



**2024 Federal Tax Return Filing**  
**Instructions**  
**FOR THE YEAR ENDING**  
December 31, 2024

<b>Prepared for</b>	EDWARD WEINSTOCK																
<b>Tax Summary</b>	<table><tr><td>Gross Income.....</td><td>\$103368</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$103368</td></tr><tr><td>Total Deductions.....</td><td>\$14608</td></tr><tr><td>Total Taxable Income.....</td><td>\$88760</td></tr><tr><td>Total Tax.....</td><td>\$14333</td></tr><tr><td>Total Payments.....</td><td>\$16232</td></tr><tr><td>Refund Amount.....</td><td>\$1899</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$103368	Adjusted Gross Income.....	\$103368	Total Deductions.....	\$14608	Total Taxable Income.....	\$88760	Total Tax.....	\$14333	Total Payments.....	\$16232	Refund Amount.....	\$1899	Amount You Owe.....	\$0
Gross Income.....	\$103368																
Adjusted Gross Income.....	\$103368																
Total Deductions.....	\$14608																
Total Taxable Income.....	\$88760																
Total Tax.....	\$14333																
Total Payments.....	\$16232																
Refund Amount.....	\$1899																
Amount You Owe.....	\$0																
<b>Make check payable to</b>																	
<b>Mailing Address</b>	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

**Instructions**

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.



**2024 STATE TAX RETURN FILING  
INSTRUCTIONS  
CALIFORNIA  
FOR THE YEAR ENDING  
December 31, 2024**

<b>Prepared for</b>	EDWARD WEINSTOCK																					
<b>Tax Summary</b>	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>103,368</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>5,540</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>97,828</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>5,489</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>7,074</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>1,585</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>	Adjusted Gross Income.....	\$	103,368	Total Deductions.....	\$	5,540	Total Taxable Income.....	\$	97,828	Total Tax.....	\$	5,489	Total Payments.....	\$	7,074	Refund Amount.....	\$	1,585	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	103,368																				
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**Special Instructions**

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

# 2024 TWO YEAR COMPARISON

EDWARD WEINSTOCK  
788-38-1199

Keep for Your Records

	2024	2023	Difference
Filing status .....	Single	Single	
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....	100,174	124,837	-24,663
Interest income .....			
Ordinary dividend income .....	1,728		1,728
IRA distributions and pension income .....			
Taxable social security income .....			
Capital gain or (loss) (Schedule D) .....	1,466		1,466
<b>Schedule 1 - Income</b>			
Refunds of state and local taxes .....			
Alimony received .....			
Business income or (loss) (Schedule C) .....			
Other gains or (losses) (Form 4797) .....			
Rental real estate, partnerships, estates, etc. (Schedule E) ....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....			
Other income .....			
<b>Total income</b> .....	103,368		103,368
<b>ADJUSTMENTS:</b>			
<b>Schedule 1 - Adjustments</b>			
Educator expenses .....			
Busn expenses for reservists, performing artists, etc .....			
Health savings account deduction .....			
Moving expenses .....			
Deductible part of self-employment tax .....			
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid .....			
IRA contributions .....			
Student loan interest deduction .....			
Archer MSA deduction .....			
Other adjustments .....			
<b>Total adjustments</b> .....			
<b>ADJUSTED GROSS INCOME:</b> .....	103,368	125,954	-22,586
<b>DEDUCTIONS:</b>			
Standard deduction or Itemized deductions .....	14,600	13,850	750
Charitable contributions if taking standard deduction .....	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses .....			
Sales, income, and other taxes paid .....	7,074		7,074
Interest paid .....			
Gifts to charity .....			
Casualty and theft losses .....			
Other miscellaneous deductions .....			
Qualified business income deduction .....	8		8
<b>TAXABLE INCOME:</b> .....	88,760		88,760

# 2024 TWO YEAR COMPARISON

EDWARD WEINSTOCK  
788-38-1199

Keep for Your Records

	2024	2023	Difference
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Tax .....	14,383	20,195	-5,812
Tax calculation method .....	QDCGTW		
<b>Schedule 2 - Taxes</b>			
Additions to Tax .....			
Alternative minimum tax .....			
Total taxes .....	14,383		14,383
Tax rate .....	22%	%	
<b>CREDITS:</b>			
Child and other dependents tax credit .....			
<b>Schedule 3 - Non-Refundable Credits</b>			
Foreign tax credit .....	50	38	12
Child care credit .....			
Education credit .....			
Retirement savings contribution credit .....			
Other credits .....			
<b>Total credits</b> .....	50		50
<b>OTHER TAXES:</b>			
<b>Schedule 2 - Other Taxes</b>			
Self-employment tax .....			
Additional tax on IRAs .....			
Other taxes .....			
<b>TOTAL TAXES:</b> .....	14,333		14,333
<b>PAYMENTS:</b>			
Federal income tax withheld .....	16,232	20,037	-3,805
Estimated payments made .....			
Earned income credit .....			
Refundable child tax credit or additional child tax credit .....			
American opportunity credit .....			
<b>Schedule 3 - Refundable Credits &amp; Payments</b>			
ACA premium tax credit .....			
Qualified sick and family leave credit .....			
Other payments .....			
<b>Total payments</b> .....	16,232		16,232
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....	1,899		1,899
Overpayment applied to next year .....			
<b>Refund</b> .....	1,899		1,899
<b>Amount due</b> .....		158	-158
Penalty .....			

## Tax Calculation Methods:

Sch D = Sch D tax worksheet  
Sch J = Inc Aver for Farmer/Fisherman  
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS  
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)  
TABLE = Tax Table

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

Your first name and middle initial EDWARD	Last name WEINSTOCK	<b>Your social security number</b> 788-38-1199
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. 2211 MISSION ST		Apt. no. BC	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAN FRANCISCO		State CA	
		ZIP code 94110	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

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

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):
(1) First name	Last name			Child tax credit
				Credit for other dependents

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

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b> 100,174
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b> 100,174

<b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>b</b> Taxable interest . . . . . <b>2b</b>
	<b>3a</b> Qualified dividends . . . . . <b>3a</b> 1,373	<b>b</b> Ordinary dividends . . . . . <b>3b</b> 1,728
<b>Standard Deduction for--</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$14,600</li><li>• Married filing jointly or Qualifying surviving spouse, \$29,200</li><li>• Head of household, \$21,900</li><li>• If you checked any box under Standard Ded., see instructions.</li></ul>	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</b>
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b> 1,466
	<b>8</b> Additional income from Schedule 1, line 10 . . . . . <b>8</b>	
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . <b>9</b> 103,368	
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . . <b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . <b>11</b> 103,368	
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . . <b>12</b> 14,600	
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . . <b>13</b> 8	
	<b>14</b> Add lines 12 and 13 . . . . . <b>14</b> 14,608	
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . . <b>15</b> 88,760	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

<b>Tax and Credits</b>	<b>16 Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	14,383
	<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b> Add lines 16 and 17	<b>18</b>	14,383
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	50
	<b>21</b> Add lines 19 and 20	<b>21</b>	50
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	14,333
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	14,333	
<b>Payments</b>	<b>25</b> Federal income tax withheld from:		
	<b>a</b> Form(s) W-2	<b>25a</b>	16,232
	<b>b</b> Form(s) 1099	<b>25b</b>	
	<b>c</b> Other forms (see instructions)	<b>25c</b>	
	<b>d</b> Add lines 25a through 25c	<b>25d</b>	16,232
	<b>26</b> 2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	
	<b>27</b> Earned income credit (EIC)	<b>27</b>	
	<b>28</b> Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b> Reserved for future use	<b>30</b>	
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	16,232	
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,899
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,899
	<b>b</b> Routing number 021000021 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 862075170		
	<b>36</b> Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature	Date	Your occupation DATA SCIENTIST
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation
	Phone no. 9295948599		Email address tax@itsiweinstock.com
	Preparer's name		Preparer's signature
<b>Paid Preparer Use Only</b>	Firm's name	Phone no.	Firm's EIN
	Firm's address		
	Check if: <input type="checkbox"/> Self-employed		

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2024)

**SCHEDULE 3**

(Form 1040)

**Additional Credits and Payments**

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

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

OMB No. 1545-0074

**2024**Attachment  
Sequence No. **03**Department of the Treasury  
Internal Revenue Service

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

EDWARD WEINSTOCK

Your social security number

788-38-1199

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>1</b>	50
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 .....	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 .....	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 .....	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 .....	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 .....	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 .....	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R .....	<b>6d</b>	
<b>e</b>	Reserved for future use .....	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 .....	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 .....	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 .....	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 .....	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 .....	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 .....	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions .....	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 .....	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: .....	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z .....	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 .....	<b>8</b>	50

**Part II Other Payments and Refundable Credits**

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

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

Schedule 3 (Form 1040) 2024

SCHEDULE B  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment  
Sequence No. 08

Name(s) shown on return  
EDWARD WEINSTOCK

Your social security no.  
788-38-1199

Part I  
Interest

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

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

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

Amount	
1	
2	
3	
4	0

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

Part II  
Ordinary  
Dividends

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

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

- 5 List name of payer:  
NATIONAL FINANCIAL SERVIC

5	1,728
6	1,728

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

Part III  
Foreign  
Accounts  
and Trusts

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

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

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?  
See instructions . . . . . X
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_
- 8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . . X

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

Schedule B (Form 1040) 2024



**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2024**Attachment  
Sequence No. **12**

Name(s) shown on return

EDWARD WEINSTOCK

Your social security number

788-38-1199

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .	5,000	3,534		1,466
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .				<b>15</b> 1,466

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

Schedule D (Form 1040) 2024

**Part III**      **Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	1,466
	<ul style="list-style-type: none"><li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li><li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li><li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li></ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"><li>● The loss on line 16; or</li><li>● (\$3,000), or if married filing separately, (\$1,500)</li></ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

# Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

**2024**  
Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

EDWARD WEINSTOCK

788-38-1199

**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.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	2	
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	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	6	39
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	39
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .	9	8
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . .	10	8
11	Taxable income before qualified business income deduction (see instructions) . . . .	11	88,768
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions) . . . . .	12	2,839
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	13	85,929
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .	14	17,186
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	8
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .	16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .	17	( )

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

Form 8995 (2024)

2024 WAGES AND SALARIES SUMMARY ATTACHMENT

EDWARD WEINSTOCK  
788-38-1199

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
CLIMAX FOODS	84-4829898	T	83,571	13,083	5,397	CA	83,571	5,729	
CLOUD TECHNOLOGIES INC	84-2781984	T	16,603	3,149	1,029	CA	16,603	1,345	

Total100,17416,2326,426100,1747,074

## 2024 FEDERAL TAX WITHHOLDINGS ATTACHMENT

EDWARD WEINSTOCK  
788-38-1199

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W-2	CLIMAX FOODS	13,083
W-2	CLOUD TECHNOLOGIES INC	3,149

Total to Form 1040/1040-SR line 25d	16,232
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# 2024 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET – LINE 16

EDWARD WEINSTOCK  
788-38-1199

Keep for Your Records

**Before you begin:** ✓ See the instructions for line 16 in the instructions 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 do not 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.	88,760
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	1,373
3. Are you filing Schedule D?*		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>X Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-         </div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           3. 1,466         </div> </div>	3.	1,466
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>No.</b> Enter the amt from Fm 1040 or 1040-SR, ln 7.</div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           4. 2,839         </div> </div>	4.	2,839
4. Add lines 2 and 3	4.	2,839
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	85,921
6. Enter:		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           \$47,025 if single or married filing separately,            \$94,050 if married filing jointly or Qualifying surviving spouse,            \$63,000 if head of household.         </div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           6. 47,025         </div> </div>	6.	47,025
7. Enter the smaller of line 1 or line 6	7.	47,025
8. Enter the smaller of line 5 or line 7	8.	47,025
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.	2,839
11. Enter the amount from line 9	11.	0
12. Subtract line 11 from line 10	12.	2,839
13. Enter:		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           \$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.         </div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           13. 518,900         </div> </div>	13.	518,900
14. Enter the smaller of line 1 or line 13	14.	88,760
15. Add lines 5 and 9	15.	85,921
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	2,839
17. Enter the smaller of line 12 or line 16	17.	2,839
18. Multiply line 17 by 15% (0.15)	18.	426
19. Add lines 9 and 17	19.	2,839
20. Subtract line 19 from line 10	20.	0
21. Multiply line 20 by 20% (0.20)	21.	0
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.	13,957
23. Add lines 18, 21, and 22	23.	14,383
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.	14,584
25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 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.	14,383

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

**SCHEDULE D AMT**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

FOR AMT PURPOSES ONLY

**2024**

Attachment  
Sequence No. **12**

Name(s) shown on return

EDWARD WEINSTOCK

Your social security number

788-38-1199

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .	5,000	3,534		1,466
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .				<b>15</b> 1,466

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

Schedule D (Form 1040) 2024

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	1,466
	<ul style="list-style-type: none"><li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li><li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li><li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.</li></ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"><li>● The loss on line 16; or</li><li>● (\$3,000), or if married filing separately, (\$1,500)</li></ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



# 2024 INVESTMENT INCOME WORKSHEET FOR EIC

EDWARD WEINSTOCK  
788-38-1199

Keep for Your Records  
Publication 596

Use this worksheet to figure investment income for the EIC when you file Form 1040 or 1040-SR.

## Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b ..... 1. \_\_\_\_\_
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. 1,728
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 in this chapter 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. 1,466
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. 0
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) ..... 7. 1,466

## 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 ..... 8. \_\_\_\_\_
9. Enter 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 ..... 9. \_\_\_\_\_
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter -0-.) ..... 10. 0

## Passive Activities

11. 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; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.) ..... 11. \_\_\_\_\_
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) ..... 12. 0
13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter -0-.) ..... 13. \_\_\_\_\_
14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income** ..... 14. 3,194
15. Is the amount on line 14 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 lines 11 and 12.** In figuring the amount to enter on lines 11 and 12, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. 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.

# 2024 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET

## DETAIL BY BUSINESS

EDWARD WEINSTOCK

788-38-1199

Schedule/Form	DIV # 1
Business Name	NATIONAL
EIN/SSN	04-3523567
Business Type	Non-Spec
Included in Aggregation #	
PTP Income	No
<b>Qualified Business Income (QBI)</b>	
1. Specified Business Income/Loss from Sch/Form	
2. Non-Specified Business Income/Loss from Sch/Form	
Less applicable adjustments from 1040 Schedule 1	
(includes SE Tax, SEHIN, & Qual Retirement plans)	
3. QBID Qualified Losses and ST Gains from Asset Disposition	
4. Net Qualified Business Income (QBI) (sum L1 - L3)	
<b>Qualified Other Income (QOI)</b>	
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s	39
6. Qualified Other Income from PTPs	
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP	
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)	39
9. Net QBI and QOI (L4 + L8)	39

## 2025 CARRYFORWARD INFORMATION

EDWARD WEINSTOCK  
788-38-1199

Keep for Your Records

Itemized Returns Only – 2024 state and local tax refund (this amount will be proforma'd to

Taxable Refund Worksheet directly and may not be taxable in 2025)

Charitable contributions carryover to 2025 .....	_____
Estimated short-term capital loss carryover .....	_____
Estimated long-term capital loss carryover .....	_____
2024 tax liability (for 2025 Form 2210 purposes) .....	14,333
Form 8839: 2024 carryover of unqualified expenses .....	_____
Refund amount applied to 2025 .....	_____
Disallowed investment interest in 2024 .....	_____
Additional state taxes paid .....	_____
Form 8396: Mortgage interest credit from 2022 .....	_____
Mortgage interest credit from 2023 .....	_____
Mortgage interest credit from 2024 .....	_____
Form 8801: Minimum tax credit carryforward .....	0
Potential 2025 IRA contribution from 2024 tax refund .....	_____
NOL carryforward:	

### Regular Tax

### AMT Tax

from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____	from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____	from 2010	_____	from 2020	_____
from 2011	_____	from 2021	_____	from 2011	_____	from 2021	_____
from 2012	_____	from 2022	_____	from 2012	_____	from 2022	_____
from 2013	_____	from 2023	_____	from 2013	_____	from 2023	_____
Gross NOL generated in 2024 .....	_____			Gross AMT NOL generated in 2024 .....	_____		
To be absorbed in carryback period .....	_____			To be absorbed in carryback period .....	_____		
Net carryforward from 2024 .....	_____			Net carryforward from 2024 .....	_____		
Total carryforward to 2025 .....	_____			Total carryforward to 2025 .....	_____		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2025 .....
- General Business Credit carryforward to 2025 .....
- First-Time Homebuyer Credit Repayment carryforward to 2025 .....
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2025.

TAXABLE YEAR

2024

# California Online e-file Return Authorization for Individuals

FORM

8453-OL

Your first name and initial EDWARD		Last name WEINSTOCK		Suffix	Your SSN or ITIN 788-38-1199
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 2211 MISSION ST		Apt. no./ste. no. BC	PMB/private mailbox		Daytime telephone number 929-594-8599
City SAN FRANCISCO				State CA	Zip code 94110
Foreign country name		Foreign province/state/county			Foreign postal code

## Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions ..... 1 103,368

2 Refund or no amount due. See instructions ..... 2 1,585

3 Amount you owe. See instructions ..... 3

## Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount \_\_\_\_\_ 5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

## Part III Make Estimated Tax Payments for Taxable Year 2025 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

## Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 1,585 12 The remaining amount of my refund for direct deposit \_\_\_\_\_

9 Routing number 021000021 13 Routing number \_\_\_\_\_

10 Account number 862075170 14 Account number \_\_\_\_\_

11 Type of account: ☒ Checking ☐ Savings 15 Type of account: ☐ Checking ☐ Savings

## Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign  
Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

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

2024

California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

788-38-1199 WEIN  
EDWARD WEINSTOCK

25

A  
R  
RP

2211 MISSION ST  
SAN FRANCISCO CA 94110

APT BC

11-02-1995

Enter your county at time of filing (see instructions)

San Francisco

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

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste.no.

City

State

ZIP code

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

1 Single

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

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

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

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

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

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

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.

Whole dollars only

7 1 X \$149 = \$ 149

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1;

if both are visually impaired, enter 2. See instructions

8 X \$149 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1;

if both are 65 or older, enter 2. See instructions

9 X \$149 = \$

Your name: EDWARD WEINSTOCK

Your SSN or ITIN: 788-38-1199

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Last Name	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
SSN. See instructions.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
Dependent's relationship to you	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions ..... • 10  X \$461 = • \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ..... • 11 \$  149

12 State wages from your federal

Form(s) W-2, box 16. .... • 12  100,17413 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... • 13  103,36814 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... • 14 

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.

See instructions ..... 15  103,36816 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... • 16 17 California adjusted gross income. Combine line 15 and line 16 ..... • 17  103,368

18 Enter the larger of Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
Your California **standard deduction** shown below for your filing status:  
• Single or Married/RDP filing separately ..... \$5,540  
• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP ..... \$11,080

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions .. • 18  5,54019 Subtract line 18 from line 17. This is your **taxable income**.If less than zero, enter -0- ..... • 19  97,82831 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule• ☐ FTB 3800 • ☐ FTB 3803 ..... • 31  5,63832 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions ..... • 32  14933 Subtract line 32 from line 31. If less than zero, enter -0- ..... • 33  5,48934 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A ..... • 34  035 Add line 33 and line 34 ..... • 35  5,48940 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ..... • 40 43 Enter credit name  code •  and amount ..... • 43 44 Enter credit name  code •  and amount ..... • 44

Your name: EDWARD WEINSTOCK

Your SSN or ITIN: 788-38-1199

## Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) • 45
- 46 Nonrefundable Renter's Credit. See instructions • 46
- 47 Add line 40 through line 46. These are your total credits • 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- • 48 5,489

## Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) • 61
- 62 Mental Health Services Tax. See instructions • 62
- 63 Other taxes and credit recapture. See instructions • 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 5,489

## Payments

- 71 California income tax withheld. See instructions • 71 7,074
- 72 2024 California estimated tax and other payments. See instructions • 72
- 73 Withholding (Form 592-B and/or Form 593). See instructions • 73
- 74 Reserved for future use. 74
- 75 Earned Income Tax Credit (EITC). See instructions • 75
- 76 Young Child Tax Credit (YCTC). See instructions • 76
- 77 Foster Youth Tax Credit (FYTC). See instructions • 77
- 78 Add line 71 through line 77. These are your total payments.  
See instructions • 78 7,074

## Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 0
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR  
Penalty

- 92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is  
qualifying health care coverage • ☐
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions • 92 0

## Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93 7,074
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91. • 94
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93 • 95 7,074
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92 • 96
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 • 97 1,585

Your name: EDWARD WEINSTOCK

Your SSN or ITIN: 788-38-1199

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax .....	● 98	
	99	Overpaid tax available this year. Subtract line 98 from line 97 .....	● 99	1,585
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 .....	● 100	

Contributions	Code	Amount	
	● 400	California Seniors Special Fund. See instructions .....	
	● 401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	
	● 403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	
	● 405	California Breast Cancer Research Voluntary Tax Contribution Fund .....	
	● 406	California Firefighters' Memorial Voluntary Tax Contribution Fund .....	
	● 407	Emergency Food for Families Voluntary Tax Contribution Fund .....	
	● 408	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	
	● 410	California Sea Otter Voluntary Tax Contribution Fund .....	
	● 413	California Cancer Research Voluntary Tax Contribution Fund .....	
	● 422	School Supplies for Homeless Children Voluntary Tax Contribution Fund .....	
	● 423	State Parks Protection Fund/Parks Pass Purchase .....	
	● 424	Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	
	● 425	Keep Arts in Schools Voluntary Tax Contribution Fund .....	
	● 431	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund .....	
	● 438	California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	
	● 439	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	
	● 445	Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	
● 447	California ALS Research Network Voluntary Tax Contribution Fund .....		
110	Add amounts in code 400 through code 447. This is your total contribution .....	● 110	0



Your name: EDWARD WEINSTOCK

Your SSN or ITIN: 788-38-1199

Amount  
You Owe

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

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001... 111  
Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and  
Penalties

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

113 Underpayment of estimated tax.

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

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

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

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001... 115 1,585

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.

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

Type ☒ Checking ☐ Savings  
Routing number 021000021 Account number 862075170 116 Direct deposit amount 1585

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

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

Voter  
Info.

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

Health Care  
Coverage Info.

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

Sign your tax return on Side 6

TXO

CA Form 540 C1 (2024)

Your name: EDWARD WEINSTOCK

Your SSN or ITIN: 788-38-1199

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

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://ftb.ca.gov/forms) and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection.

To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

tax@itsiweinstock.com

☒ Preferred phone number

929-594-8599

## Sign Here

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

Joint tax return? See instructions.

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

Firm's name (or yours, if self-employed)

☒ PTIN

Firm's address

☒ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . .

☐ Yes

☐ No

Print Third Party Designee's Name

Telephone Number

2024

Health Coverage Exemptions and Individual  
Shared Responsibility Penalty

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

EDWARD WEINSTOCK

SSN or ITIN

788-38-1199

**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name <input checked="" type="radio"/> EDWARD	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/> 788-38-1199	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/> 11/2/1995	Modified AGI <input checked="" type="radio"/> 103,368
	Last Name <input checked="" type="radio"/> WEINSTOCK		ECN 1 <input checked="" type="radio"/> No ECN	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
6	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
7	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
8	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
9	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
10	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
11	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>
12	First Name <input checked="" type="radio"/>	Initial <input checked="" type="radio"/>	SSN <input checked="" type="radio"/>	Date of Birth (mm/dd/yyyy) <input checked="" type="radio"/>	Modified AGI <input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/>		ECN 1 <input checked="" type="radio"/>	ECN 2 <input checked="" type="radio"/>	ECN 3 <input checked="" type="radio"/>

**Part II Coverage Exemption Claimed on Your Tax Return for Your Household**

- 1 If you are claiming a coverage exemption because your appl. household inc. or gross inc. is below the filing threshold, check the box here.  
See instructions. ☒



**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

		(a) Full- year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name EDWARD	<input checked="" type="radio"/>	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> Z	<input checked="" type="radio"/> C	<input checked="" type="radio"/> C	<input checked="" type="radio"/> Z
	Last Name WEINST		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.  
See instructions ..... 1 0