

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 See separate instructions.

Your first name and middle initial SAMUEL Last name SINGLETARY Your social security number 867 53 0999

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

Home address (number and street). If you have a P.O. box, see instructions. 1 HYPERLOOP DRIVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE State CA ZIP code 91326 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.

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

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. 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 2024, 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

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: SOLOMON SINGLETARY, 777 77 7777, SON, [X], [ ]

Income table with 2 columns: Description, Amount. Rows 1a-1i. 1a Total amount from Form(s) W-2, box 1 (see instructions) 180,000. 1i Nontaxable combat pay election (see instructions) 11

Income table with 2 columns: Description, Amount. Rows 2a-6a. 2a Tax-exempt interest 2a 3a Qualified dividends 7,000. 4a IRA distributions 4a 5a Pensions and annuities 5a 6a Social security benefits 6a

Income table with 2 columns: Description, Amount. Rows 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [X] 10,000. 8 Additional income from Schedule 1, line 10 11,832. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 229,332. 10 Adjustments to income from Schedule 1, line 26 1,409. 11 Subtract line 10 from line 9. This is your adjusted gross income 227,923. 12 Standard deduction or itemized deductions (from Schedule A) 27,500. 13 Qualified business income deduction from Form 8995 or Form 8995-A 1,939. 14 Add lines 12 and 13 29,439. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 198,484.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$14,600 Married filing jointly or Qualifying surviving spouse, \$29,200 Head of household, \$21,900 If you checked any box under Standard Deduction, see instructions.

Table with columns for line numbers (16-24), descriptions (Tax, Credits), and amounts. Total tax is 37,731.

Table for Payments (lines 25-33). Includes federal income tax withheld (30,000) and total payments (30,000).

Table for Refund (lines 34-36). Includes amount overpaid (34) and amount applied to 2025 tax (36).

Table for Amount You Owe (lines 37-38). Total amount owed is 7,731.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **01**

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

SAMUEL SINGLETARY

Your social security number

867-53-0999

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . .

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

**Part I Additional Income**

|           |   |           |                |
|-----------|---|-----------|----------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |                |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |                |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |                |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | <u>11,832.</u> |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |                |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  |                |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |                |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |                |
| <b>8</b>  | Other income:   |           |                |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )            |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |                |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |                |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )            |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |                |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |                |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |                |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |                |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |                |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |                |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |                |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |                |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |                |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |                |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |                |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |                |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b> |                |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |                |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )            |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |                |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |                |
| <b>v</b>  | Digital assets received as ordinary income not reported elsewhere. See instructions . . . . .   | <b>8v</b> |                |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |                |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |                |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | <u>11,832.</u> |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2024

**Part II Adjustments to Income**

|            |  |            |            |        |
|------------|--|------------|------------|--------|
| <b>11</b>  | Educator expenses  |            | <b>11</b>  |        |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106  |            | <b>12</b>  |        |
| <b>13</b>  | Health savings account deduction. Attach Form 8889   |            | <b>13</b>  | 1,250. |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903  |            | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE   |            | <b>15</b>  | 159.   |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans   |            | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction   |            | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings   |            | <b>18</b>  |        |
| <b>19a</b> | Alimony paid   |            | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN  |            |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions):   |            |            |        |
| <b>20</b>  | IRA deduction  |            | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction  |            | <b>21</b>  |        |
| <b>22</b>  | Reserved for future use  |            | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction   |            | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:   |            |            |        |
| <b>a</b>   | Jury duty pay (see instructions)   | <b>24a</b> |            |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit                                       | <b>24b</b> |            |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m   | <b>24c</b> |            |        |
| <b>d</b>   | Reforestation amortization and expenses  | <b>24d</b> |            |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974  | <b>24e</b> |            |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans   | <b>24f</b> |            |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans   | <b>24g</b> |            |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  | <b>24h</b> |            |        |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | <b>24i</b> |            |        |
| <b>j</b>   | Housing deduction from Form 2555   | <b>24j</b> |            |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  | <b>24k</b> |            |        |
| <b>z</b>   | Other adjustments. List type and amount:   | <b>24z</b> |            |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z   |            | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10                    |            | <b>26</b>  | 1,409. |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **02**

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

SAMUEL SINGLETARY

Your social security number

867-53-0999

**Part I Tax**

|                            |   |           |           |
|----------------------------|---|-----------|-----------|
| <b>1</b> Additions to tax: |   |           |           |
| <b>a</b>                   | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .   | <b>1a</b> |           |
| <b>b</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) . . . . .   | <b>1b</b> |           |
| <b>c</b>                   | 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) . . . . .  | <b>1c</b> |           |
| <b>d</b>                   | Recapture of net EPE from Form 4255, line 2a, column (l) . . . . .  | <b>1d</b> |           |
| <b>e</b>                   | Excessive payments (EP) from Form 4255. Check applicable box and enter amount.<br><b>(i)</b> <input type="checkbox"/> Line 1a, column (n) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (n)<br><b>(iii)</b> <input type="checkbox"/> Line 1d, column (n) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (n) . . . . .  | <b>1e</b> |           |
| <b>f</b>                   | 20% EP from Form 4255. Check applicable box and enter amount. See instructions.<br><b>(i)</b> <input type="checkbox"/> Line 1a, column (o) <b>(ii)</b> <input type="checkbox"/> Line 1c, column (o)<br><b>(iii)</b> <input type="checkbox"/> Line 1d, column (o) <b>(iv)</b> <input type="checkbox"/> Line 2a, column (o) . . . . . | <b>1f</b> |           |
| <b>y</b>                   | Other additions to tax (see instructions): _____  | <b>1y</b> |           |
| <b>z</b>                   | Add lines 1a through 1y . . . . .   |           | <b>1z</b> |
| <b>2</b>                   | Alternative minimum tax. Attach Form 6251 . . . . .   |           | <b>2</b>  |
| <b>3</b>                   | Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .   |           | <b>3</b>  |

**Part II Other Taxes**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  | 317.   |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .   | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here . . . . . <input type="checkbox"/> | <b>8</b>  |        |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 98.    |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> | 1,061. |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                             | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .  | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                       | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |        |

(continued on page 2)

**Part II Other Taxes** (continued)

|           |   |            |                  |
|-----------|---|------------|------------------|
| <b>17</b> | Other additional taxes:   |            |                  |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:   | <b>17a</b> |                  |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions   | <b>17b</b> |                  |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |                  |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |                  |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |                  |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853  | <b>17f</b> |                  |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |                  |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                      | <b>17h</b> |                  |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |                  |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |                  |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |                  |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |                  |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |                  |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |                  |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |                  |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                    | <b>17p</b> |                  |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |                  |
| <b>z</b>  | Any other taxes. List type and amount: _____  | <b>17z</b> |                  |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b>        |
| <b>19</b> | Recapture of net EPE from Form 4255, line 1d, column (l) . . . . .  |            | <b>19</b>        |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |                  |
| <b>21</b> | Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> 1,476. |



**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

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

SAMUEL SINGLETARY

Your social security number

867-53-0999

**Part I Nonrefundable Credits**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |      |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  | 600. |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  |      |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |      |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |      |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |      |
| <b>6</b>  | Other nonrefundable credits:  |           |      |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |      |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |      |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |      |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |      |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |      |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> |      |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |      |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |      |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |      |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |      |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |      |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |      |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |      |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____  | <b>6z</b> |      |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  |      |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 600. |

**Part II Other Payments and Refundable Credits**

|           |  |            |  |
|-----------|--|------------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   | <b>9</b>   |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        | <b>10</b>  |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      | <b>11</b>  |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  | <b>12</b>  |  |
| <b>13</b> | Other payments or refundable credits:  |            |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |  |
| <b>b</b>  | Section 1341 credit for repayment of amounts included in income from earlier years . . . . .       | <b>13b</b> |  |
| <b>c</b>  | Net elective payment election amount from Form 3800, Part III, line 6, column (j) . . . . .        | <b>13c</b> |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |  |
| <b>z</b>  | Other refundable credits (see instructions): _____   | <b>13z</b> |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    | <b>14</b>  |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . | <b>15</b>  |  |

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2024

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **07**

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

SAMUEL SINGLETARY

Your social security number

867-53-0999

|  |   |           |         |
|--|---|-----------|---------|
| <b>Medical and Dental Expenses</b>   | <b>Caution:</b> Do not include expenses reimbursed or paid by others.   |           |         |
|  | <b>1</b> Medical and dental expenses (see instructions)   | <b>1</b>  |         |
|  | <b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b>   | <b>2</b>  |         |
|  | <b>3</b> Multiply line 2 by 7.5% (0.075)  | <b>3</b>  |         |
|  | <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  | <b>4</b>  |         |
| <b>Taxes You Paid</b>  | <b>5</b> State and local taxes.   |           |         |
|  | <b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> | 10,000. |
|  | <b>b</b> State and local real estate taxes (see instructions)   | <b>5b</b> | 10,000. |
|  | <b>c</b> State and local personal property taxes  | <b>5c</b> |         |
|  | <b>d</b> Add lines 5a through 5c  | <b>5d</b> | 20,000. |
|  | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | <b>5e</b> | 10,000. |
|  | <b>6</b> Other taxes. List type and amount: _____   | <b>6</b>  |         |
| <b>7</b> Add lines 5e and 6  | <b>7</b>  | 10,000.   |         |
| <b>Interest You Paid</b><br><b>Caution:</b> Your mortgage interest deduction may be limited. See instructions. | <b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |           |         |
|  | <b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited  | <b>8a</b> | 12,000. |
|  | <b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____                            | <b>8b</b> |         |
|  | <b>c</b> Points not reported to you on Form 1098. See instructions for special rules  | <b>8c</b> |         |
|  | <b>d</b> Reserved for future use  | <b>8d</b> |         |
|  | <b>e</b> Add lines 8a through 8c  | <b>8e</b> | 12,000. |
| <b>9</b> Investment interest. Attach Form 4952 if required. See instructions                                   | <b>9</b>  |           |         |
| <b>10</b> Add lines 8e and 9   | <b>10</b>   | 12,000.   |         |
| <b>Gifts to Charity</b><br><b>Caution:</b> If you made a gift and got a benefit for it, see instructions.      | <b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions   | <b>11</b> | 5,500.  |
|  | <b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500  | <b>12</b> |         |
|  | <b>13</b> Carryover from prior year   | <b>13</b> |         |
|  | <b>14</b> Add lines 11 through 13   | <b>14</b> | 5,500.  |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions  | <b>15</b> |         |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: _____  | <b>16</b> |         |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12  | <b>17</b> | 27,500. |
|  | <b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>  |           |         |



**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **08**

Name(s) shown on return

SAMUEL SINGLETARY

Your social security number

867-53-0999

**Part I  
Interest**

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

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

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

WELLS FARGO BANK  
MARCUS/GOLDMAN SACHS  
FIDELITY INVESTMENTS

**Amount**

4,500.  
3,500.  
12,000.

**1**

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

20,000.  
20,000.

**2**

**3**

**4**

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

**Amount**

**Part II  
Ordinary Dividends**

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

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

**5** List name of payer:

FIDELITY INVESTMENTS

7,500.

**5**

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

7,500.

**6**

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

**Part III  
Foreign Accounts and Trusts**

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

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

**7a** At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_

**8** During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

| Yes | No |
|-----|----|
|     | X  |
|     |    |
|     |    |
|     | X  |

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **09**

|  |  |  |
|--|--|--|
| Name of proprietor<br><b>SAMUEL SINGLETARY</b>   |  | Social security number (SSN)<br><b>867-53-0999</b> |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>MATH TUTORING</b>   | <b>B</b> Enter code from instructions<br><b>611000</b> |  |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>MATH IS FUN TUTORING COMPANY</b>  | <b>D</b> Employer ID number (EIN) (see instr.)         |  |
| <b>E</b> Business address (including suite or room no.)<br>City, town or post office, state, and ZIP code  |  |  |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)   |  |  |
| <b>G</b> Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>H</b> If you started or acquired this business during 2024, check here <input type="checkbox"/>   |  |  |
| <b>I</b> Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |  |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> 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 <input type="checkbox"/> | <b>1</b> | 15,000. |
| <b>2</b> Returns and allowances   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> | 15,000. |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> | 15,000. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> | 15,000. |

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

|   |            |         |   |            |      |
|---|------------|---------|---|------------|------|
| <b>8</b> Advertising  | <b>8</b>   | 2,500.  | <b>18</b> Office expense (see instructions)                             | <b>18</b>  |      |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 168.    | <b>19</b> Pension and profit-sharing plans                              | <b>19</b>  |      |
| <b>10</b> Commissions and fees  | <b>10</b>  |         | <b>20</b> Rent or lease (see instructions):                             |            |      |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |         | <b>a</b> Vehicles, machinery, and equipment                             | <b>20a</b> |      |
| <b>12</b> Depletion   | <b>12</b>  |         | <b>b</b> Other business property  | <b>20b</b> |      |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |         | <b>21</b> Repairs and maintenance                                       | <b>21</b>  |      |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |         | <b>22</b> Supplies (not included in Part III)                           | <b>22</b>  | 500. |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |         | <b>23</b> Taxes and licenses  | <b>23</b>  |      |
| <b>16</b> Interest (see instructions):  |            |         | <b>24</b> Travel and meals:   |            |      |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |         | <b>a</b> Travel   | <b>24a</b> |      |
| <b>b</b> Other  | <b>16b</b> |         | <b>b</b> Deductible meals (see instructions)                            | <b>24b</b> |      |
| <b>17</b> Legal and professional services   | <b>17</b>  |         | <b>25</b> Utilities   | <b>25</b>  |      |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b   | <b>28</b>  | 3,168.  | <b>26</b> Wages (less employment credits)                               | <b>26</b>  |      |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  | 11,832. | <b>27a</b> Other expenses (from line 48)                                | <b>27a</b> |      |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> 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   | <b>30</b>  |         | <b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205) | <b>27b</b> |      |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  | 11,832. |   |            |      |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |         | <b>32a</b> <input type="checkbox"/> All investment is at risk.          |            |      |
|   |            |         | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.     |            |      |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2024

**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**

|   |           |
|---|-----------|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . | <b>35</b> |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |
| <b>39</b> Other costs . . . . .   | <b>39</b> |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .       | <b>42</b> |

**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)    08/10/23

**44** Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:  
**a** Business    250    **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 8-26, line 27b, or line 30.

|   |           |
|---|-----------|
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> |

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

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

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

SAMUEL SINGLETARY

867-53-0999

**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** 11,832.

**3** Combine lines 1a, 1b, and 2 **3** 11,832.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 10,927.

**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** 10,927.

**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** 10,927.

**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 2024 **7** 168,600.

**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 \$168,600 or more, skip lines 8b through 10, and go to line 11 **8a** 168,600.

**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** 168,600.

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

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

**11** Multiply line 6 by 2.9% (0.029) **11** 317.

**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** 317.

**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** 159.

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2024

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

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$10,380, **or (b)** your net farm profits<sup>2</sup> were less than \$7,493.

|  |           |
|--|-----------|
| <b>14</b> Maximum income for optional methods . . . . .  | <b>14</b> |
| <b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,920. Also, include this amount on line 4b above . . . . . | <b>15</b> |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,493 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

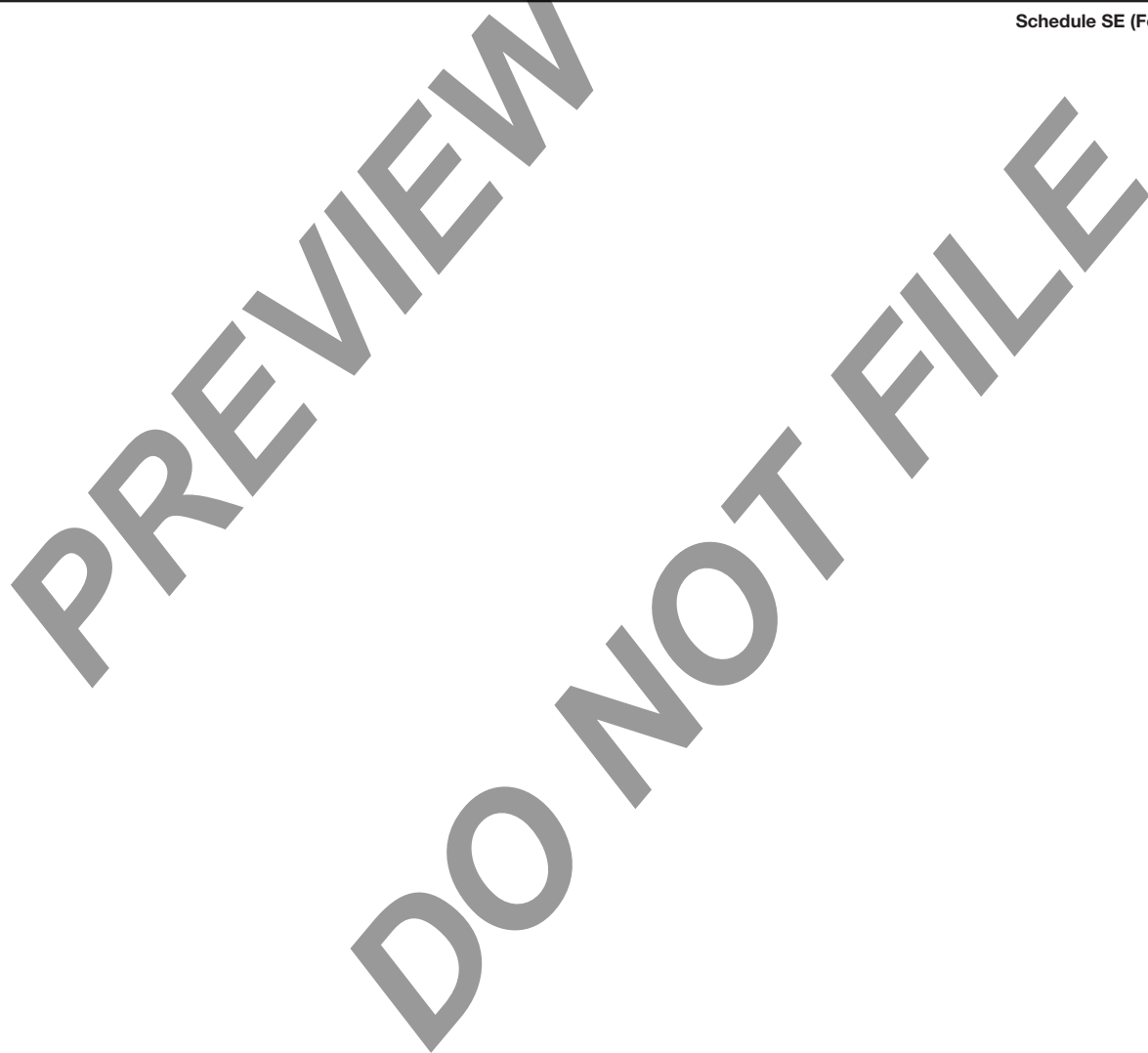
|   |           |
|---|-----------|
| <b>16</b> Subtract line 15 from line 14 . . . . .   | <b>16</b> |
| <b>17</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount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

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

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

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

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



Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2024 Attachment Sequence No. 21

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

Name(s) shown on return

Your social security number

SAMUEL SINGLETARY

867-53-0999

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

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . . [ ]

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . [ ]

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2024?, (e) Amount paid. Row 1: NANCY'S NANNY, 145 LAUGHOUTLOUD LANE WHIMSYVILLE, CA 91326, 456-56-4564, No, 7,500.

Did you receive dependent care benefits?

No \_\_\_\_\_ Complete only Part II below.

Yes \_\_\_\_\_ Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box [ ]

Table with 4 columns: (a) Qualifying person's name, (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: SOLOMON SINGLETARY, 777-77-7777, [ ], 7,500.

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

4 Enter your earned income. See instructions . . . . . 4 191,673.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 . . . . . 5 191,673.

6 Enter the smallest of line 3, 4, or 5 . . . . . 6 3,000.

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . . 7 227,923.

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

Table for line 8 with columns: If line 7 is: Over, But not over, Decimal amount is. Rows for ranges from \$0-15,000 to \$35,000-37,000.

9a Multiply line 6 by the decimal amount on line 8 . . . . . 9a 600.

b If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . . . . . 9b

c Add lines 9a and 9b and enter the result . . . . . 9c 600.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 37,455.

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 . . . . . 11 600.



**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

SAMUEL SINGLETARY

867-53-0999

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

|   |   |           |          |
|---|---|-----------|----------|
| <b>1</b>  | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  | <b>1</b>  | 227,923. |
| <b>2a</b>   | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |
| <b>b</b>  | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> |          |
| <b>c</b>  | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |
| <b>d</b>  | Add lines 2a through 2c . . . . .   | <b>2d</b> |          |
| <b>3</b>  | Add lines 1 and 2d . . . . .  | <b>3</b>  | 227,923. |
| <b>4</b>  | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1        |
| <b>5</b>  | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |
| <b>6</b>  | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  |          |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. |   |           |          |
| <b>7</b>  | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |
| <b>8</b>  | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |
| <b>9</b>  | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000<br>• All other filing statuses—\$200,000 } . . . . .   | <b>9</b>  | 200,000. |
| <b>10</b>   | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }   | <b>10</b> | 28,000.  |
| <b>11</b>   | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 1,400.   |
| <b>12</b>   | Is the amount on line 8 more than the amount on line 11?<br><input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result. | <b>12</b> | 600.     |
| <b>13</b>   | Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 36,855.  |
| <b>14</b>   | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .   | <b>14</b> | 600.     |

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

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

Cat. No. 59761M

Schedule 8812 (Form 1040) 2024

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

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

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

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

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

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

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

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

**2024**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
**867-53-0999**

**SAMUEL SINGLETARY**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b> 1,250.   |
| <b>3</b>  | If you were under age 55 at the end of 2024 and, on the first day of <b>every</b> month during 2024, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$4,150 (\$8,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b> 8,300.   |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b>  |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b> 8,300.   |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter . . . . .   | <b>6</b> 8,300.   |
| <b>7</b>  | If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b> 8,300.   |
| <b>9</b>  | Employer contributions made to your HSAs for 2024 . . . . .  | <b>9</b>  |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>   |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>   |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> 8,300.  |
| <b>13</b> | <b>HSA deduction</b> (see instructions). . . . .   | <b>13</b> 1,250.  |

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

|            |  |                    |
|------------|--|--------------------|
| <b>14a</b> | Total distributions you received in 2024 from all HSAs (see instructions) . . . . .  | <b>14a</b> 10,000. |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b>         |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> 10,000. |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b> 10,000.  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | <b>16</b>          |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |                    |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b>         |

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

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

**Qualified Business Income Deduction**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

Name(s) shown on return

SAMUEL SINGLETARY

Your taxpayer identification number

867-53-0999

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

Use this form if your taxable income, before your qualified business income deduction, is above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron      |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | MATH IS FUN TUTORING COMPANY             | <input type="checkbox"/>       | <input type="checkbox"/> | 867-53-0999                        | <input type="checkbox"/> |
| B |  | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |
| C |  | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |

**Part II Determine Your Adjusted Qualified Business Income**

|   | A         | B | C |
|---|-----------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions . . . . .  | 2 11,673. |   |   |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . . | 3 2,335.  |   |   |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation . . . . .   | 4         |   |   |
| 5 Multiply line 4 by 50% (0.50) . . . . .   | 5         |   |   |
| 6 Multiply line 4 by 25% (0.25) . . . . .   | 6         |   |   |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .  | 7         |   |   |
| 8 Multiply line 7 by 2.5% (0.025) . . . . .   | 8         |   |   |
| 9 Add lines 6 and 8 . . . . .   | 9         |   |   |
| 10 Enter the greater of line 5 or line 9 . . . . .  | 10        |   |   |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .   | 11        |   |   |
| 12 Phased-in reduction. Enter the amount from line 26, if any . . . . .   | 12 1,939. |   |   |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .   | 13 1,939. |   |   |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .   | 14        |   |   |
| 15 Qualified business income component. Subtract line 14 from line 13 . . . . .   | 15 1,939. |   |   |
| 16 Total qualified business income component. Add all amounts reported on line 15 . . . . .   | 16 1,939. |   |   |

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

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

|    |   | A  | B        | C |
|----|---|----|----------|---|
| 17 | Enter the amounts from line 3 . . . . .   | 17 | 2,335.   |   |
| 18 | Enter the amounts from line 10 . . . . .  | 18 |          |   |
| 19 | Subtract line 18 from line 17 . . . . .   | 19 | 2,335.   |   |
| 20 | Taxable income before qualified business income deduction . . . . .   | 20 | 200,423. |   |
| 21 | Threshold. Enter \$191,950 (\$383,900 if married filing jointly) . . . . .  | 21 | 191,950. |   |
| 22 | Subtract line 21 from line 20 . . . . .   | 22 | 8,473.   |   |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . .  | 23 | 50,000.  |   |
| 24 | Phase-in percentage. Divide line 22 by line 23 . . . . .  | 24 | 16.946%  |   |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 . . . . .   | 25 | 396.     |   |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . . | 26 | 1,939.   |   |

**Part IV Determine Your Qualified Business Income Deduction**

|    |   |    |          |  |
|----|---|----|----------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .                               | 27 | 1,939.   |  |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .   | 28 |          |  |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .   | 29 | ( )      |  |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .  | 30 |          |  |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .  | 31 |          |  |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .   | 32 | 1,939.   |  |
| 33 | Taxable income before qualified business income deduction . . . . .   | 33 | 200,423. |  |
| 34 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) . . . . .  | 34 | 17,000.  |  |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- . . . . .   | 35 | 183,423. |  |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) . . . . .   | 36 | 36,685.  |  |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . . | 37 | 1,939.   |  |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .                           | 38 |          |  |
| 39 | Total qualified business income deduction. Add lines 37 and 38 . . . . .  | 39 | 1,939.   |  |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .  | 40 | ( )      |  |

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

Your social security number

SAMUEL SINGLETARY

867-53-0999

**Part I Additional Medicare Tax on Medicare Wages**

|   |   |          |  |  |
|---|---|----------|--|--|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 200,000. |  |  |
| 2 Unreported tips from Form 4137, line 6  | 2 |          |  |  |
| 3 Wages from Form 8919, line 6  | 3 |          |  |  |
| 4 Add lines 1 through 3   | 4 | 200,000. |  |  |
| 5 Enter the following amount for your filing status:  |   |          |  |  |
| Married filing jointly \$250,000  |   |          |  |  |
| Married filing separately \$125,000   |   |          |  |  |
| Single, Head of household, or Qualifying surviving spouse \$200,000   | 5 | 200,000. |  |  |
| 6 Subtract line 5 from line 4. If zero or less, enter -0-   | 6 |          |  |  |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II                    | 7 |          |  |  |

**Part II Additional Medicare Tax on Self-Employment Income**

|   |    |          |         |     |
|---|----|----------|---------|-----|
| 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-                   | 8  | 10,927.  |         |     |
| 9 Enter the following amount for your filing status:  |    |          |         |     |
| Married filing jointly \$250,000  |    |          |         |     |
| Married filing separately \$125,000   |    |          |         |     |
| Single, Head of household, or Qualifying surviving spouse \$200,000   | 9  | 200,000. |         |     |
| 10 Enter the amount from line 4   | 10 | 200,000. |         |     |
| 11 Subtract line 10 from line 9. If zero or less, enter -0-   | 11 |          |         |     |
| 12 Subtract line 11 from line 8. If zero or less, enter -0-   | 12 |          | 10,927. |     |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 |          |         | 98. |

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

|   |    |          |  |  |
|---|----|----------|--|--|
| 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)                                       | 14 |          |  |  |
| 15 Enter the following amount for your filing status:   |    |          |  |  |
| Married filing jointly \$250,000  |    |          |  |  |
| Married filing separately \$125,000   |    |          |  |  |
| Single, Head of household, or Qualifying surviving spouse \$200,000   | 15 | 200,000. |  |  |
| 16 Subtract line 15 from line 14. If zero or less, enter -0-  | 16 |          |  |  |
| 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 |          |  |  |

**Part IV Total Additional Medicare Tax**

|   |    |  |  |     |
|---|----|--|--|-----|
| 18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 |  |  | 98. |
|---|----|--|--|-----|

**Part V Withholding Reconciliation**

|  |    |          |  |  |
|--|----|----------|--|--|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6   | 19 | 2,900.   |  |  |
| 20 Enter the amount from line 1  | 20 | 200,000. |  |  |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages   | 21 | 2,900.   |  |  |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages   | 22 |          |  |  |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)   | 23 |          |  |  |
| 24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 |          |  |  |



# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

**SAMUEL SINGLETARY**

Your social security number or EIN

**867-53-0999**

### Part I Investment Income

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

|           |   |           |           |         |
|-----------|---|-----------|-----------|---------|
| <b>1</b>  | Taxable interest (see instructions)   |           | <b>1</b>  | 20,000. |
| <b>2</b>  | Ordinary dividends (see instructions)   |           | <b>2</b>  | 7,500.  |
| <b>3</b>  | Annuities (see instructions)  |           | <b>3</b>  |         |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)          | <b>4a</b> | 11,832.   |         |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> | -11,832.  |         |
| <b>c</b>  | Combine lines 4a and 4b   |           | <b>4c</b> |         |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)  | <b>5a</b> | 10,000.   |         |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b> |           |         |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b> |           |         |
| <b>d</b>  | Combine lines 5a through 5c   |           | <b>5d</b> | 10,000. |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |           | <b>6</b>  |         |
| <b>7</b>  | Other modifications to investment income (see instructions)   |           | <b>7</b>  |         |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |           | <b>8</b>  | 37,500. |

### Part II Investment Expenses Allocable to Investment Income and Modifications

|           |   |           |           |        |
|-----------|---|-----------|-----------|--------|
| <b>9a</b> | Investment interest expenses (see instructions)         | <b>9a</b> |           |        |
| <b>b</b>  | State, local, and foreign income tax (see instructions) | <b>9b</b> | 1,636.    |        |
| <b>c</b>  | Miscellaneous investment expenses (see instructions)    | <b>9c</b> |           |        |
| <b>d</b>  | Add lines 9a, 9b, and 9c                                |           | <b>9d</b> | 1,636. |
| <b>10</b> | Additional modifications (see instructions)             |           | <b>10</b> |        |
| <b>11</b> | Total deductions and modifications. Add lines 9d and 10 |           | <b>11</b> | 1,636. |

### Part III Tax Computation

|            |   |            |           |         |
|------------|---|------------|-----------|---------|
| <b>12</b>  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- |            | <b>12</b> | 35,864. |
| <b>13</b>  | Modified adjusted gross income (see instructions)   | <b>13</b>  | 227,923.  |         |
| <b>14</b>  | Threshold based on filing status (see instructions)   | <b>14</b>  | 200,000.  |         |
| <b>15</b>  | Subtract line 14 from line 13. If zero or less, enter -0-   | <b>15</b>  | 27,923.   |         |
| <b>16</b>  | Enter the smaller of line 12 or line 15   |            | <b>16</b> | 27,923. |
| <b>17</b>  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |            | <b>17</b> | 1,061.  |
| <b>18a</b> | Net investment income (line 12 above)   | <b>18a</b> |           |         |
| <b>b</b>   | Deductions for distributions of net investment income and charitable deductions (see instructions)  | <b>18b</b> |           |         |
| <b>c</b>   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | <b>18c</b> |           |         |
| <b>19a</b> | Adjusted gross income (see instructions)  | <b>19a</b> |           |         |
| <b>b</b>   | Highest tax bracket for estates and trusts for the year (see instructions)  | <b>19b</b> |           |         |
| <b>c</b>   | Subtract line 19b from line 19a. If zero or less, enter -0-   | <b>19c</b> |           |         |
| <b>20</b>  | Enter the smaller of line 18c or line 19c   |            | <b>20</b> |         |
| <b>21</b>  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |            | <b>21</b> |         |