 Computation starting dates for this period	2	04/15/25	06/15/25		
	Days:				
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 x $\frac{\text{Number of days on line 3}}{365}$ x 0.07	4	\$ 7	\$ 4		
Rate Period 2: July 1, 2025 - September 30, 2025					
5 Computation starting dates for this period	5	06/30/25	06/30/25	09/15/25	
	Days:				
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		15 77	15	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.07	7		\$ 1 19	\$ 5	
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	
	Days:				
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	92	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.07	10		\$ 4	\$ 29	
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
	Days:				
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 15	90
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.07	13		\$ 1	\$ 5 15	\$ 28
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	\$ 118			

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

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

2025

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

Income

Regular tax

Alt Min Tax

Wages	102,145	102,145
Interest income before Series EE bond exclusion		
Dividend income		
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)	867	867
Schedule D and Form 4797		
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	103,012	103,012

Adjustments

Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0

Subtract total adjustments from total income	103,012	103,012
--	---------	---------

MAGI adjustment from input screen E2		
--------------------------------------	--	--

Modified adjusted gross income	103,012	103,012
--------------------------------	---------	---------

Schedule C Comparison

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

2025

Name of proprietor

Tax ID Number

Marvis C Hatch

Principal business: Food and Drink Vendi

Business name: Tri County Refreshments LLC

	2024	2025	Difference
Income			
Gross Receipts or sales	373,809	417,047	43,238
Returns & allowances			
Cost of goods sold	312,284	293,559	(18,725)
Gross profit	61,525	123,488	61,963
Other income	121,631		(121,631)
Gross income	183,156	123,488	(59,668)
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179	63,960		(63,960)
Employee benefit programs			
Insurance	9,897	9,200	(697)
Mortgage interest			
Other interest	2,278		(2,278)
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance	5,238	8,200	2,962
Supplies	22,050		(22,050)
Taxes and licenses	16,058	17,281	1,223
Travel			
Deductible meals			
Utilities	6,531	4,200	(2,331)
Wages	63,100	67,600	4,500
Other expenses	21,850	16,140	(5,710)
Total expenses	210,962	122,621	(88,341)
Business use of home			
Net profit or (loss)	(27,806)	867	28,673
Allowed on return after Form 6198 and Form 8582 limitations	(27,806)	867	28,673

Next Year's Depreciation 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

Marvis C & Sherrey A Hatch

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
C	1	2015 Chevy	06-16-2015	37,310		5	
4835	1	2018 Mahindra TR	10-14-2019	20,982	200 DBMQ	7	1,602
C	1	Vending Machine	03-20-2021		200 DBHY	7	
C	1	2023 Chevy Silverado 150	05-03-2024		EXP	5	
		TOTAL					1,602

Client Copy

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

Tax ID Number

Name(s) as shown on return

Marvis C & Sherrey A Hatch

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 262,933

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	_____	_____	750
Overpayment applied to next year's estimates	_____	_____	_____
Estimated Tax Payment 1	820	Estimated Tax Payment 2	820
Estimated Tax Payment 3	820	Estimated Tax Payment 4	820
Federal tax liability for 2210 calculation	_____	_____	7,316
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

Passive Activity Deduction Worksheet

Form 1040 or 1041

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

2025

Name(s) as shown on return

Tax ID Number

Marvis C & Sherrey A Hatch

PAN 1 Activity Pinestraw Form 4835 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(7,538)	(7,538)	
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS		(7,538)	(7,538)	

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(7,538)	(7,538)	
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS		(7,538)	(7,538)	

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

Identifying number

Marvis C & Sherrey A Hatch

	2023	2024	2025	Difference 2024-2025
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	107,521	106,297	102,145	(4,152)
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)	(6,223)	(27,806)	867	28,673
Gains (losses)		36,000		(36,000)
Pensions and IRA distributions				
Rent and royalty income (loss)		(5,553)	(7,538)	(1,985)
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)	(3,097)			
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	98,201	108,938	95,474	(13,464)
Adjusted Gross Income				
Half of self-employment tax			61	61
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	98,201	108,938	95,413	(13,525)
Deductions				
Medical deductions				
State and local taxes	1,363	2,593	2,607	14
Interest	5,055	4,887	4,711	(176)
Contributions				
Other deductions				
Total itemized deductions	6,418	7,480	7,318	(162)
Standard deduction	27,700	29,200	31,500	2,300
Total deductions claimed	27,700	29,200	31,500	2,300
Qualified Business Income Deduction				
Other Deductions from Schedule 1A				
Tax and Credits				
Taxable Income	70,501	79,738	63,913	(15,825)
Tax	8,023	9,103	7,194	(1,909)
Credits		1,500		(1,500)
Self-employment tax			122	122
Other taxes				
Total Tax	8,023	7,603	7,316	(287)
Payments				
Withholdings	5,649	5,058	4,056	(1,002)
Estimated tax payments				
Earned income credit				
Other payments and credits		1,000		(1,000)
Estimated tax penalty		43	118	75
Overpayment				
Overpayment applied				
Refund				
Balance Due	2,374	1,588	3,378	1,790
Marginal tax rate	12.00	12.00	12.00	
Effective tax rate	11.38	11.42	11.26	(0.16)

Passive Activity Loss Limitations
See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2025

Attachment
Sequence No. **858**

Identifying number

Marvis C & Sherrey A Hatch

Part I 2025 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(7,538)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		(7,538)

All Other Passive Activities

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

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		(7,538)
If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.			

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	7,538
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	103,012
7 Subtract line 6 from line 5	7	46,988
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	23,494
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	7,538

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	7,538

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Pinestraw	0	7,538	0	0	7,538
Total. Enter on Part I, lines 1a, 1b, and 1c	0	7,538	0		

For Paperwork Reduction Act Notice, see instructions.