Form **1040** Department of the Treasury — Internal Revenue Service
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 , , ending , See separate instructions.

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

☐ Other

Your first name and middle initial	Last name	Your social security number
Daniel M. Carter		606-11-0101
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Elena S. Carter		606-11-0102

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1040 Training Way

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. State ZIP code
Sacramento, CA 95814

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

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

Filing Status

Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

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

Dependents (see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	Lucas James	Sofia Grace		
(2) Last name	Carter	Carter		
(3) SSN	606-11-0103	606-11-0104		
(4) Relationship	Son	Daughter		
(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 & totally disabled	☒ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	86,000.
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	86,000.
2a	Tax-exempt interest	2a	b Taxable interest	2b	1,800.
3a	Qualified dividends	3a 1,600.	b Ordinary dividends	3b	2,400.
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b				
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐				
5a	Pensions and annuities	5a	b Taxable amount	5b	12,000.
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐				
6a	Social security benefits	6a 18,000.	b Taxable amount	6b	15,300.
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	3,300.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	17,800.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	138,600.
10	Adjustments to income from Schedule 1, line 26			10	8,308.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	130,292.

Attach Sch. B if required.

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Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	130,292.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	**Standard deduction or itemized deductions** (from Schedule A)	12e	44,032.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	3,308.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	47,340.
15	Subtract ln 14 from ln 11b. If zero or less, enter -0-. This is your **taxable income**	15	82,952.
16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	8,892.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,892.
19	Child tax credit or credit for other dependents from Schedule 8812	19	2,700.
20	Amount from Schedule 3, line 8	20	1,500.
21	Add lines 19 and 20	21	4,200.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,692.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,515.
24	Add lines 22 and 23. This is your **total tax**	24	7,207.

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 instructions.

Payments and Refundable Credits

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	5,000.		
b	Form(s) 1099	25b	1,000.		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	6,000.
26	2025 estimated tax payments and amount applied from 2024 return			26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____				
27a	Earned income credit (EIC)	27a			
b	Clergy filing Schedule SE (see instructions) ☐				
c	If you do not want to claim the EIC, check here ☐				
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28			
29	American opportunity credit from Form 8863, line 8	29	1,000.		
30	Refundable adoption credit from Form 8839, line 13	30			
31	Amount from Schedule 3, line 15	31	696.		
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits			32	1,696.
33	Add lines 25d, 26, and 32. These are your **total payments**			33	7,696.

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

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Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	489.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	489.
b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings		
d	Account number XXXXXXXXXXXXXXXXXXXXXXX		
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	
38	Estimated tax penalty (see instructions) 38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name Al karim Usman Phone no. (123) 111-1111 Personal identification number (PIN) 14526

Sign Here

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

Your signature	Date	Your occupation Operations Analyst	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation Project Coordinato	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

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

Paid Preparer Use Only

Preparer's name Al karim Usman	Preparer's signature Al karim Usman	Date	PTIN P12345678	Check if: ☐ Self-employed
Firm's name Al karim Usman			Phone no. 950-275-3748	
Firm's address 123 Peachtree St NE Atlanta, GA 30303-1803			Firm's EIN	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2025

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	17,800.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	17,800.

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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	7,050.
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	1,258.
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 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041).	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	8,308.

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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: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

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 (l)	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	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.

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Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			4	2,515.
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)

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Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b			21	2,515.

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SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	1,500.
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	1,500.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	696.
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	696.

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SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	13,104.		
	2 Enter amount from Form 1040 or 1040-SR, line 11b	2	130,292.		
	3 Multiply line 2 by 7.5% (0.075)	3	9,772.		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	3,332.
Taxes You Paid	5 State and local taxes(SALT).				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	4,200.		
	b State and local real estate taxes (see instructions)	5b	12,500.		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	16,700.		
	e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than $500,000 ($250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions.	5e	16,700.		
	6 Other taxes. List type and amount:	6			
	7 Add lines 5e and 6			7	16,700.
Interest You Paid **Caution:** Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	21,000.		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved for future use	8d			
	e Add lines 8a through 8c	8e	21,000.		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	21,000.
Gifts to Charity **Caution:** If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	3,000.		
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	3,000.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.			15	0.
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:			16	0.
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e			17	44,032.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

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SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025

Attachment Sequence No. **08**

Name(s) shown on return

Daniel M. and Elena S. Carter

Your social security number

606-11-0101

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.

			Amount
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:		
	Golden State Community Bank	1	1,800.
2	Add the amounts on line 1	2	1,800.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	1,800.

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

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.

			Amount
5	List name of payer:		
	Redwood Brokerage Services	5	2,400.
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	2,400.

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.

		Yes	No
7a	At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

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SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
Elena S. Carter	606-11-0102

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

B Enter code from instructions: 541600

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

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

E Business address (including suite or room no.)

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

F Accounting method: **(1)** [X] 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. [X] Yes [ ] No

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

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions. [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [X] 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	22,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	22,500.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	22,500.
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	22,500.

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

8	Advertising	8	600.	18	Office expense (see instructions)	18	800.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,100.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	2,200.

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	4,700.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	17,800.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **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	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.	31	17,800.

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.

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

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

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

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 **a** Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

DO NOT FILE

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

Phone and Internet	1,000.
Software	1,200.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **12**

Name(s) shown on return: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** or **Box G** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** or **Box H** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** or **Box I** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

DO NOT FILE

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** or **Box J** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** or **Box K** checked	12,500.	9,200.		3,300.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** or **Box L** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	3,300.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** 3,300.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . **18** 0.

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 **both** zero or blank and you are not filing Form 4952?

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification number

Daniel M. and Elena S. Carter | 606-11-0101

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, F, J, K, or L below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [ ] **(D)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
- [X] **(E)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
- [ ] **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- [ ] **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see Note above)
- [ ] **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- [ ] **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
100 Sierra Index Fund	7/20/21	9/05/25	12,500.	9,200.			3,300.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** or **Box J** above is checked), **line 9** (if **Box E** or **Box K** above is checked), or **line 10** (if **Box F** or **Box L** above is checked)			12,500.	9,200.		0.	3,300.

Note: If you checked Box D or Box J above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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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)

Elena S. Carter

Social security number of person with **self-employment** income 606-11-0102

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**	17,800.
3	Combine lines 1a, 1b, and 2	**3**	17,800.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	**4a**	16,438.
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**	16,438.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — **5a**		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	**5b**	0.
6	Add lines 4c and 5b	**6**	16,438.
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** 58,000.		
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**	58,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	**9**	118,100.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	**10**	2,038.
11	Multiply line 6 by 2.9% (0.029)	**11**	477.
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**	2,515.
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** 1,258.		

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SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			**1**	130,292.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	130,292.
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,200			**5**	2,200.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	500.
8	Add lines 5 and 7			**8**	2,700.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0.
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	2,700.
	☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	7,392.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			**14**	2,700.

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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Part II-A Additional Child Tax Credit for All Filers

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

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

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

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

DO NOT FILE

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	**27**	

Schedule 8812 (Form 1040) 2025

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Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **50**

Name(s) shown on return: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Caution: Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	2,500.
2	Enter $180,000 if married filing jointly; or $90,000 if single, head of household, or qualifying surviving spouse	2	180,000.		
3	Enter the amount from Form 1040 or 1040-SR, line 11b. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	130,292.		
4	Subtract line 3 from line 2. If zero or less, **stop;** you can't take any education credit	4	49,708.		
5	Enter $20,000 if married filing jointly; or $10,000 if single, head of household, or qualifying surviving spouse	5	20,000.		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6; or • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places).			6	1.000
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box. ☐			7	2,500.
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet. See instructions			9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	
11	Enter the smaller of line 10 or $10,000			11	
12	Multiply line 11 by 20% (0.20)			12	
13	Enter $180,000 if married filing jointly; or $90,000 if single, head of household, or qualifying surviving spouse	13			
14	Enter the amount from Form 1040 or 1040-SR, line 11b. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15			
16	Enter $20,000 if married filing jointly; or $10,000 if single, head of household, or qualifying surviving spouse	16			
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18; or • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places).			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet. See instructions			18	
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3			19	1,500.

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Name(s) shown on return: Daniel M. and Elena S. Carter

Your social security number: 606-11-0101

Caution: *Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.*

Part III Student and Educational Institution Information (see instructions)

20 Student name (as shown on page 1 of your tax return): Sofia Grace Carter

21 Student social security number (as shown on page 1 of your tax return): 606-11-0104

22 Educational institution information (see instructions)

	a Name of first educational institution	**b** Name of second educational institution (if any)
	Sacramento Valley University	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	1200 Campus Circle Sacramento, CA 95819	
(2) Did the student receive Form 1098-T from this institution for 2025?	[X] Yes [ ] No	[ ] Yes [ ] No
(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked?	[ ] Yes [X] No	[ ] Yes [ ] No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3).** You can get the EIN from Form 1098-T or from the institution.	94-0000106	

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?
[ ] **Yes** — **Stop!** Go to line 31 for this student. [X] **No** — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2025 at an eligible educational institution in a program leading toward a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.
[X] **Yes** — Go to line 25. [ ] **No** — **Stop**! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2025? See instructions.
[ ] **Yes** — **Stop!** Go to line 31 for this student. [X] **No** — Go to line 26.

26 Was the student convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance?
[ ] **Yes** — **Stop!** Go to line 31 for this student. [X] **No** — Complete lines 27 through 30 for this student.

Caution: *You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**27**	4,000.
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	2,000.
29	Multiply line 28 by 25% (0.25)	**29**	500.
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	2,500.

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	

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Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **52**

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

Elena S. Carter

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

606-11-0102

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions	☐ Self-only	☒ Family
2	HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	7,050.
3	If you were under age 55 at the end of 2025 and, on the first day of **every** month during 2025, you were, or were considered, an eligible individual with the **same** coverage, enter $4,300 ($8,550 for family coverage). **All others,** see the instructions for the amount to enter	3	8,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	8,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter	6	8,550.
7	If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	8,550.
9	Employer contributions made to your HSAs for 2025 — 9: 1,500.		
10	Qualified HSA funding distributions — 10:		
11	Add lines 9 and 10	11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	7,050.
13	**HSA deduction** (see instructions)	13	7,050.

DO NOT FILE

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

14a	Total distributions you received in 2025 from all HSAs (see instructions)	14a	2,800.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	2,800.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,800.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

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

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

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return: Daniel M. and Elena S. Carter

Your taxpayer identification number: 606-11-0101

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
Use this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	Elena S. Carter	606-11-0102	16,542.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	16,542.		
3	Qualified business net (loss) carryforward from the prior year	3	(0.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	16,542.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	3,308.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	3,308.
11	Taxable income before qualified business income deduction (see instructions)	11	86,260.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	4,900.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	81,360.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	16,272.
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	3,308.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 25

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
Daniel M. and Elena S. Carter	606-11-0101
Preparer's name	**Preparer tax identification number**
Al karim Usman	P12345678

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

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Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **73**

Name shown on your return	Your social security number
Daniel M. and Elena S. Carter	606-11-0101

A You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box . . . . . ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	4
2a	Modified AGI. Enter your modified AGI. See instructions	2a	132,992.		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	132,992.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	31,200.
5	Household income as a percentage of federal poverty line (see instructions)			5	401 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0850
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	11,304.	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 942.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.

☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.

☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual PTC allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	19,800.	18,000.	11,304.	6,696.	6,696.	6,000.

Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly PTC allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

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24	Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e), and enter the total here	24	6,696.
25	Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total here	25	6,000.
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	696.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

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Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30 **(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31 **(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32 **(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33 **(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

DO NOT FILE

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

		(a) Alternative family size	**(b)** Alternative monthly contribution amount	**(c)** Alternative start month	**(d)** Alternative stop month
35	**Alternative entries for your SSN**				
36	**Alternative entries for your spouse's SSN**				

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TAXABLE YEAR **2025**

California Resident Income Tax Return

FORM **540**

APE ATTACH FEDERAL RETURN

606-11-0101 CART 606-11-0102 25 PBA 541600
DANIEL M CARTER
ELENA S CARTER

1040 TRAINING WY
SACRAMENTO CA 95814

04-18-1981 09-27-1984

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Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . . . ◉ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here. . . . . ☐

1 ☐ Single

2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. _____

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions . . . . . ● 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions . . . . . ◉ 7 [2] x $153 = ◉ $ 306.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 ☐ x $153 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . ● 9 ☐ x $153 = ◉ $

Exemptions

Your name: DANIEL M. CARTER Your SSN or ITIN: 606-11-0101

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	LUCAS JAMES	SOFIA GRACE	
Last Name	CARTER	CARTER	
SSN. See instructions.	606110103	606110104	
Dependent's relationship to you	SON	DAUGHTER	

Total dependent exemptions . . . . . ● **10** 2 x $475 = $ 950.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . **11** $ 1,256.

Taxable Income

12 State wages from your federal Form(s) W-2, box 16. . . . . ● **12** 86,000.

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b . . . . . **13** 130,292.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. . . . . ● **14** 8,250.

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. . . . . **15** 122,042.

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. . . . . ● **16** 1,500.

17 California adjusted gross income. Combine line 15 and line 16. . . . . ● **17** 123,542.

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - ● Single or Married/RDP filing separately $5,706
  - ● Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $11,412
  - If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . . . . ● **18** 42,632.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . **19** 80,910.

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule; ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● **31** 1,964.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. . . . . **32** 1,256.

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . **33** 708.

34 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . . . . ● **34**

35 Add line 33 and line 34 . . . . . **35** 708.

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● **40**

43 Enter credit name . . . . . code ● and amount . . . . . ● **43**

44 Enter credit name . . . . . code ● and amount . . . . . ● **44**

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Your name: DANIEL M. CARTER Your SSN or ITIN: 606-11-0101

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	
46	Nonrefundable Renter's Credit. See instructions	46	
47	Add line 40 through line 46. These are your total credits	47	
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	708.

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	
62	Behavioral Health Services Tax. See instructions	62	
63	Other taxes and credit recapture. See instructions	63	
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	708.

Payments

71	California income tax withheld. See instructions	71	4,200.
72	2025 California estimated tax and other payments. See instructions	72	
73	Withholding (Form 592-B and/or Form 593). See instructions	73	
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	74	
75	Earned Income Tax Credit (EITC). See instructions	75	
76	Young Child Tax Credit (YCTC). See instructions	76	
77	Foster Youth Tax Credit (FYTC). See instructions	77	
78	Add line 71 through line 77. These are your total payments. See instructions	78	4,200.

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Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0.

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions. ● [X]

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	4,200.
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	4,200.
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96	
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	3,492.

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Your name: DANIEL M. CARTER Your SSN or ITIN: 606-11-0101

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	**98**	
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	3,492.
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	

Contributions	**Code**	**Amount**
California Seniors Special Fund. See instructions	**400**	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	
California Cancer Research Voluntary Tax Contribution Fund	**413**	
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	
State Parks Protection Fund/Parks Pass Purchase	**423**	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	
California ALS Research Network Voluntary Tax Contribution Fund	**447**	
California Pediatric Cancer Research Voluntary Tax Contribution Fund	**448**	
Parkinson's Disease Research Voluntary Tax Contribution Fund	**449**	
110 Add amounts in code 400 through code 449. This is your total contribution	**110**	

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DO NOT FILE

Your name: DANIEL M. CARTER Your SSN or ITIN: 606-11-0101

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111**

Pay Online — Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112**

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113**

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. . . . **114**

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . . . ● **115** 3,492.

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount

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Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions. . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage?
By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

◉ ☐ Primary taxpayer

◉ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

Sign your tax return on Side 6

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Your name: DANIEL M. CARTER Your SSN or ITIN: 606-11-0101

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

◉ Your email address. Enter only one email address. ◉ Preferred phone number

● Print paid preparer's name: AL KARIM USMAN ● Paid preparer's phone number: 950-275-3748

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: AL KARIM USMAN

Joint tax return? See instructions.

Firm's name (or yours, if self-employed): AL KARIM USMAN ● PTIN: P12345678

Firm's address: 123 PEACHTREE ST NE
ATLANTA, GA 30303-1803 ● Firm's FEIN:

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● [X] Yes ● [ ] No

Print Third Party Designee's Name: AL KARIM USMAN Telephone Number: (123) 111-1111

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TAXABLE YEAR

SCHEDULE

2025 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

DANIEL M. AND ELENA S. CARTER

SSN or ITIN

606-11-0101

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a	Total amount from federal Form(s) W-2, box 1. See instructions 1a	86,000.		
b	Household employee wages not reported on federal Form(s) W-2 1b			
c	Tip income not reported on line 1a 1c			
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e	Taxable dependent care benefits from federal Form 2441, line 26 1e			
f	Employer-provided adoption benefits from federal Form 8839, line 31 1f			
g	Wages from federal Form 8919, line 6 1g			
h	Other earned income. See instr. Enter type & amount. ST 1 1h			1,500.
i	Nontaxable combat pay election. See instructions 1i			
z	Add line 1a through line 1i 1z	86,000.		1,500.
2	Taxable interest a 2b	1,800.		
3	Ordinary dividends. See instructions a 1,600. 3b	2,400.		
4	IRA distributions. See instructions a 4b			
5	Pensions and annuities. See instructions a 5b	12,000.		
6	Social security benefits a 18,000. 6b	15,300.	15,300.	
7 a	Capital gain or (loss). See instructions 7a	3,300.		

Section B - Additional Income from federal Schedule 1 (Form 1040)

1	Taxable refunds, credits, or offsets of state and local income taxes 1			
2 a	Alimony received. b Date of original divorce or separation agreement. See instr. 2a			
3	Business income or (loss). See instructions 3	17,800.		
4	Other gains or (losses) 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6	Farm income or (loss) 6			
7	Unemployment compensation 7			

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	( )		
b Gambling 8b			
c Cancellation of debt 8c			
d Foreign earned income exclusion from federal Form 2555 8d	( )		
e Income from federal Form 8853 8e			
f Income from federal Form 8889 8f			
g Alaska Permanent Fund dividends 8g			
h Jury duty pay 8h			
i Prizes and awards 8i			
j Activity not engaged in for profit income 8j			
k Stock options 8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l			
m Olympic and Paralympic medals and USOC prize money 8m			
n IRC Section 951(a) inclusion 8n			
o IRC Section 951A(a) inclusion 8o			
p IRC Section 461(l) excess business loss adjustment 8p			
q Taxable distributions from an ABLE account 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t			
u Wages earned while incarcerated 8u			
v Digital assets received as ordinary income not reported elsewhere 8v			
z Other income. List type and amount. 8z			

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Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . 9b3			
10 **Total.** Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	138,600.	15,300.	1,500.

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13	7,050.	7,050.	
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15	1,258.		
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
c Date of original divorce or separation agreement. See instr.			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

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Section C — Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay. **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. **24c**			
d Reforestation amortization and expenses. . . . **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974. . . . . **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans. **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans. **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **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 federal Form 2555. . . . . **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount. _____ **24z**			
25 Total other adjustments. Add line 24a through line 24z. **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions. **26**	8,308.	7,050.	
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions. **27**	130,292.	8,250.	1,500.

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses. . . . 13,104.	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b . . . . 130,292.	2			
3 Multiply line 2 by 7.5% (0.075) . . . . 9,772.	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	4	3,332.		2,800.
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a	4,200.	4,200.	
b State and local real estate taxes	5b	12,500.		
c State and local personal property taxes.	5c			
d Add line 5a through line 5c.	5d	16,700.		
e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C.	5e	16,700.	4,200.	
6 Other taxes. List type _____	6			
7 Add line 5e and line 6.	7	16,700.	4,200.	
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a	21,000.		
b Home mortgage interest not reported to you on federal Form 1098	8b			
c Points not reported to you on federal Form 1098.	8c			
d Reserved for future use.	8d			
e Add line 8a through line 8c.	8e	21,000.		
9 Investment interest	9			
10 Add line 8e and line 9.	10	21,000.		

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Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11 Gifts by cash or check	11	3,000.		
12 Other than by cash or check	12			
13 Carryover from prior year	13			
14 Add line 11 through line 13	14	3,000.		
Casualty and Theft Losses				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15			
Other Itemized Deductions				
16 Other—from list in federal instructions	16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	44,032.	4,200.	2,800.
18 **Total.** Combine line 17 column A less column B plus column C	18			42,632.

Job Expenses and Certain Miscellaneous Deductions

CAIA4012L 02/10/26

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19		
20 Tax preparation fees	20		
21 Other expenses: investment, safe deposit box, etc. List type	21		
22 Add line 19 through line 21	22		
23 Enter amount from federal Form 1040 or 1040-SR, line 11b			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	0.	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25		0.
26 **Total Itemized Deductions.** Add line 18 and line 25	26		42,632.
27 Other adjustments. See instructions. Specify.	27		
28 Combine line 26 and line 27	28		42,632.

DO NOT FILE

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately	**$252,203**
Head of household	**$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP	**$504,411**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 — 29 — 42,632.

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions	**$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	**$11,412**

Transfer the amount on line 30 to Form 540, line 18 — 30 — 42,632.

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Statement 1
Schedule CA, Part I, Section A, Line 1h
Other Earned Income

	Subtractions	Additions
Employer Contribution to HSA	$ 0.	$ 1,500.
Total	$ 0.	$ 1,500.

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