

MERIDIAN TAX & ACCOUNTING LLC
1010 INDUSTRIAL DRIVE
Pleasant Hill, MO 64080

ETHAN D & KENIA J KUNZ
808 OLD STAGE ROAD
PLEASANT HILL, MO 64080

FOR TAX YEAR 2024

ETHAN D & KENIA J KUNZ

MERIDIAN TAX & ACCOUNTING LLC

1010 INDUSTRIAL DRIVE

Pleasant Hill, MO 64080

(816)987-2393

MERIDIAN TAX & ACCOUNTING LLC

1010 INDUSTRIAL DRIVE
Pleasant Hill, MO 64080
KGRiffin@MERIDIANTAX.NET
Phone: (816)987-2393 | Fax: (866)945-9250

March 03, 2025

Ethan D & Kenia J Kunz
808 Old Stage Road
Pleasant Hill, MO 64080

Subject: Preparation of Your 2024 Tax Returns

Ethan D & Kenia J Kunz:

Thank you for choosing MERIDIAN TAX & ACCOUNTING LLC to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

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

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided. We appreciate your confidence in us. Please call us if you have any questions.

Sincerely,
MERIDIAN TAX & ACCOUNTING LLC

Accepted By:

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

Taxpayer

Date

Spouse

Date

MERIDIAN TAX & ACCOUNTING LLC

1010 INDUSTRIAL DRIVE
Pleasant Hill, MO 64080
KGRiffin@MERIDIANTAX.NET
Phone: (816)987-2393 | Fax: (866)945-9250

March 03, 2025

Ethan D & Kenia J Kunz
808 Old Stage Road
Pleasant Hill, MO 64080

Ethan D & Kenia J Kunz:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$4,857 Refund	Direct Deposit to **2893
Kansas Income Tax	\$68 Refund	Direct Deposit to **2893
Missouri Income Tax	\$100 Balance Due	Direct Debit from **2893

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

- * Federal Income Tax
- * Kansas Income Tax
- * Missouri Income Tax

Sincerely,

Kathryn R Griffin
MERIDIAN TAX & ACCOUNTING LLC

MERIDIAN TAX & ACCOUNTING LLC

1010 INDUSTRIAL DRIVE
Pleasant Hill, MO 64080
KGRiffin@MERIDIANTAX.NET
Phone: (816)987-2393 | Fax: (866)945-9250

March 03, 2025

Ethan D & Kenia J Kunz
808 Old Stage Road
Pleasant Hill, MO 64080

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

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

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

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

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

If you have any questions about our privacy policy, contact our office at (816)987-2393.

Sincerely,

Kathryn R Griffin
MERIDIAN TAX & ACCOUNTING LLC

MERIDIAN TAX & ACCOUNTING LLC

1010 INDUSTRIAL DRIVE
Pleasant Hill, MO 64080
KGRIFFIN@MERIDIANTAX.NET
Phone: (816)987-2393 | Fax: (866)945-9250

Statement of Account

Date	Invoice #
March 03, 2025	

Ethan D & Kenia J Kunz
808 Old Stage Road
Pleasant Hill, MO 64080

Description	Fee	Payments	Balance
Tax Preparation	200.00		200.00
Credit		200.00	0.00
Total Due			0.00

Send payments to: MERIDIAN TAX & ACCOUNTING LLC
1010 Industrial Drive
Pleasant Hill, MO 64080

Send questions to KGRIFFIN@MERIDIANTAX.NET or call (816)987-2393.

Thank you for your business!

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

ETHAN D & KENIA J KUNZ

Taxpayer address (optional)

808 OLD STAGE ROAD

PLEASANT HILL, MO 64080

1. Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by MERIDIAN TAX & ACCOUNTING LLC.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Instructions for Electronic Return Originators

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

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

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

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

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

ETHAN D & KENIA J KUNZ

Form 1040 U.S. Individual Income Tax Return | 2024 | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____		See separate instructions.																																																																																																					
Your first name and middle initial ETHAN D	Last name KUNZ	Your social security number 490-08-7830																																																																																																					
If joint return, spouse's first name and middle initial KENIA J	Last name KUNZ	Spouse's social security number 005-71-3225																																																																																																					
Home address (number and street). If you have a P.O. box, see instructions. 808 OLD STAGE ROAD		Apt. no.	Presidential Election Campaign																																																																																																				
City, town, or post office. If you have a foreign address, also complete spaces below. PLEASANT HILL		State MO	ZIP code 64080																																																																																																				
Foreign country name	Foreign province/state/county	Foreign postal code																																																																																																					
<input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																																																							
Filing Status <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) </div> <div> <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying surviving spouse (QSS) </div> </div> <p>If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____</p> <p><input type="checkbox"/> 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): _____</p>																																																																																																							
Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																							
Standard Deduction Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																																																																																							
Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind																																																																																																							
Dependents (see instructions): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Social security number</th> <th>(3) Relationship to you</th> <th>(4) Check if qualifies for (see instructions): Child tax credit</th> <th>Credit for other dependents</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>				(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>																																																																
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Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.																																																																																																							
Attach Sch. B if required.																																																																																																							
Standard Deduction for: <ul style="list-style-type: none"> ● Single or Married filing separately, \$14,600 ● Married filing jointly or Qualifying surviving spouse, \$29,200 ● Head of household, \$21,900 ● If you checked any box under Standard Deduction, see instructions. 																																																																																																							

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

EEA

Form 1040 (2024)

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	15,935																	
	17 Amount from Schedule 2, line 3 . . .	17																		
	18 Add lines 16 and 17 . . .	18	15,935																	
	19 Child tax credit or credit for other dependents from Schedule 8812 . . .	19																		
	20 Amount from Schedule 3, line 8 . . .	20	474																	
	21 Add lines 19 and 20 . . .	21	474																	
	22 Subtract line 21 from line 18. If zero or less, enter -0- . . .	22	15,461																	
	23 Other taxes, including self-employment tax, from Schedule 2, line 21 . . .	23	965																	
	24 Add lines 22 and 23. This is your total tax . . .	24	16,426																	
Payments	25 Federal income tax withheld from:																			
	a Form(s) W-2 . . .	25a	19,353																	
	b Form(s) 1099 . . .	25b	1,930																	
	c Other forms (see instructions) . . .	25c																		
	d Add lines 25a through 25c . . .	25d	21,283																	
	26 2024 estimated tax payments and amount applied from 2023 return . . .	26																		
	27 Earned income credit (EIC) . . .	27																		
	28 Additional child tax credit from Schedule 8812 . . .	28																		
	29 American opportunity credit from Form 8863, line 8 . . .	29																		
	30 Reserved for future use . . .	30																		
	31 Amount from Schedule 3, line 15 . . .	31																		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits . . .	32	0																	
	33 Add lines 25d, 26, and 32. These are your total payments . . .	33	21,283																	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	4,857																	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	4,857																	
Direct deposit? See instructions.	b Routing number <table border="1"><tr><td>3</td><td> </td><td>1</td><td> </td><td>4</td><td> </td><td>0</td><td> </td><td>7</td><td> </td><td>4</td><td> </td><td>2</td><td> </td><td>6</td><td> </td><td>9</td></tr></table>	3		1		4		0		7		4		2		6		9	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
3		1		4		0		7		4		2		6		9				
	d Account number <table border="1"><tr><td>1</td><td> </td><td>2</td><td> </td><td>5</td><td> </td><td>5</td><td> </td><td>0</td><td> </td><td>2</td><td> </td><td>8</td><td> </td><td>9</td><td> </td><td>3</td></tr></table>	1		2		5		5		0		2		8		9		3	36	
1		2		5		5		0		2		8		9		3				
	36 Amount of line 34 you want applied to your 2025 estimated tax . . .	36																		
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	0																	
	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 . . .	<input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
	Designee's name KATHRYN R GRIFFIN	Phone no. 816-987-2393	Personal identification number (PIN) 4 2 6 3 3

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.							
Joint return? See instructions. Keep a copy for your records.	Your signature 45515	Date 02-27-2025	Your occupation					
	Spouse's signature. If a joint return, both must sign. 09010	Date 02-27-2025	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
	Phone no. 417-920-6774	Email address EDK7C9@UMSYSTEM.EDU	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

Paid Preparer Use Only	Preparer's signature	Date 03-03-2025	PTIN P00741355	Check if: <input type="checkbox"/> Self-employed
	Preparer's name KATHRYN R GRIFFIN	Phone no. 816-987-2393		
	Firm's name MERIDIAN TAX & ACCOUNTING LLC			
	Firm's address 1010 INDUSTRIAL DRIVE Pleasant Hill, MO 64080		Firm's EIN 20-8115611	

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

EEA

Form **1040** (2024)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2024Attachment
Sequence No. **01**

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

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

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

Your social security number

ETHAN D & KENIA J KUNZ

490-08-7830

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

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ..	5	(809)
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	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	123
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	123
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	(686)

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

Schedule 1 (Form 1040) 2024

EEA

Part II | Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
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	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	0

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.**2024**Attachment
Sequence No. 02

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

Your social security number

ETHAN D & KENIA J KUNZ

490-08-7830

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 (EP) from Form 4255. Check applicable box and enter amount. (i) <input type="checkbox"/> Line 1a, column (n) (ii) <input type="checkbox"/> Line 1c, column (n) (iii) <input type="checkbox"/> Line 1d, column (n) (iv) <input type="checkbox"/> Line 2a, column (n)	1e		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a, column (o) (ii) <input type="checkbox"/> Line 1c, column (o) (iii) <input type="checkbox"/> Line 1d, column (o) (iv) <input type="checkbox"/> Line 2a, column (o)	1f		
y Other additions to tax (see instructions): _____	1y		
z Add lines 1a through 1y	1z		
2 Alternative minimum tax. Attach Form 6251	2		
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	
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 <input checked="" type="checkbox"/>	8	965
9 Household employment taxes. Attach Schedule H	9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	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)

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

EEA

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

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

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

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

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

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

ETHAN D & KENIA J KUNZ

Your social security number
490-08-7830

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	474
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	474

Part II Other Payments and Refundable Credits

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

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

Schedule 3 (Form 1040) 2024

EEA

Capital Gains and Losses

Department of the Treasury
Internal Revenue Service

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.

2024

Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

ETHAN D & KENIA J KUNZ

490-08-7830

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.**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.	(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 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 checked	7,427	6,760		667
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C 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 page 2			7	667

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.	(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 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 checked	5	5		
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F 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 page 2			15	

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

Schedule D (Form 1040) 2024

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>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</p> <p>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</p> <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>
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Name(s) shown on return

Social security number or taxpayer identification number

ETHAN D & KENIA J KUNZ

490-08-7830

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either 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 I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
 (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

7,427 **6,760** **667**

Note: If you checked Box A 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.

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

ETHAN D & KENIA J KUNZ

490-08-7830

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either 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 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, or F 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)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D 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.

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Supplemental Income and Loss**
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. **13****ETHAN D & KENIA J KUNZ**Your social security number
490-08-7830**Part I Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	308 JAMIE COURT, LONGVIEW, TX 75605
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	365	0
A	1		B		<input type="checkbox"/>
B			C		<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:

	Properties:		
	A	B	C
3	22,880		
4			

Expenses:

5 Advertising	3	
6 Auto and travel (see instructions)	4	
7 Cleaning and maintenance	5	
8 Commissions	6	
9 Insurance	7	
10 Legal and other professional fees	8	
11 Management fees	9	
12 Mortgage interest paid to banks, etc. (see instructions)	10	
13 Other interest	11	
14 Repairs	12	3,909
15 Supplies	13	
16 Taxes	14	11,281
17 Utilities	15	
18 Depreciation expense or depletion	16	3,674
19 Other (list) TAX PREP	17	
20 Total expenses. Add lines 5 through 19	18	4,800
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	19	25
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	20	23,689
23a Total of all amounts reported on line 3 for all rental properties	21	(809)
b Total of all amounts reported on line 4 for all royalty properties	22	(809)
c Total of all amounts reported on line 12 for all properties	23a	22,880
d Total of all amounts reported on line 18 for all properties	23b	0
e Total of all amounts reported on line 20 for all properties	23c	3,909
24 Income. Add positive amounts shown on line 21. Do not include any losses	23d	4,800
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	23e	23,689
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	24	0
	25	(809)
	26	(809)

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2024

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2024Attachment
Sequence No. 50Department of the Treasury
Internal Revenue Service
Name(s) shown on return

ETHAN D & KENIA J KUNZ

Your social security number
490-08-7830**!**
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	Enter: \$180,000 if married filing jointly; \$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 11. 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	146,606
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	33,394
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	20,000
6	If line 4 is:	6	1.000
	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)		
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	<input type="checkbox"/>
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	

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	
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	2,372
11	Enter the smaller of line 10 or \$10,000	11	2,372
12	Multiply line 11 by 20% (0.20)	12	474
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	180,000
14	Enter the amount from Form 1040 or 1040-SR, line 11. 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	146,606
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	33,394
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	20,000
17	If line 15 is:	17	1.000
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)		
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	474
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	474

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

Form 8863 (2024)

Name(s) shown on return

ETHAN D & KENIA J KUNZ

Your social security number

490-08-7830
!
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)	21 Student social security number (as shown on page 1 of your tax return)
KENIA KUNZ	005-71-3225
22 Educational institution information (see instructions)	
a. Name of first educational institution JUNIOR COLLEGE	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 3200 BROADWAY KANSAS CITY, MO 64111	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2024? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <u>43-0813703</u>	(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.
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?	
<input checked="" type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> 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 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	
<input type="checkbox"/> Yes - Go to line 25. <input checked="" type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2024? See instructions.	
<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?	
<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	
! CAUTION	<i>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.</i>

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
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

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	2,372
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Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2024

Attachment
Sequence No. 52

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

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

ETHAN D & KENIA J KUNZ

490-08-7830

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 2024. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3 8,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 8,300
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 2024, see the instructions for the amount to enter	6 8,300
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 8,300
9	Employer contributions made to your HSAs for 2024	9 4,250
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,250
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 4,050
13	HSA deduction (see instructions)	13

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

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	3,738
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	3,738
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	3,738
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	17b	<input type="checkbox"/>
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		

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	

IRS e-file Signature Authorization

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

2024

Submission Identification Number (SID) ➔

Taxpayer's name	Social security number
ETHAN D KUNZ	490-08-7830
Spouse's name	Spouse's social security number
KENIA J KUNZ	005-71-3225

Part I Tax Return Information - Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	146,606
2 Total tax	2	16,426
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,283
4 Amount you want refunded to you	4	4,857
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

Refund will be deposited to: RTN=314074269 Acct=Ends in 2893

- I authorize MERIDIAN TAX & ACCOUNTING LLC to enter or generate my PIN 45515 as my
ERO firm name
Enter five digits, but
don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**
if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III
below.

Your signature ➔

Date ➔

Spouse's PIN: check one box only

- I authorize MERIDIAN TAX & ACCOUNTING LLC to enter or generate my PIN 09010 as my
ERO firm name
Enter five digits, but
don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**
if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III
below.

Spouse's signature ➔

Date ➔

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.432731-42633

Don't enter all zeros

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

ERO's signature ➔

Date ➔

03-03-2025**ERO Must Retain This Form - See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

Federal Income Tax Withheld

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

2024 PG01

Name(s) as shown on return

Tax ID Number

ETHAN D & KENIA J KUNZ**490-08-7830**

Description	Amount
W2 - HONEYWELL FEDERAL MANUFACTURING	18,281
W2 - DIAGNOSTIC IMAGING CENTERS P A	1,072
W-2 Subtotal	19,353
1099R - THRIFT SAVINGS PLAN	717
1099R - THRIFT SAVINGS PLAN	1,213
1099 Subtotal	1,930
Total Withholdings	21,283

Client Copy

Computation of Regular Tax

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS

IF TAXABLE INCOME IS

OVER	BUT NOT OVER	PAY	PLUS	% ON EXCESS	AMOUNT OVER
0	23,200	0.00		10%	0
23,200	94,300	2,320.00		12%	23,200
94,300	201,050	10,852.00		22%	94,300
201,050	383,900	34,337.00		24%	201,050
383,900	487,450	78,221.00		32%	383,900
487,450	731,200	111,357.00		35%	487,450
731,200	196,669.50		37%	731,200

$$\$10,852.00 + ((\$117,406.00 - \$94,300.00) \times 22.0\%) = \$15,935$$

TAX FROM TAX RATE SCHEDULE \$ 15,935
TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEET \$ 15,935

\$ 15,935 TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet 1. 117,406
2. Enter the amount from Form 1040 or 1040-SR, line 3a* 2. 10
3. Are you filing Schedule D?*

Yes. Enter the **smaller** of line 15 or 16 of Schedule D.
If either line 15 or 16 is blank or a loss, enter -0.

No. Enter the amount from Form 1040 or 1040-SR, line 7.
4. Add lines 2 and 3 4. 10
5. Subtract line 4 from line 1. If zero or less, enter -0 5. 117,396
6. Enter:
\$47,025 if single or married filing separately,
\$94,050 if married filing jointly or qualifying surviving spouse,
\$63,000 if head of household.
7. Enter the smaller of line 1 or line 6 7. 94,050
8. Enter the smaller of line 5 or line 7 8. 94,050
9. Subtract line 8 from line 7. This amount is taxed at 0% 9.
10. Enter the smaller of line 1 or line 4 10. 10
11. Enter the amount from line 9 11.
12. Subtract line 11 from line 10 12. 10
13. Enter:
\$518,900 if single,
\$291,850 if married filing separately,
\$583,750 if married filing jointly or qualifying surviving spouse,
\$551,350 if head of household.
14. Enter the smaller of line 1 or line 13 14. 117,406
15. Add lines 5 and 9 15. 117,396
16. Subtract line 15 from line 14. If zero or less, enter -0- 16. 10
17. Enter the smaller of line 12 or line 16 17. 10
18. Multiply line 17 by 15% (0.15) 18. 2
19. Add lines 9 and 17 19. 10
20. Subtract line 19 from line 10 20.
21. Multiply line 20 by 20% (0.20) 21.
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet 22. 15,933
23. Add lines 18, 21, and 22 23. 15,935
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 24. 15,935
25. **Tax on all taxable income.** Enter the **smaller** of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 25. 15,935

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Credit Limit Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

ETHAN D & KENIA J KUNZ

490-08-7830

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l 1. 15,935
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1 2. _____
3. **Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10 3. 15,935**
4. Amount from Form 2441, line 11 4. _____
5. **Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21 5. 15,935**
6. Amount from Schedule R, line 22 6. _____
7. Enter amount from Form 8863, line 18 7. 474
8. Subtract line 6 from line 5. If zero or less, enter -0- 8. 15,935
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit 9. 474
10. Enter amount from Form 8863, line 9 10. _____
11. Subtract line 9 from line 8. If zero or less, enter -0- 11. 15,461
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit 12. _____
13. **Add line 9 and line 12. Enter this amount on Form 8863, line 19 13. 474**
14. **Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11 14. 15,461**
15. Amount from Form 8880, line 12 15. _____
16. **Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31 16. 15,461**
17. Amount from Form 5695, line 32 17. _____
18. Reserved 18. _____
19. Reserved 19. _____
20. Subtract line 17 from 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17 20. 15,461
21. Amount from Form 8936, line 18 21. _____
22. **Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12 22. 15,461**
23. Amount from Form 8936, line 13 23. _____
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return 24. _____
25. **Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8 25. 15,461**
26. Amount from Form 8396, line 9 26. _____
27. Subtract line 26 from line 25. If zero or less, enter -0- 27. 15,461
28. Amount from Form 8839, line 14 28. _____
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16 29. _____
30. **Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2 30. 15,461**
31. Amount from Form 8859, line 3 31. _____
32. **Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14 32. 15,461**

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 3,738
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 20
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. 667
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. 667

Royalties and Rental Income From Personal Property

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

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 4,425
12. Is the amount on line 11 more than \$11,600?

Yes. You can't take the credit.

No. Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

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

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

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

	Regular tax	Alt Min Tax
Income		
Wages	133,338	133,338
Interest income before Series EE bond exclusion	3,738	3,738
Dividend income	20	20
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797.	667	667
Taxable IRA distributions		
Taxable pensions and annuities	9,652	9,652
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	147,415	147,415
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	147,415	147,415
MAGI adjustment from input screen E2		
Modified adjusted gross income	147,415	147,415

Adjusted Qualified Education Expenses Worksheet

Form 8863

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Student name

KENIA KUNZ

Tax ID Number

490-08-7830

Student Tax ID Number

005-71-3225

1. Total qualified education expenses paid for or on behalf of the student in 2024 for the academic period **2,372**
2. Less adjustments:
 - a. Tax-free educational assistance received in 2024 allocable to the academic period
 - b. Tax-free educational assistance received in 2025 (and before you file your 2024 tax return) allocable to the academic period
 - c. Refunds of qualified education expenses paid in 2024 if the refund is received in 2024 or in 2025 before you file your 2024 tax return
3. Total adjustments (add lines 2a, 2b, and 2c)
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- **2,372**

Client Copy

Passive Activity Loss Limitations

OMB No. 1545-1008

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

2024Attachment
Sequence No. 858

Name(s) shown on return

ETHAN D & KENIA J KUNZ

Identifying number

490-08-7830

Part I 2024 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		1d	(809)
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(809)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c				

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		2d	(809)
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c				

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			
---	---	--	--	--

If line 3 is a loss and:

- Line 1d is a loss, go to Part II.

- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	809
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	147,415
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	2,585
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	1,293
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	809

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	809

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
RESIDENTIAL	0	809	0	0	809
Total. Enter on Part I, lines 1a, 1b, and 1c	0	809	0		

For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2024)

Name of activity	Current year		Prior years		Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c						

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
RESIDENTIAL	E LN 22	809	1	809	0
Total		809	1.00	809	0

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

**Qualified Business Income Deduction
Simplified Computation**
2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

ETHAN D & KENIA J KUNZ**490-08-7830**

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 \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule E: 308 JAMIE COURT, LONGVIEW, TX 75605	490-08-7830	(809)
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 (809)	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0
11	Taxable income before qualified business income deduction (see instructions)	11 117,406	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 10	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 117,396	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 23,479
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (809)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

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

Form **8995** (2024)

EEA

Amount from Form 1040, line 11.....	146,606
Amount from Form 1040, line 12.....	29,200

Line 11 above is the difference between these amounts..... **117,406**

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

Depreciation Detail Listing

2024

PAGE 1

RESIDENTIAL

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

Name(s) as shown on return

Social security number/EIN

490-08-7830

ETHAN D & KENIA J KUNZ

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
1	308 JAMIE COURT	05-01-2020	132,000 *		100.00			132,000	27.5	SL	MM	3.636	17,400	4,800	22,200	4,800
1	LAND	05-01-2020	25,000		100.00				0	NDA						
Totals			157,000					132,000				17,400	4,800	22,200	4,800	

Land Amount
Net Depreciable Cost

25,000
132,000

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ:
UBIA: 132,000
4,800

Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	308 JAMIE COURT	05-01-2020	132,000	SL MM	27.5	4,800
		TOTAL					4,800

Client Copy

Carryover Worksheet
List of items that will carryover to the 2025 tax return

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations
Contributions subject to 60% of AGI limitations
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)
Contributions subject to 30% of AGI limitations
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)
Taxable state and local refunds to Schedule 1 (Form 1040) line 1
State/local taxes paid in 2025 to flow to the Schedule A
State donations and contributions carryover
State overpayment applied to next year

Expenses

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

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover	
QBI loss carryover	809
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

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

Other

Preparer Fee	200
Overpayment applied to next year's estimates	
Estimated Tax Payment 1	Estimated Tax Payment 2
Estimated Tax Payment 3	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	16,426
State tax liability for state 2210 calculation	4,554
IRA basis	Taxpayer	Spouse
Disaster distributions taxable in 2025	Taxpayer	Spouse
Disaster distributions taxable in 2026	Taxpayer	Spouse
Excess repayments from 8915-F	Taxpayer	Spouse

Passive Activity

.....

At Risk Limitations

.....

Passive Activity Deduction Worksheet

Form 1040 or 1041

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

2024

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

490-08-7830

PAN 1 Activity RESIDENTIAL

Form SCH E

100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(809)	(809)	
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS		(809)	(809)	

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(809)	(809)	
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS		(809)	(809)	

TAX RETURN COMPARISON
2022 / 2023 / 2024

2024

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

Name(s) as shown on return ETHAN D & KENIA J KUNZ	Identifying number 490-08-7830			
	2022	2023	2024	Difference 2023-2024
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	81,869	94,044	133,338	39,294
Taxable interest and dividends		2	3,758	3,756
Taxable state and local refunds				
Alimony.				
Business income (loss)				
Gains (losses)			667	667
Pensions and IRA distributions			9,652	9,652
Rent and royalty income (loss)	(999)	6,764	(809)	(7,573)
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received.				
Taxable SS benefits.				
Other income (loss)				
Total Income	80,870	100,810	146,606	45,796
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction.				
Other adjustments				
Total Adjusted Gross Income	80,870	100,810	146,606	45,796
Deductions				
Medical deductions				
State and local taxes		8,423	10,000	1,577
Interest		6,088	5,928	(160)
Contributions				
Other deductions				
Total itemized deductions		14,511	15,928	1,417
Standard deduction	25,900	27,700	29,200	1,500
Total deductions claimed	25,900	27,700	29,200	1,500
Qualified Business Income Deduction		1,153		(1,153)
Tax and Credits				
Taxable Income	54,970	71,957	117,406	45,449
Tax.	6,186	8,197	15,935	7,738
Credits	1,500	1,500	474	(1,026)
Self-employment tax				
Other taxes			965	965
Total Tax	4,686	6,697	16,426	9,729
Payments				
Withholdings	12,726	14,978	21,283	6,305
Estimated tax payments				
Earned income credit				
Other payments and credits	1,000	1,000		(1,000)
Estimated tax penalty				
Overpayment	9,040	9,281	4,857	(4,424)
Overpayment applied				
Refund	9,040	9,281	4,857	(4,424)
Balance Due				
Marginal tax rate	12.00	12.00	22.00	10.00
Effective tax rate	11.25	11.39	13.57	2.18

Account Transaction Summary**2024**

Name(s) as shown on return

ETHAN D & KENIA J KUNZ

Tax ID Number

XXX-XX-7830

Account #1

Financial Institution**Routing Transit Number****Account Number****Account Type**

USAA FEDERAL SAVINGS BANK

314074269

125502893

checking

Federal Main Form

Federal Deposit

4,857

State Main Form(s)

KS Deposit

68

MO Debit

(100)

Date of Debit 03-01-2025**Net Deposit**

4,825

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize MERIDIAN TAX & ACCOUNTING LLC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Schedule E Comparison

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

2024

Name(s) as shown on return

ETHAN D KUNZ

Tax ID Number

490-08-7830

Property description and address

RESIDENTIAL - 308 JAMIE COURT, LONGVIEW, TX 75605

Input order

1

	2023	2024	Difference
Income			
Rents received	19,515	22,880	3,365
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance	1,507		(1,507)
Legal & professional fees			
Management fees			
Mortgage interest	2,722	3,909	1,187
Other interest			
Repairs	886	11,281	10,395
Supplies			
Taxes	2,786	3,674	888
Utilities			
Depreciation expense	4,800	4,800	
Other	50	25	(25)
Total expenses	12,751	23,689	10,938
Net income or (loss)	6,764	(809)	(7,573)
Allowed on return after Form 6198 and Form 8582 limitations	6,764	(809)	(7,573)

Property description and address

Input order

	2023	2024	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			



ETHAN D KUNZ
 KENIA J KUNZ
 808 OLD STAGE ROAD
 PLEASANT HILL MO 64080

4179206774 KUNZ 490087830
 KUNZ 005713225

Name or address has changed?	Taxpayer or (spouse if filing joint) died during this tax year	Taxpayer was engaged in commercial farming/fishing in 2024
Amended Return:	Amended affects Kansas only	Amended Federal tax return
Filing Status:	Single <input checked="" type="checkbox"/>	Married Filing Joint (Even if only one had income)
Residency Status:	Resident <input checked="" type="checkbox"/>	Married Filing Separate
		Head of Household (Do not check if filing joint return)
		State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Check One Box

(This selection must match your Filing Status from above)

Married individuals filing a joint return, check the box to the left, enter "2" in the box to the right and enter \$18,320 in the currency box. 2 18320
OR
 Married individuals filing a separate return, individuals with a filing status of Single, or Head of Household, check the box to the left, enter "1" in the box to the right and \$9,160 in the currency box.

If Filing Status above is Head of Household, enter \$2,320 in the currency box to the right. If not, leave blank.

Exemptions and Dependents

Dependents, enter the number of individuals you may claim as a dependent in the first box, multiply by \$2,320 and enter total in the currency box to the right. Do **NOT** include yourself or your spouse.

Disabled Veteran Personal Exemption allowance. In the first box, enter the total number of disabled veterans being claimed including yourself. Multiply by \$2,250 and enter total in the currency box to the right.

Total Kansas Exemptions

2320 =

2250 =

2 Total Kansas Exemption Amount. 18320

Add all amounts and enter result in the Total Kansas Exemption Amount Box.
 Also enter this same amount on page 2, line 5 of this form.

Enter the requested information for all persons claimed as dependents. **Do NOT include you or your spouse.** Enclose separate schedule if necessary.

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT** include you or your spouse.

If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
---	--------------------------	--------------	-----

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2024. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2024?

E. Number of exemptions claimed

B. Were you (or spouse) 55 years of age or older all of 2024 (born prior to January 1, 1969)?

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2007)

C. Were you (or spouse) totally and permanently disabled or blind all of 2024, regardless of age?
 If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.

G. Total qualifying exemptions (subtract line F from line E)

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.
 If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.



ETHAN	D KUNZ	KUNZ	490087830
1. Federal adjusted gross income	146606	23. Refundable portion of earned income tax credit	
2. Modifications	0	24. Refundable portion of tax credits	
3. Kansas adjusted gross income	146606	25. Payments remitted with original return	
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	9754	26. Payments made on the K-120S	
5. Exemption allowance	18320	27. Overpayment from original return. This figure is a subtraction.	
6. Total deductions	28074	28. Total refundable credits	1076
7. Taxable income	118532	29. Underpayment	
8. Tax	6439	30. Interest	
9. Nonresident percentage	15.6474	31. Penalty	
10. Nonresident tax	1008	32. Estimated tax penalty	
11. KS tax on lump sum distributions		33. AMOUNT YOU OWE	
12. TOTAL INCOME TAX	1008	34. Overpayment	
13. Credit for taxes paid to other states		35. CREDIT FORWARD	
14. Credit for child and dependent care expenses		36. Chickadee Checkoff	
15. Other credits		37. Senior Citizens Meals On Wheels Contribution Program	
16. Subtotal	1008	38. Breast Cancer Research Fund	
17. Earned Income Credit		39. Military Emergency Relief Fund	
18. Food Sales Tax Credit		40. Kansas Hometown Heroes Fund	
19. Total Tax Balance	1008	41. Kansas Creative Arts Industry Fund	
20. KS income tax withheld from W-2, 1099 or K-19	1076	42. Local School District Contribution Fund. School District Number	
21. Estimated tax paid		43. Kansas Historic Site Contribution Fund. Historic Site Number	
22. Amount paid with Kansas extension		44. REFUND	68

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
 I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer
Signature
(Required) _____
Preparer
Signature
(Required) _____

Date 03032025 Spouse
Signature
(Required) _____

Date 03032025

Preparer
Phone Number 8169872393

Preparer PTIN, EIN or SSN
(Required) P00741355

SCH S **2024**

Rev. 8-24

**KANSAS
SUPPLEMENTAL SCHEDULE**

051

Sch S
Part B
122724

ETHAN	D KUNZ	KUNZ	490087830
KENIA	J KUNZ	KUNZ	005713225

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	133215	22940
B2. Interest and dividend income	3758	
B3. Pensions, IRA distributions and annuities	9652	
Additional Income: (Lines B4 - B12)		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss	667	
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	-809	
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income	123	
B12. Total income from Kansas sources (Add lines B1 - B11)		22940

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: **Total From Federal Return:****Amount From Kansas Sources:**

B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses for members of the armed forces		
B17. Other federal adjustments		
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		22940
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		22940
B22. Kansas adjusted gross income (From line 3, Form K-40)		146606
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		15 . 6474

SCH A**2024 KANSAS
ITEMIZED DEDUCTIONS SCHEDULE**

Rev. 8-24

KANSAS**051**Sch A
113624

ETHAN	D KUNZ	KUNZ	490087830
KENIA	J KUNZ	KUNZ	005713225

Check this field if you claimed itemized deductions on your federal return.

**Medical and
Dental Expenses
(I.R.C. § 213)**

1. Medical and dental expenses. (See instructions)	
2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, Line 11.	146606
3. Multiply line 2 by 7.5% (0.075).	10995
4. Total medical and dental expenses allowed. (Subtract Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.)	0

**Taxes You Paid
(I.R.C. § 164(a))**

5. State and local real estate taxes. (See instructions)	3826
6. State and local personal property taxes.	
7. Total taxes you paid. (Add lines 5 and 6.)	3826

**Interest You Paid
(I.R.C. § 163(h))**

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 field.	
8a. Home mortgage interest and points reported to you on Form 1098.	5928
8b. Home mortgage interest NOT reported to you on Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying no., and address.	

8c. Points **NOT** reported to you on Form 1098. (See instructions for special rules.)

8d. RESERVED

9. Total interest you paid. (Add lines 8a. - 8d.)	5928
--	------

**Gifts to Charity
(I.R.C. § 170)**

10. Gifts by cash or check. (See instructions if you made any gift of \$250 or more.)	
11. Gifts made other than by cash or check. (See instructions, if you made any gift of \$250 or more.)	
12. Carryover from prior year.	
13. Total gifts to charity. (Add lines 10 - 12.)	

**Total Kansas
Itemized Deductions**

14. Total Kansas Itemized Deductions. (Add lines 4, 7, 9, and 13. Enter result here and on Line 4, form K-40.)	9754
---	------

IMPORTANT: You must enclose all supportive documentation where indicated in the instructions

KSFAGIWK	QUALIFYING INCOME WORKSHEET for the KANSAS FOOD SALES TAX CREDIT KEEP THIS WORKSHEET FOR YOUR RECORDS - DO NOT MAIL.	2024																											
Name(s) as shown on return ETHAN D & KENIA J KUNZ		Your social security number 490-08-7830																											
<p>The income limit for the food sales tax refund is \$30,615. If you are a resident of Kansas and met the taxpayer status qualification (lines A, B and C of form K-40), then complete lines 1 through 8 of this worksheet to determine if you meet the qualifying income limitation. (If you are not required to file a federal return, complete COLUMN A. If you filed a federal Form 1040, complete COLUMN B.)</p>																													
<p>Income. Enter the amounts received from the following sources:</p> <ol style="list-style-type: none"> 1. Wages, salaries, tips, etc. 2. Taxable interest and dividends 3. Taxable refunds 4. Alimony received 5. Unemployment compensation 6. Other income (Jury duty, gambling winnings, etc.) 7. Total income. Add lines 1 through 6 8. Federal Adjusted Gross Income (FAGI). Column A filers: Enter the amount from line 7. Column B filers: Enter the FAGI from Form 1040 																													
<table border="1"> <thead> <tr> <th></th> <th>COLUMN A</th> <th>COLUMN B</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>133,215</td> <td></td> </tr> <tr> <td>2</td> <td>3,758</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>9,633</td> <td></td> </tr> <tr> <td>7</td> <td>146,606</td> <td></td> </tr> <tr> <td>8</td> <td>146,606</td> <td>8 146,606</td> </tr> </tbody> </table>				COLUMN A	COLUMN B	1	133,215		2	3,758		3			4			5			6	9,633		7	146,606		8	146,606	8 146,606
	COLUMN A	COLUMN B																											
1	133,215																												
2	3,758																												
3																													
4																													
5																													
6	9,633																												
7	146,606																												
8	146,606	8 146,606																											
<p>If line 8 is MORE than \$30,615, you do not qualify for the food sales tax credit. If line 8 is LESS than \$30,615, you meet the qualifying income limitation. If you qualify for the residency and taxpayer status (see page 5), then report the amount from line 8 of this worksheet on line D, front of Form K-40.</p>																													

KSWK_AGI	For your records only. Adjusted Gross Income Split Worksheet			2024 AGI FD/ST Summary
Name(s) as shown on state return ETHAN D & KENIA J KUNZ			Social Security Number 490-08-7830	
Federal 1040 Income and Adjustments		Federal		State
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer
Federal 1040				
1 Wages, salaries, tips, etc.	1 110,275	22,940		22,940
2b Taxable interest	2b 3,738			
3b Ordinary dividends	3b 20			
4b Taxable amount of IRA distributions	4b			
5b Taxable amount of Pensions and annuities	5b 9,652			
6b Taxable amount of Social security benefits	6b			
7 Capital gain or (loss)	7 334	333		
8 Other income from Schedule 1	8 (281)	(405)		
9 Total income (Sum of Lines 1-8)	9 123,738	22,868		22,940
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11 123,738	22,868		22,940
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5 (404)	(405)		
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8 123			
10 Total Additional Income (Sum of lines 1-8)	10 (281)	(405)		
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
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			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

KSF DST

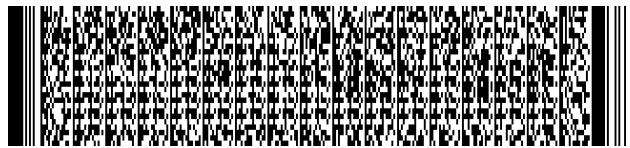
	FDTP	FDSP	STTP	STSP		FDTP	FDSP	STTP	STSP
WAGES	110,275	22,940		22,940	SEC403B				
INTEREST		3,738			UDC				
TEINTEREST					OTHERADJUSTS				
USINTEREST					OTHERDESC				
DIVIDENDS	20				TOTALADJUSTS				
QDIVIDENDS	10								
TREFUNDS					AGI	123,738	22,868		22,940
SREFUNDS					SGR				
LREFUNDS					TAMT1099R	9,652		9,652	
ALIMONYREC					RRB				
BUSINESS									
CAPITALGL	334	333			DISAMT1099R				
OTHERGL					DISAMTRRB				
IRADIST					DISAMTW2				
TIRADIST					USINTDIV				
PENSION	18,138				OTHERSEINC				
TPENSION	9,652				MILITARY				
RENTS	(404)	(405)			NATIONALGUARD				
WK_SCHE	(404)	(405)			RRTIER1				
WK_FARMSCHE					RRTIER2				
WK_PTRSCHE					RRTIER1_TAXABLE				
WK_ESTSCHE									
WK_SBSSCHE									
WK_REMICSHE									
WK_SEC179SCHE									
WK_8829SCHE									
FARM									
UNEMPLOYMENT									
SSBENEFITS									
TSSBENEFITS									
OTHERINC	123								
TOTALINC	123,738	22,868	22,940						
EDEXPENSES									
BUSEXPENSES									
RESERVISTS									
ARTISTS									
OFFICIALS									
HSADEDUCTION									
MOVINGEXPENSES									
HALFSETAX									
SEPLANS									
SEINSURANCE									
PENALTY									
ALIMONYPAID									
IRADEDUCTION									
STUDENTLOAN									
Reserved									
Reserved									
OtherDeduction									
MSA									
JURYPAY									
RFST									
SUBPAY									
CONTRIBUTION									
PPR									
WBF									
KSFDST.LD									

Schedule D:	FDTP	FDSP	STTP	STSP
SchDLn1a				
SchDLn1b	334	333		
SchDLn2				
SchDLn3				
SchDLn4				
SchDLn5				
SchDLn6				
SchDLn8a				
SchDLn8b				
SchDLn9				
SchDLn10				
SchDLn11				
SchDLn12				
SchDLn13				
SchDLn14				

KSWK_D	For your records only. Capital Gains and Losses Worksheet		2024
Name(s) as shown on state return ETHAN D & KENIA J KUNZ		FEDERAL D Summary Social Security Number 490-08-7830	
Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse
Line 1a Totals for all ST 1099-B transactions reported to the IRS			Total
Line 1b Transactions reported on 8949 with Box A checked		334	333
Line 2 Transactions reported on 8949 with Box B checked			667
Line 3 Transactions reported on 8949 with Box C checked			
Line 4 Federal 6252 Short Term			
Federal 4684 Short Term			
Federal 6781 Short Term			
Federal 8824 Short Term			
Fed D2 ST Ln 4 (6252,4684,6781 & 8824)			
Line 5 Partnership, S-Corporation, Fiduciary			
Fiduciary Final Year Deductions			
Line 6 Federal Schedule D ST carryover amounts			
		Subtotal:	334
			333
			667
Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse
Line 8a Totals for all LT 1099-B transactions reported to the IRS			
Line 8b Transactions reported on 8949 with Box D checked			
Line 9 Transactions reported on 8949 with Box E checked			
Line 10 Transactions reported on 8949 with Box F checked			
Line 11 Federal 4797 Long Term			
Federal 4797 Prior Year Unallowed Passive			
Federal 4797 Sec 1231 from 6252			
Federal 4797 Sec 1231 from 8824			
Federal 2439 Long Term			
Federal 6252 Long Term			
Federal 4684 Long Term			
Federal 6781 Long Term			
Federal 8824 Long Term			
Line 12 Partnership, S-Corporation, Fiduciary			
Final Year Deductions from Fiduciary			
Line 13 Capital Gain Distributions			
Line 14 Federal Schedule D LT carryover amounts			
		Subtotal:	
State's Computation			
Total Capital Gain or Loss		334	333
Limited Capital Gain or Loss (Amount carrying to the State)		667	667
Special Note 1			
When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required. You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.			
<ul style="list-style-type: none"> * Line 4 - Federal 6252 Short Term * Line 4 - Federal 8824 Short Term * Line 11 - Federal 4797 Sec 1231 from 6252 * Line 11 - Federal 4797 Sec 1231 from 8824 * Line 11 - Federal 6252 Long Term * Line 11 - Federal 8824 Long Term 			

KS-COMP	Three-year State Tax Return Comparison		
			2024
Name(s) as shown on return ETHAN D & KENIA J KUNZ		Taxpayer ID Number 490-08-7830	
[State] Income Tax Return	2022	2023	2024
Filing Status			MFJ
Gross Income.			
Additions			
Subtractions			
Exemptions		18,320	18,320
Standard Deduction			
Itemized Deduction		9,754	9,754
Deductions			
Taxable Income.		18,547	18,547
Actual State Income.		18,547	18,547
State Income Tax		1,008	1,008
Local Taxes			
Use Tax			
Contributions			
Income Tax Withheld		1,076	1,076
Estimates and Extension payments . . .			
Underpayment Penalty			
Overpayment Applied to Next Year . . .			
Refund	68		68
Balance Due			
Marginal tax rate		5.580000	5.580000
Effective tax rate		5.430000	5.430000

MISSOURI DEPARTMENT OF
REVENUE
2024 Individual Income
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2024

Print in BLACK ink only and DO NOT STAPLE.

- Amended Return** **Composite Return** (For use by S corporations or Partnerships)
- Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).
- Department of Social Services Application of Eligibility form attached. Federal return attached.

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Vendor Code

Department Use Only

1024

Filing Status

- Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

- | | | | | |
|---|---|---|---|---|
| Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse |
| Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> |

Deceased in 2024

Social Security Number

Deceased in 2024

Spouse's Social Security Number

Deceased in 2024

490 - 08 - 7830

005 - 71 - 3225

Name

First Name

M.I.

Last Name

Suffix

ETHAN D KUNZ

Spouse's First Name

M.I.

Spouse's Last Name

Suffix

KENIA J KUNZ

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

<input type="text"/>

Address

Present Address (Include Apartment Number or Rural Route)

808 OLD STAGE ROAD

State

ZIP Code

MO 64080 -

County of Residence

CASS

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.

Missouri Medal of Honor Fund	Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund
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24322011024

Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	123 , 738	.00	1S	22 , 868	.00
2. Total additions (from Form MO-A, Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	123 , 738	.00	3S	22 , 868	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S		.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	123 , 738	.00	5S	22 , 868	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	146 , 606	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	84	%	7S	16	%
8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)		8				.00
9. Tax from federal return	9	15 , 461	.00			
10. Other tax from federal return	10	965	.00			
11. Total tax from federal return. Do not enter federal income tax withheld	11	16 , 426	.00			
12. Federal tax percentage - Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	0	%			

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%



24322021024

Exemptions and Deductions

13. Federal income tax deduction - Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate - \$14,600 • Head of Household - \$21,900 • Married Filing Combined or Qualifying Widow(er) - \$29,200	14	29 , 200	.00
15. Additional Exemption for Head of Household and Qualifying Widow(er)	15		.00
16. Long-term care insurance deduction	16		.00
17. Health care sharing ministry deduction	17		.00
18. Active Duty Military income deduction	18		.00
19. Inactive Duty Military income deduction	19		.00
20. Reserved	20		.00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21	21		.00

21A. Sold .00 21B. Rented/
Leased .00 21C. Crop-
Shared .00

Deductions Continued

22. First time home buyers deduction.	A. []	B. []	22 [] .00
23. Long term dignity savings account deduction			23 [] .00
24. Foster parent tax deduction			24 [] .00
25. Total deductions - Add Lines 8 and 13 through 24			25 [] 29,200 .00
26. Subtotal - Subtract Line 25 from Line 6			26 [] 117,406 .00

27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y [] .00	27S [] .00
28. Enterprise zone or rural empowerment zone income modification	28Y [] .00	28S [] .00
29. Taxable income - Subtract Line 28 from Line 27	29Y [] .00	29S [] .00

30. Tax (see tax chart on page 26 of the instructions)	30Y [] .00	30S [] .00
--	-------------	-------------

Tax

31. Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y [] .00	31S [] .00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable	32Y [] 100.0000 %	32S [] 100.0000 %
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y [] .00	33S [] .00
34. Other taxes - Select box and attach federal form indicated.		



24322031024

Lump sum distribution (**Form 4972**)

Recapture of low income housing credit (**Form 8611**) . . . 34Y [] .00 34S [] .00

35. Subtotal - Add Lines 33 and 34	35Y [] .00	35S [] 0 .00
------------------------------------	-------------	---------------

36. Total Tax - Add Lines 35Y and 35S	36 [] .00
---------------------------------------	------------

Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099	37 [] .00
38. 2024 Missouri estimated tax payments - Include overpayment from 2023 applied to 2024	38 [] .00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	39 [] .00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	40 [] .00
41. Amount paid with Missouri extension of time to file (Form MO-60)	41 [] .00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	42 [] .00
43. Property tax credit - Attach Form MO-PTS	43 [] .00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)	44 [] .00
45. Total payments and credits - Add Lines 37 through 44	45 [] 4,454 .00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return 46
47. Overpayment as shown (or adjusted) on original return 47

Indicate Reason for Amending

Amended Return

- A. Federal audit
 B. Net Operating Loss carryback
 C. Investment tax credit carryback
 D. Correction other than A, B, or C

Enter date of IRS report (MM/DD/YY)

--	--	--

Enter year of loss (YY)

--

Enter year of credit (YY)

--

Enter date of federal amended return, if filed. (MM/DD/YY)

--	--	--

48. Amended return total payments and credits - Add Lines 45 and 46; subtract from Line 47.

Enter on Line 48 48

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.

Amount of OVERPAYMENT 49

50. Amount of Line 49 to be applied to your 2025 estimated tax 50

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

51a. Children's Trust Fund

	.00
--	-----

 51b. Veterans Trust Fund

	.00
--	-----

 51c. Elderly Home Delivered Meals Trust Fund

	.00
--	-----

 51d. Missouri National Guard Trust Fund

	.00
--	-----

51e. Workers' Memorial Fund

	.00
--	-----

 51f. Childhood Lead Testing Fund

	.00
--	-----

 51g. Missouri Military Family Relief Fund

	.00
--	-----

 51h. General Revenue Fund

	.00
--	-----

51i. Organ Donor Program Fund

	.00
--	-----

 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund

	.00
--	-----

 51k. Soldiers Memorial Military Museum in St. Louis Fund

	.00
--	-----

 51l. Missouri Medal of Honor Fund

	.00
--	-----

51m. Additional Fund Code

--

 51n. Additional Fund Amount

	.00
--	-----

 51n. Additional Fund Code

--

 51n. Additional Fund Amount

	.00
--	-----

Total Donation - Add amounts from Boxes 51a through 51n and enter here 51

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632** 52

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53

a. Routing Number

314074269

c. Checking Savings

b. Account Number

125502893



24322041024

- Amount Due**
54. If Line 36 is larger than Line 45 or Line 48, enter the difference.
Amount of UNDERPAYMENT 54 100 .00
55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here 55 .00
- Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
56. **AMOUNT DUE** - Add Lines 54 and 55.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 56 100 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature	Date (MM/DD/YY)
<input type="text"/>	02 27 25
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	02 27 25
E-mail Address	Daytime Telephone
<input type="text"/> EDK7C9@UMSYSTEM.EDU	<input type="text"/>
Preparer's Signature	Date (MM/DD/YY)
<input type="text"/>	03 03 25
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone
<input type="text"/> P00741355	<input type="text"/> 816-987-2393
Preparer's Address	State ZIP Code
<input type="text"/> 1010 INDUSTRIAL DRIVE	<input type="text"/> MO <input type="text"/> 64080
PLEASANT HILL	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above . . . Yes No



24322051024

Department Use Only

A FA E10 DE F

Mail to: **Balance Due:**
Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500
Phone: (573) 751-3505

Fax: (573) 522-1762 Form MO-1040 (Revised 12-2024)
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at mvc.dps.mo.gov/MoVeteransInformationSurvey/DOR to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

2024 MO1040 Voucher Instructions

ETHAN D & KENIA J KUNZ

Filing method:

Your return will be efiled and your voucher will be debited.
Do not mail your voucher

Due date:

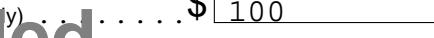
04-15-2025

Payment:

\$100.00

Transaction method:

The amount of \$100.00 will be paid by direct debit from your checking account number ending in 2893 and will be withdrawn from your account on 03-01-2025.

<p style="text-align: center;">MISSOURI DEPARTMENT OF REVENUE</p> <p>2024 Individual Income Tax Payment Voucher (Form MO-1040V)</p>	
<p>Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.</p>	
<p>Name ETHAN D KUNZ</p>	
<p>Spouse's Name KENIA J KUNZ</p>	
<p>Street Address 808 OLD STAGE ROAD</p>	
<p>City PLEASANT HILL</p>	<p>State MO</p>
<p>ZIP Code 64018-0</p>	
<p>Full payment of taxes must be submitted by April 15, 2025 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.</p>	
<p>This Voucher is scheduled to be direct debited on 03-01-2025 Do Not Mail</p>	
<p>Social Security Number 490 - 08 - 7830</p>	
<p>Name Control KUNZ</p>	
<p>Spouse's Social Security Number 005 - 71 - 3225</p>	
<p>Spouse's Name Control KUNZ</p>	
<p>Amount of Payment (U.S. funds only) \$ 100 . 00</p>	
 <p>24347011024</p>	
<p>Department Use Only</p>	
<p>Department Use Only</p>	

055 024 0000000 4900878302 112114260 0057132253 24 0000100000 9

REVENUE

Form

**2024 Credit for Income Taxes Paid to
Other States or Political Subdivisions****MO-CR**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name

Social Security Number

ETHAN D KUNZ	4 9 0	- 0 8	- 7 8 3 0
--------------	-------	-------	-----------

Spouse's Name

Spouse's Social Security Number

KENIA J KUNZ	0 0 5	- 7 1	- 3 2 2 5
--------------	-------	-------	-----------

If you are claiming a resident credit as a shareholder of an S corporation with income earned in a non-taxed jurisdiction, complete MO-CR, Schedule 1 and see Instructions.

1. Claimant's total adjusted gross income (Form MO-1040, Line 1Y and Line 1S)

1Y	.00	1S	22 , 868	.00
----	-----	----	----------	-----

2. Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.

State of: _____ State of: KS

2Y	.00	2S	722	.00
----	-----	----	-----	-----

3. Wages and commissions

3Y	.00	3S	22 , 940	.00
----	-----	----	----------	-----

4. Other income (Describe nature _____)

4Y	.00	4S		.00
----	-----	----	--	-----

5. Total - Add Lines 3 and 4

5Y	.00	5S	22 , 940	.00
----	-----	----	----------	-----

6. Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10)

6Y	.00	6S		.00
----	-----	----	--	-----

7. Net amounts - Subtract Line 6 from Line 5

7Y	.00	7S	22 , 940	.00
----	-----	----	----------	-----

8. Percentage of your income taxed - Divide Line 7 by Line 1

8Y	%	8S	100.0000	%
----	---	----	----------	---

9. Maximum credit - Multiply Line 2 by percentage on Line 8

9Y	.00	9S	722	.00
----	-----	----	-----	-----

10. Income tax imposed by another state or political subdivision. **This is not income tax withheld.** The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.)

10Y	.00	10S	1 , 008	.00
-----	-----	-----	---------	-----

11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S

11Y	.00	11S	722	.00
-----	-----	-----	-----	-----

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040. The cumulative amount of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.

MOWK_AGI	For your records only. Adjusted Gross Income Split Worksheet				2024 AGI FD/ST Summary
Name(s) as shown on state return ETHAN D & KENIA J KUNZ				Social Security Number 490-08-7830	
Federal 1040 Income and Adjustments		Federal		State	
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040					
1 Wages, salaries, tips, etc.	110,275	22,940	110,275	45,880	
2b Taxable interest	3,738		3,738		
3b Ordinary dividends	20		20		
4b Taxable amount of IRA distributions					
5b Taxable amount of Pensions and annuities	9,652		9,652		
6b Taxable amount of Social security benefits					
7 Capital gain or (loss)	334	333	334	333	
8 Other income from Schedule 1	(281)	(405)	(281)	(405)	
9 Total income (Sum of Lines 1-8)	123,738	22,868	123,738	45,808	
10 Adjustments to income from Schedule 1					
11 Adjusted Gross Income (line 9 - line 10)	123,738	22,868	123,738	45,808	
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3				
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	(404)	(405)	(404)	(405)
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income.	8	123		123	
10 Total Additional Income (Sum of lines 1-8)	10	(281)	(405)	(281)	(405)
Schedule 1 - Adjustments to Income					
11 Educator Expenses	11				
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12				
13 Health savings account deduction	13				
14 Moving expenses	14				
15 Deductible part of self-employment tax	15				
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				
20 IRA deduction	20				
21 Student loan interest deduction	21				
22 Reserved	22				
23 Archer MSA Deduction	23				
24 Other Deductions (see STWK_ADJ)	24				
26 Total Adjustments to income (Sum of lines 11-24)	26				

MOWK_D	For your records only. Capital Gains and Losses Worksheet	2024 STATE D Summary
Name(s) as shown on state return ETHAN D & KENIA J KUNZ		Social Security Number 490-08-7830
Part I Short-Term Capital Gains and Losses		Taxpayer Spouse Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS	334 333 667
Line 1b	Transactions reported on 8949 with Box A checked	
Line 2	Transactions reported on 8949 with Box B checked	
Line 3	Transactions reported on 8949 with Box C checked	
Line 4	Federal 6252 Short Term	
	Federal 4684 Short Term	
	Federal 6781 Short Term	
	Federal 8824 Short Term	
	Fed D2 ST Ln 4 (6252,4684,6781 & 8824)	
Line 5	Partnership, S-Corporation, Fiduciary	
	Fiduciary Final Year Deductions	
Line 6	Federal Schedule D ST carryover amounts	
		Subtotal: 334 333 667
Part II Long-Term Capital Gains and Losses		Taxpayer Spouse
Line 8a	Totals for all LT 1099-B transactions reported to the IRS	
Line 8b	Transactions reported on 8949 with Box D checked	
Line 9	Transactions reported on 8949 with Box E checked	
Line 10	Transactions reported on 8949 with Box F checked	
Line 11	Federal 4797 Long Term	
	Federal 4797 Prior Year Unallowed Passive	
	Federal 4797 Sec 1231 from 6252	
	Federal 4797 Sec 1231 from 8824	
	Federal 2439 Long Term	
	Federal 6252 Long Term	
	Federal 4684 Long Term	
	Federal 6781 Long Term	
	Federal 8824 Long Term	
Line 12	Partnership, S-Corporation, Fiduciary	
	Final Year Deductions from Fiduciary	
Line 13	Capital Gain Distributions	
Line 14	Federal Schedule D LT carryover amounts	
		Subtotal: [] [] []
State's Computation		Taxpayer Spouse
Total Capital Gain or Loss		334 333 667
Limited Capital Gain or Loss (Amount carrying to the State)		334 333 667
Special Note 1		
When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required.		
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.		
<ul style="list-style-type: none"> * Line 4 - Federal 6252 Short Term * Line 4 - Federal 8824 Short Term * Line 11 - Federal 4797 Sec 1231 from 6252 * Line 11 - Federal 4797 Sec 1231 from 8824 * Line 11 - Federal 6252 Long Term * Line 11 - Federal 8824 Long Term 		

MOWK_D	For your records only. Capital Gains and Losses Worksheet		2024
Name(s) as shown on state return ETHAN D & KENIA J KUNZ		FEDERAL D Summary Social Security Number 490-08-7830	
Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse
Line 1a Totals for all ST 1099-B transactions reported to the IRS			Total
Line 1b Transactions reported on 8949 with Box A checked		334	333
Line 2 Transactions reported on 8949 with Box B checked			667
Line 3 Transactions reported on 8949 with Box C checked			
Line 4 Federal 6252 Short Term			
Federal 4684 Short Term			
Federal 6781 Short Term			
Federal 8824 Short Term			
Fed D2 ST Ln 4 (6252,4684,6781 & 8824)			
Line 5 Partnership, S-Corporation, Fiduciary			
Fiduciary Final Year Deductions			
Line 6 Federal Schedule D ST carryover amounts			
		Subtotal:	334
			333
			667
Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse
Line 8a Totals for all LT 1099-B transactions reported to the IRS			
Line 8b Transactions reported on 8949 with Box D checked			
Line 9 Transactions reported on 8949 with Box E checked			
Line 10 Transactions reported on 8949 with Box F checked			
Line 11 Federal 4797 Long Term			
Federal 4797 Prior Year Unallowed Passive			
Federal 4797 Sec 1231 from 6252			
Federal 4797 Sec 1231 from 8824			
Federal 2439 Long Term			
Federal 6252 Long Term			
Federal 4684 Long Term			
Federal 6781 Long Term			
Federal 8824 Long Term			
Line 12 Partnership, S-Corporation, Fiduciary			
Final Year Deductions from Fiduciary			
Line 13 Capital Gain Distributions			
Line 14 Federal Schedule D LT carryover amounts			
		Subtotal:	
State's Computation			
Total Capital Gain or Loss		334	333
Limited Capital Gain or Loss (Amount carrying to the State)		667	667
Special Note 1			
When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required. You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.			
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MOWK_E	For your records only. Rents, royalties, partnerships, estates, etc... Worksheet	2024 Schedule E FD/ST Summary																																																																																
Name(s) as shown on state return ETHAN D & KENIA J KUNZ		Social Security Number 490-08-7830																																																																																
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MOWK_PEN	For your records only. Total Pensions and Annuities Worksheet	2024 Pension FD/ST Summary																												
Name(s) as shown on state return ETHAN D & KENIA J KUNZ		Social Security Number 490-08-7830																												
Federal <table> <thead> <tr> <th></th> <th>Taxpayer</th> <th>Spouse</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1099R (Line 1)</td> <td>18,138</td> <td></td> <td>18,138</td> </tr> <tr> <td>RRB (Line 7)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Income Screen (Line 5a)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Subtotal:</td> <td>18,138</td> <td>18,138</td> </tr> <tr> <td colspan="4">Federal's Computation</td> </tr> <tr> <td colspan="2">Total Pensions and Annuities (Amount carrying to the Federal)</td> <td>18,138</td> <td>18,138</td> </tr> </tbody> </table>				Taxpayer	Spouse	Total	1099R (Line 1)	18,138		18,138	RRB (Line 7)				Income Screen (Line 5a)				Subtotal:		18,138	18,138	Federal's Computation				Total Pensions and Annuities (Amount carrying to the Federal)		18,138	18,138
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Client Copy

MOWK_A5	State / Local tax payments made after 12/31/2024 that will be deductible on 2025 Federal Schedule A	2024
Name(s) as shown on return ETHAN D & KENIA J KUNZ	Your Social Security Number 490-08-7830	
A. 2024 Income taxes due that were paid after 12/31/2024		
A1. 4th quarter estimate/extension (may be adj. by refund)	100	
A2. Amount paid with return	100	
A3. Total payments made in 2025		A. 100
B. Adjustments made to payments		
B1. Interest & Penalty		
B2. Contributions, Donations, Checkoffs		
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)		
B4. Total adjustments		B. _____
C. Total tax payments potentially deductible in 2025 (Line A less line B)		C. <u>100</u>

Client Copy

MO-COMP	Three-year State Tax Return Comparison			2024
Name(s) as shown on return ETHAN D & KENIA J KUNZ				Taxpayer ID Number 490-08-7830
[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income.	80,870	100,810	169,546	68,736
Additions				
Subtractions				
Exemptions				
Standard Deduction	25,900	27,700	29,200	1,500
Itemized Deduction				
Deductions	26,453	27,985		(27,985)
Taxable Income.	54,417	72,825	117,406	44,581
Actual State Income.	54,417	72,825	117,406	44,581
State Income Tax	2,700	3,332	4,554	1,222
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	2,798	3,685	4,454	769
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	98	353		(353)
Balance Due			100	100
Marginal tax rate	5.300000	2.000000	4.800000	2.800000
Effective tax rate	4.961700	4.575400	3.878800	(0.696600)